

Placemaking Grant - Application Form

Form Preview

Introduction

* indicates a required field

The City of PAE's Placemaking Grant program aims to support the creation and delivery of projects in public spaces across the city. These include initiatives that improve how we feel and use our public spaces and how we can enhance the way they look and work, and also how we celebrate our heritage. It aims to give the community the opportunity to make their City a place where people love to be through placemaking projects of all sizes and shapes.

Placemaking Grants of up to \$7,500 are available for community organisations, businesses and artists with an ABN.

Placemaking Grants of up to \$1,000 are available for individuals or informal groups without an ABN.

Please read the [Placemaking Grant Information Sheet](#) 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.**

Who can I talk to?

Community Arts Placemaking Officer

jason.hann@cityofpae.sa.gov.au

08 8405 6005

Community Placemaking Officer

steve.lawrie@cityofpae.sa.gov.au

08 8405 6704

Assessment

Online applications will be assessed as they are received and applicants will be notified of the outcome of their application within 4 weeks of submission date.

Applications will be assessed by City of PAE staff against the criteria outlined in the [Placemaking Grant Information Sheet](#).

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

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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.

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- The proposed placemaking project is held/run within the City of PAE
- The proposed placemaking project can be implemented within 12 months of grant approval notification
- The proposed placemaking project occurs in a publicly accessible space (may be on private land, with permission, but still accessible to the public)
- The applicant has obtained written permission from the relevant property/land owner for the proposed placemaking project
- The applicant is not applying for retrospective payments, fundraising activities, or budget deficit payments
- The applicant is not applying to cover ongoing costs associated with the running of an organisation (e.g. salaries, equipment, operational costs)
- 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

Applicant Details

* indicates a required field

Applicant Organisation/Business Name *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please provide the name of the organisation or business applying. The name used here will need to be the same name that the bank account name is in. Organisation also refers to you if your are applying as an informal group

Applicant Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Phone Number *

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

Applicant Email *

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Applicant Postal Address *

Address

Applicant Website (if applicable)

Must be a URL.

Do you have an active ABN? *

- Yes
 No

With an ABN you can apply for up to \$7,500. Without an ABN you can apply for up to \$1,000. If you answer no to this question you must complete and attach a copy of a Statement by a Supplier form.

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	More information
ACNC Registration	
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:

Unincorporated Groups

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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 this grant application *

- Yes, I understand the risks and would like to proceed as an unincorporated group
- Not Applicable - my group is incorporated

Proposed Project Details

* indicates a required field

Project Title *

Word count:

Must be no more than 10 words.

Briefly summarise your project *

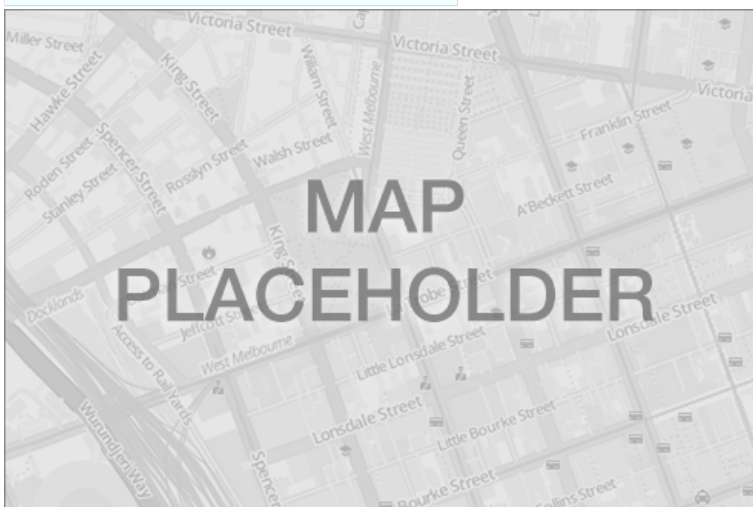
Word count:

Must be no more than 250 words.

Provide a short description of your proposed placemaking project.

Site address where project will take place *

Address



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Name of Reserve/Road *

If not on a reserve/road please put N/A

Start Date *

The proposed project must start at least 4 weeks after this grant application's submission date.

End Date *

The proposed project must be completed within a 12-month period from estimated start date.

