

Individual Grant - Online Application Form

Form Preview

Introduction

* indicates a required field

The Individual Grant program supports residents of the City of PAE to participate in personal development, leadership or competition opportunities they have been selected, recommended, chosen for or demonstrated a particular talent in.

Please read the [Individual Grant Information Sheet](#) carefully before applying.

Applicants can receive a maximum of one grant per 12-month period. Funding is capped as follows:

- up to \$200 for intra or interstate opportunities
- up to \$300 for international opportunities hosted in Australia
- up to \$400 for international opportunities overseas

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.**

Who can I talk to?

PAE Grants Team

8405 6600

grants@cityofpae.sa.gov.au

Assessment

Applications are assessed as they are received and will be prioritised in order of submission date/time. 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 4 weeks of submission date.

Please note that applications need to be submitted at least four weeks prior to the activity/competition so that they can be processed in time. Applications submitted less than four weeks in advance can only be considered in exceptional circumstances.

Eligibility Checklist

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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.

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- The applicant is a resident of the City of PAE
- The applicant is under 26 years of age or, alternatively, holds a low-income Health Care Card (evidence required).
- The applicant has been selected, chosen, recommended for an activity/competition and can demonstrate this by uploading an official selection letter (featuring the applicant's full name) from the selecting body
- The applicant is applying to participate in an activity/competition that is at least 4 weeks in the future
- The applicant has not received grant funding from the City of PAE in the previous 12 months
- The applicant does not have any outstanding debts (such as rates, fees, or charges) to the City of PAE
- The applicant does not have any outstanding acquittals for any previous funding received from the City of PAE
- The applicant is not an employee or Elected Member of the City of PAE

Applicant Details

* indicates a required field

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 further down.

Applicant home address *

Address

Suburb State Postcode

Please note that you will be ineligible for funding if you live outside of the City of PAE.

Contact Phone Number *

If the applicant is under 18 please use Parent/Guardian phone number.

Contact Email *

If the applicant is under 18 please use Parent/Guardian email address.

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Is the applicant an employee or Elected Member of the City of PAE? *

- 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 your name must be different to the applicant's name.

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.

General Information

Please help us continue to evaluate where our grant monies are benefiting our community by providing some details about the applicant. Your responses will be kept confidential.

What is the applicant's gender? *

- Male
- Female
- Other

Which age group does the applicant fall in? *

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

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

Is the applicant engaged in primary, secondary or tertiary education? *

- Yes - Primary
- Yes - Secondary
- Yes - Tertiary
- No

Does the applicant identify as any of the following? *

- Aboriginal
- Torres Strait Islander

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- Both
- None

Does the applicant identify as either of the following? *

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

Has the applicant had a lived refugee experience? *

- Yes
- No

Does the applicant have a low-income Health Care Card? *

- Yes
- No

Please note that if you say yes, a City of PAE officer will contact you to verify relevant evidence outside of this grant application form.

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 which **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.

Details of Activity

* indicates a required field

Activity Overview

What is the name of the activity? *

This should be in the selection letter.

Why is this activity important for you? *

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Word count:

Must be no more than 250 words.

Please provide reasons why this activity is good for your health, wellbeing or personal development.

When will it start? *

Please note that your application needs to be submitted at least four weeks prior to the activity.

Where will the activity be held? *

Address

Suburb/Town State/Province Postcode Country

Town Province

How much are you applying for? *

\$

What is the total financial support you are requesting in this application? Please see information sheet for maximum amounts depending on the activity.

Please upload an official selection letter from the selecting organisation or from the organisation holding the activity. *

Attach a file:

This letter needs to include the applicant's first and last name and to say that the applicant has been recommended, chosen or selected to attend the activity and why they should participate. Please ensure to give the document a name so we know what it is.

Terms and Conditions

* indicates a required field

Terms and Conditions

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.

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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 Grants Team.

7.I agree to notify Council if the activity I am applying for as part of this application is cancelled. If this occurs and Council has already distributed the grant monies, I will be required to return the funds.

8.I agree to abide by any Terms and conditions as outlined in the [Individual Grants Information Sheet](#).

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 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.