

### Lightsview Community Fund Application Form

\* indicates a required field

Through a partnership with the Lightsview developer we have a unique opportunity to support our community with the delivery of community led activities, projects and initiatives. We are looking to support the Lightsview community with programs and events that will encourage community use of public spaces and continue to build the story of the Lightsview community.

**If you need to talk to someone about your application please contact**

Our Funding & Partnerships Officer on 8405 6882 at [grants@cityofpae.sa.gov.au](mailto:grants@cityofpae.sa.gov.au)

**Applicant \***

First Name

Last Name

**Contact Phone Number \***

Must be an Australian phone number.

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

**What is your home address? \***

Address

This must be within the Lightsview community to be eligible.

**Project/Activity/Concept Title \***

Must be no more than 30 words.

**When will it start? \***

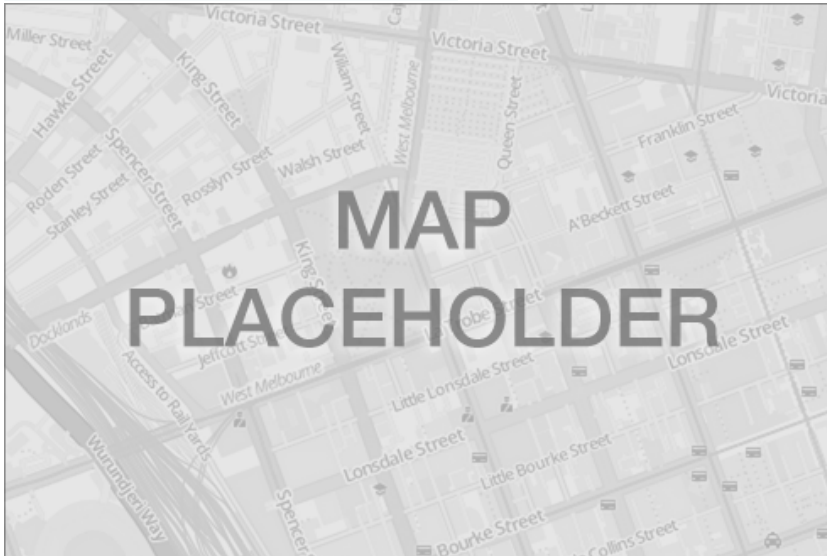
**When will it finish? \***

**Where will it happen? \***

Address

# Lightsview Community Fund

## Form Preview



This must be within the Lightsview community to be eligible.

### Which objective/s does your project/purchase align to? \*

- ☐ Deliver community led cultural, creative or social activities that grows participation in community life.
- ☐ Enhance neighbourliness and community connections.
- ☐ Creative activation of a space.
- ☐ Builds local networks and community co-operation.
- ☐ Addresses locally identified needs that cultivate a community village.

### Briefly explain what you want to do and how it aligns with the program's objectives that you selected above. \*

Provide a short description of your project - what are you out to do? And how does it align with the program's objectives that you selected above

### What is the expected impact on people and places in Lightsview? \*

### How can the activity be delivered safely? \*

### How does your activity help to bring the Lightsview community together? \*

# Lightsview Community Fund

## Form Preview

**Please upload any additional information you think may be relevant. This could be an explanation and/or illustration of your concept and/or any letters of support you have.**

Attach a file:

**How much do you need from Council? \***

\$

This can be no more than \$500

You can add/remove lines by clicking on the +/-

**What are you spending the \$ grant money on?**

**Please upload any quotes you have**

<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	Must be a dollar amount.	<input type="text"/>

## Australian Taxation Office Requirements

**Do you have an Australian Business Number? \***

☐ Yes

☐ No

If you answer no to this question you must complete and attach a copy of a Statement by a Supplier form. This is an ATO requirement not a Council requirement.

**Applicant ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

# Lightsview Community Fund

## Form Preview

### 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 from the Australian Taxation Office (ATO) \***

Attach a file:

Please ensure to give the document a name so we know what it is.

### 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 person completing the Terms and Conditions section of this application form.

#### **Account details \***

Account Name

BSB Number

Account Number

#### **Bank or Credit Union Name \***

#### **Email address where the remittance advice should go?**

Does anyone else need to know that money has been deposited into this account? Please provide their email address so we can let them know.

### Terms & Conditions

**\* indicates a required field**

***A submission of an online application for the Lightsview Community Fund is an acknowledgement that applicants will abide by the conditions of any approval.***

I, being the applicant and an authorised person in making this declaration, confirm and agree to the following:

1. That failure to comply with these conditions may preclude me (the applicant) from accessing further 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 acquittal to Council, within two months after the completion of the activity.

# Lightsview Community Fund

## Form Preview

- 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 support for 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 this information to promote their programs.
- 9.Any changes to the agreed expenditure of Council's 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 [Lightsview Community Fund Program Guidelines](#).

**On behalf of the applicant I agree to accept the terms and conditions within \***

☐ Yes, I agree

A submission of an online application for the Lightsview Community Fund is an acknowledgement that applicants will abide by the conditions of any 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.