### Introduction

\* indicates a required field

The Community Grant program supports not-for-profit community groups and organisations with projects and initiatives that help local communities thrive by building community wellbeing, cohesion and capacity for PAE residents.

Please read the Community Grant Guidelines carefully before applying.

### Please note:

- 1.Applicants must complete all sections of this application form and attach relevant documentation to this application to be eligible to be funded.
- 2.All grants are subject to availability of funds, eligibility and assessment requirements.
- 3.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.
- 4. This is not a capital works or event grant program.

### Who can I talk to?

PAE Grants Team 8405 6600

grants@cityofpae.sa.gov.au

### Assessment

There are two funding rounds per year with opening and closing dates listed on the website. Applications will be assessed twice a year - normally in April and October.

Applications will be assessed by City of PAE staff against the criteria outlined in the Community Grant Guidelines.

The decision of awarding grants will be made by City of PAE staff with appropriate delegations.

Applicants will be notified of the outcome of their application within six weeks of the round closing date.

## Eligibility Checklist

Before submitting your application, please check that you meet the eligibility criteria – all boxes must be ticked for your application to be eligible for funding.

\*

Organisation Website		
<b>9</b>		
Does the applicant organis  O Yes O No If you answer no to this question your		copy of a Statement by a Supplier
Is your organisation or gro O Yes O No		
Only not for profit organisations a	re eligible to apply for fulldling	
Please upload your most re Attach a file:	ecent Audited Financial Sta	atement *
which must be held once during ein accordance with the law, using Incorporation Act 1985. If you are your first AGM. Please ensure to g  Applicant ABN  Applicant ABN *	ments as part of your incorporations as the treasurer's report is to the treasurer. The annual goath calendar year. The annual goath the procedures in the organisation of the procedures in the organisation of the treasurer than th	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 know what it is.
The ABN provided will be used check that you have entered t	he ABN correctly.	mation. Click Lookup above to
Information from the Australian E	susiness Register	
ABN Entity name		
Entity name ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		

Must be an ABN.

Tax Concessions

Main business location

## 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.
Proposed Initiative
* indicates a required field
Overview
Initiative Title *
Word count:  Must be no more than 10 words.  This is the name of the project, initiative or activity.
Briefly describe what you want to do *
Word count: Must be no more than 150 words. Provide a short description of your project, initiative or activity.
Initiative Rationale
Provide clear evidence and/or reasons for why the initiative is important for the PAE community. Please note that this section carries an assessment weighting of 30%.
Why does this initiative need to be done? *
Word count: Must be no more than 250 words.
Plan for delivery

Demonstrate your capacity to deliver the proposed initiative, with a clear plan - including participants, engagement, activities, resources, partners (if any), and sound evaluation. Please note that this section carries an assessment weighting of 20%.

Who are the expected primary beneficiaries of this project/program? \*

Who do you expect to benefit most from this initiative? (Primary Beneficiaries are your target audience or the group of individuals who will benefit the most) If your project is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'
How will you let your target audience (primary beneficiaries) know about the
initiative? *  □ Community Leaders □ Council □ Email distribution □ Flyers □ Letterbox drop □ Network meetings □ Newsletters □ Posters □ Roadside banners □ Shopping Centres □ Social media Other
This is how you are going to engage your target audience into the initiative.
When will the initiative start? *
The initiative must start at least six weeks after the grant round closes.
When do you expect to finish? *
The initiative must be completed within a 12-month period.
What are the planned activities? *
Word count: Must be no more than 200 words. Briefly list the specific activities that will take place and where they will take place.
Please upload any risk assessment you have completed * Attach a file:
This is only intended to be what your organisation would normally expect you to complete.
If you are unsure or do not have any templates available, a basic template for you to start from can be found at: <a href="https://www.cityofpae.sa.gov.au/_data/assets/word_doc/0040/1476787/PAE-Event-Risk-Assessment-Template.doc">https://www.cityofpae.sa.gov.au/_data/assets/word_doc/0040/1476787/PAE-Event-Risk-Assessment-Template.doc</a>
The City of Port Adelaide Enfield accepts no responsibility for the development of others Risk Management documents or procedures. Please ensure to give the document a name so we know what it is.
Evaluation of Initiative *
Evaluation of finitiative
Word count:
Must be no more than 150 words.  What is your evaluation plan? Your evaluation plan should describe how you will know if you achieved

what you set out to do, what you learnt and what would you change for next time.

What will you use to collect the above information? *		
Word count: Must be no more than 100 words. Please make sure you explain what you will use to collect the information	n you need i.e. surveys	
Community Wellbeing		
Clearly identify the extent to which the initiative will build wellbe within the PAE community. Please note that this section carries a 30%.		
What are the expected community wellbeing, cohesion or capacity outcomes of the initiative? *		
Word count: Must be no more than 250 words.		
What happens to the project / initiative / activity at the en and how will any benefits to the PAE community be exten		
Word count: Must be no more than 150 words.		
Let's talk dollars		
* indicates a required field		
Demonstrate reasonable and proportional applicant and/or partn kind, material or financial). Please note that this section carries a 20%.		
Please provide a list of the key proposed expenses (with GST incl	uded) in Table 1.	
Please provide a list of income sources to pay for your proposed important that you include other sources of contribution, which continuous necessarily require the exchange of money but may have find (ie. in-kind contribution for volunteer hours).	an be anything that does	
The total expenses and the total income should be equal. Please loss.	do not show a profit or a	
Table 1 - Expenses - what are your \$ expenses?		
\$		
\$		
\$		

	1
Itemise your expenses (ie. facilitators fees,	
marketing, venue hire, catering, etc.) and provide	
a dollar value for each item.	
Table 2 Income Courses how the year	<b>#</b>
Table 2 - Income Sources - how are you	\$
paying for your expenses?	
	\$
	\$
	\$
	\$
Options include PAE grant, applicant's financial	
contribution, applicant's in-kind contribution,	
collaborator's contribution, and/or additional	
grants, etc.	
Budget Totals	
baaget rotals	
Total Expenses	
\$	
This number/amount is calculated.	
This number/amount is calculated.	
Total Income	
\$	
This number/amount is calculated.	
,	
<b>Difference between Income and Expense</b>	<b>S</b>
	5
\$	
This number/amount is calculated.	
	offit or loss). If not, please review your expenses and
income sources so that the budget is balanced and	does not show a profit or a loss.
Total amount requested from Council *	
<b>.</b> \$	
·	and this condition as Years and the same to
What is the total financial support you are requesti	ng in this application? You can apply for up to
\$7,500.	
Please upload any quotes for purchases	over \$500
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/organisation completing the Terms and Conditions section of this application form.

Bank or Credit Union Name *		
Account details * Account Name		
BSB Number	Account Number	
Must be a valid Aus	stralian bank account format.	

## Terms and 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 **two months** after the project is completed.
- 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 <u>Community Grants Guidelines</u> and agree to abide by any Terms and conditions as outlined therein.
- 6.I agree to acknowledge Council's funding of the initiative in any publicity or promotion.
- 7.I 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 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.

## On behalf of the applicant organisation I agree to accept the above terms and conditions \*

○ Yes, I agree

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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.