Equipment Grant Application Form

Equipment Grants of up to \$2,000 per year are available to not-for-profit organisations, incorporated groups, or social enterprises in the delivery of their programs and services with urgent or necessary purchases that enhance the health, wellbeing and safety of our community at a local level.

Community Grants Guidelines

All grants are subject to availability of funds and eligibility requirements

Who can I talk to?

Community Grants Officer

grants@cityofpae.sa.gov.au

* indicates a required field

Telephone 8405 6600

A submission of an online application for the City of Port Adelaide Enfield's grants programs is an acknowledgement that applicants will abide by the conditions of any grant approval.

Who are you & how do we contact you?

Your details *
Title First Name Last Name

Organisation you work for *
Organisation Name

Your position within the Organisation *

Where the number is not a mobile please put "08" at the beginning to help with validation.

Organisation Address	Postal	Address	*

Your Phone Number *

Organisation Website			
Finance staff email address			
Most likely to be your Finance depart	ment adminis	tration email a	ddress o
ls your organisation or group	not for pro	fit? *	
O Yes Only not for profit organisations are e	ligible to app	O No ly for funding	
Is your organisation or group Yes If your organisation or group is not income the risks associated with being an unit	corporated it	○ No is essential tha	
Reason for seeking a gra	ant		
* indicates a required field			
•			
What do you want to purchase	e? *		
When does the purchase need	to be mad	le *	
When will the same			
Where will the purchase be ke Address	:pt/ *		
This must be within the City of Port A	delaide Enfiel	d Council area	in order to
-			
Miles and Alexander .	. h	ulaa c£ 11 '	
Who are the expected primary	, peneficiai	ries of this p	project/p
Please select from the list who the ma	ain group is th	nat will benefit	from the p
Why is this purchase urgent o	r necessar	y? *	
Word count: Must be no more than 220 words.			

This question relates to the assess necessary' which has a 50% weigh	ment 'The application demonstrates that the purchase is urgent or ting
Why do you need the purch	ase? *
Word count: The application must demonstrate PAE residents. This relates to 50%	evidence and or clear reasons for why the purchase is important for of the weighted criteria.
How will this purchase supp	oort community wellbeing? *
	ealth and wellbeing benefit and/or impact of the purchase. This a purchase and how the community identified this need (no more % of the weighted criteria.
How can you demonstrate rematerial or financial) *	easonable and proportional contribution (in kind,
This question relates to 20% of the	e weighted criteria
Let's talk dollars	
* indicates a required field	
Costs	
What is the total cost for the purchase? *	\$ What is the total budgeted cost (dollars) of your purchase?
How much do you need from Council? *	\$ Maximum of \$2000
Please upload a quote for the purchase *	Attach a file:
	the amount you are requesting must be either the same value as the quote or more. Please ensure to give the document a name so we know what it is.
Do you need additional money to Council's grant? *	

Other grants

How much have you applied for OR how much will you apply for?	\$ Must be a dollar amount.		
Has it been approved? *	○ Yes	○ No	
Date of approval OR when do you expect to be notified? *	Must be a date.		
Please upload the approval letter they sent	Attach a file:		
to you *	If you have not been approved. Please upload your application form that you submitted to the other funder. Please ensure to give the document a name so we know what it is.		
Australian Taxation Office	Requirements		
Does the Applicant organisation Yes If you answer no to this question you form. The Entity name registered with the Entity name and Entity name registered with the Entity name registered wit name registered with the Entity name registered with the Entity	o No must complete and attach a h the ABN MUST be the same ant Audited Financial Sta ed. If your organisation or com its as part of your incorporation irer. The treasurer's report is to its is a meeting of all the men in calendar year. The annual gos its procedures in the organisation in ewly established incorporation	copy of a Statement by a Supplier name that the bank account name. atement * munity group is not required on, please upload your financial he one that is presented at your mbers of an incorporated association eneral meeting must be convened on's rules. The Associations on, you will have 18 months to hold	
The ABN provided will be used to		mation. Click Lookup above to	
check that you have entered the Information from the Australian Busi	<u>-</u>		
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			

DGR Endorsed

ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location
Must be an ABN.
Statement by a Supplier form
Statement by a Supplier form can be downloaded from the ATO website here
If applicant does not have an ABN please upload a completed Statement by a Supplier form the Australian Taxation Office (ATO) * Attach a file:
Please ensure to give the document a name so we know what it is.
Unincorporated groups
An unincorporated group is not recognised as a separate legal entity and is considered to be just a group of individuals acting on a common interest. This means that members of the group, and in particular the committee members, are personally liable for the group, including the group's debts, contracts and insurance claims. The individual members may still remain liable for the group's actions after a member resigns if their name still appears on any contract, lease or bank records.
Please confirm that you understand the risks associated with being an unincorporated group and still wish to submit without an auspicing body * O Yes, I understand the risks and would like O No, I wish to seek an auspice for my grant to proceed as an unincorporated group
Bank details
Council's payment method is only by Electronic Funds Transfer (EFT). Council will not provide cheques. Grant funds will be automatically deposited into the following nominated account and must be in the name of the applicant who accepts the Terms and Conditions section of this application form.
Bank or Credit Union Name *
Bank Account Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Terms & Conditions

* indicates a required field

I, being the authorised officer of the organisation making this declaration, confirm and agree to the following:

- 1.That failure to comply with these conditions may preclude our organisation from accessing further grant funds in the future.
- 2.To abide by the conditions under which the City of Port Adelaide Enfield may approve funding of this request.
- 3.To submit an evaluation report and acquittal to Council, no more than **four weeks** after the purchase is made.
- 4.I certify that the statements and information provided (including attachments) in this application are true and correct in every particular.
- 5.I confirm that I have read and understood the conditions for funding as outlined within and accept and agree to abide by the conditions.
- 6.I also agree to acknowledge Council's funding of the project in any publicity or promotion.
- 7.I further agree that monies received from the City of Port Adelaide Enfield will be expended within 12 months as outlined in this application and in accordance with Council's approval letter. Any monies not expended will be returned to the City of Port Adelaide Enfield.
- 8.I agree that should my application for funding be approved, Council may provide any information contained herein to the public in any form and/or use sthis information to promote their grant and sponsorship programs.
- 9.Any changes to the agreed expenditure of Council's grant funds must be negotiated in writing with Council's Funding & Partnerships Officer.
- **10**.agree to abide by any Terms and conditions as outlined in the <u>Community Grants</u> Guidelines.

On behalf of the applicant organisation I agree to accept the terms and conditions within ${\color{red}^{*}}$

○ Yes, I agree

A submission of an online application for the City of Port Adelaide Enfield's Grants & Sponsorship program is an acknowledgement that applicants will abide by the conditions of any grant approval.

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in the City of Port Adelaide Enfield's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles City of Port Adelaide Enfield's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.