

# Individual Grant - Online Application Form

## Form Preview

### Individual Grant Application Form

\* indicates a required field

Through our Individual Grants Program we aim to support residents to undertake activities that provide opportunities to enhance the health, wellbeing and quality of life for the Port Adelaide Enfield community. We want to build a community which is engaged, resilient and/or supports future leaders thereby fostering stronger community connections. Council is committed to investing in our residents and ensuring that the City of Port Adelaide Enfield is a place where people love to be.

Please read the [Guidelines for funding](#) before you click submit. An online application to our grants program is an acceptance that the applicant agrees to the City of Port Adelaide Enfield's conditions for any grant approval.

#### **Applicant name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the applicant is under 18 please ensure their name is used here and a parent/guardian completes the relevant section.

#### **Applicant home address \***

Address

  

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### **Is this your home address? \***

☐ Yes ☐ No

You will be ineligible for funding if you live outside of the City of Port Adelaide Enfield Council.

#### **Contact Phone Number \***

#### **Are you an employee of the City of Port Adelaide Enfield? \***

☐ Yes ☐ No

#### **Is the applicant under 18 years of age? \***

☐ Yes ☐ No

### Parent / Guardian

This section must be completed if the applicant is under 18 years of age. If you are completing this section the name must be different to the applicant name and **MUST** be the same name for the bank account details to be provided below.

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### Parent or Guardian Name \*

Title First Name Last Name

Must be 18 years of age or older

### Contact Phone Number \*

Must be an Australian phone number.

### Reason for application

### What is the name of the activity? \*

This should be in your letter of recommendation.

### Why is this important for you? \*

Word count:

Please say any reasons why this activity is good for your health or well-being. (no more than 250 words)

### When will it start? \*

Must be a date.

You need to submit your application at least four weeks prior to the activity

### Where will the activity be held? \*

Address

Suburb/Town State/Province Postcode Country

You need to submit your application at least four weeks prior to the activity

### How much are you applying for? \*

What is the total financial support you are requesting in this application?

### Please upload a letter from the organisation holding the activity. \*

Attach a file:

This letter needs to include your name and to say you are recommended or selected to attend the activity and why you should participate. Please ensure to give the document a name so we know what it is.

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### General Information

Please help us continue to evaluate where our grant monies are benefiting our community by providing some details about yourself as the applicant. Your responses will not affect the outcome of your grant application and will be kept confidential. Please feel free to chat with our Funding & Partnerships Officer on 8405 6882 if you have any concerns.

#### What is your Gender? \*

- ☐ Other ☐ Male ☐ Female

#### Which age group do you fall in? \*

- ☐ 0-11 ☐ 12-17 ☐ 18-25 ☐ 26-49 ☐ 50-64 ☐ ≥65

Applicants aged 26 years or over must have a Health Care Card to be eligible for this grant

#### Do you identify as any of the following? \*

- ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ None

#### Do you identify as either of the following? \*

- ☐ Living with a disability ☐ Care for someone who lives with a disability ☐ None

#### Have you had a lived refugee experience? \*

- ☐ Yes ☐ No

#### Do you have a health care card? \*

- ☐ Yes ☐ No

### Bank Account 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 person applying for the grant or the parent/guardian where the applicant is under 18 years of age.***

#### Bank or Credit union Name \*

example: ANZ / Bendigo / ING / NAB

#### Bank Account \*

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

### Terms and Conditions

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I, being the applicant or guardian of the applicant making this declaration, confirm and agree to the following:

- 1.To abide by the conditions under which the City of Port Adelaide Enfield may approve funding of this request.
- 2.I certify that the statements and information provided (including attachments) in this application are true and correct in every particular.
- 3.I also agree to acknowledge Council's funding in any publicity or promotion.
- 4.I further agree that monies received from the City of Port Adelaide Enfield will be expended 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.
- 5.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 this information to promote their grant and sponsorship programs.
- 6.Any changes to the agreed expenditure of Council's grant funds must be negotiated in writing with Council's Funding & Partnerships Officer.
- 7.I agree to notify Council, if the event I am applying for as part of this application, is cancelled. If this occurs and Council has already distributed the grant monies, you will be required to return the funds.
- 8.I agree to abide by any Terms and conditions as outlined in the [Individual Grants Guidelines](#).

### **I agree to abide by the above Terms and Conditions \***

☐ Yes, I agree

A submission of an online application for the City of Port Adelaide Enfields 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.

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