How does your project align with Placemaking Grant priorities? *

Word count:

Must be no more than 500 words.

Refer to 'What are we looking for?' section in the [Placemaking Grant Information Sheet](#) and include how your proposed placemaking project will make your neighbourhood/place/business precinct somewhere people love to be.

Please upload an explanation and/or illustration of your concept

Attach a file:

Total Amount Requested *

\$7,500 is the maximum you can apply for if you have an ABN. Only apply for what you need. Do not apply for the maximum amount if not necessary.

Project Partners and/or Collaborators

Please list who you are collaborating with as part of the project (can be other residents, businesses, organisation, artists, schools, etc.).

When listing a project partner/collaborator, ALL fields must be completed and support letter uploaded. More rows can be added, if required.

Full Name	Organisation or group they are from	Contact phone number	Contact email address	Please upload letters of support
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Please demonstrate your capacity and ability to deliver the project *

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Word count:

Please provide examples of previous successful projects. Have you or any of your community collaborators done anything like this before? Please provide evidence of these successes - this can be uploaded below as part of the additional information section.

You will need to show you have the permission of any property or land owner for any project that has a permanent or temporary effect on their building/premises/site. If relevant to your project, please attach evidence of this permission here *

Attach a file:

Where permission/approval is needed, it is considered an eligibility requirement. Failure to upload the correct permission may result in your application being ineligible for funding.

Please upload a risk assessment for your project *

Attach a file:

If you are unsure or do not have any templates available, a basic risk assessment template for you to start from is available to download [here](#). 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.

Please upload any additional information if needed

Attach a file:

Previous successful projects and referee information can be uploaded here if applicable. Please note that any letter of support provided by any PAE staff member will be automatically discarded as it is deemed to be a conflict of interest for Council to provide a letter of support to its own grant program.

Budget - let's talk dollars

* indicates a required field

Please provide a list of funding sources in the Income table, including grant amount requested, other grants, financial contribution from applicant or others, in-kind contribution from applicant or others.

Please itemise your project expenses (with GST included) in the Expenses table. Include a \$ value for each expense item, either as a "hard" cost in the Anticipated Project Costs column, or as an in-kind cost in the Expected In-kind Costs column.

The table will automatically calculate totals for you. The total expenditure and total income should be equal. Do not show a profit or loss.

Please ensure you provide a dollar figure for any in-kind support in the Income table, with a corresponding in-kind amount in the Expenses table. The total in-kind income and in-kind expenditure should be equal. Including in-kind contributions in your budget reflects the true cost to deliver your project. This may include volunteer time, materials provided without charge, etc.

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Income

The income items in the table below are there as suggestions. You can keep them or remove them or add some more as needed.

Item	\$
Council Grant (ie how much are you applying for?)	\$
Applicant In-Kind Support	\$
Co-Collaborator In-Kind Support	\$
Other funding body Grant	\$
Applicant financial contribution	\$
Partner financial contribution	\$

Expenses

The expenses items in the table below are there as suggestions. You can keep them or remove them or add some more as needed.

Item	Anticipated Project Costs	Expected In-Kind Cost
Material	\$	\$
Licensing & insurances	\$	\$
Equipment & hire	\$	\$
Staffing	\$	\$
Traffic management	\$	\$
Promotion	\$	\$
Theming	\$	\$
Food & beverage	\$	\$
Fees & charges	\$	\$

Project Budget Total

Income minus Expenses should equal zero meaning that there is no profit and there is no deficit for the project. The amount will automatically calculate from the above tables. Please double check your amounts are correct.

Total Income Amount
 \$
 This number/amount is calculated.

Total Expenditure Amount
 \$
 This number/amount is calculated.

Income minus Expenses
 \$
 This number/amount is calculated.
 This number must equal zero.

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Please upload your most recent Audited Financial Statement or equivalent documentation to demonstrate business continuity *

Attach a file:

If your organisation or community group is not required to provide audited financial statements as part of your incorporation, please upload your annual financial statement completed by your treasurer.

Please upload quotes for largest expense items *

Attach a file:

Quotes are critical to ascertain the cost of the proposed activity/purchase. Please note that applications without relevant quotes will not be considered for funding.

Do you expect to need any additional information/support from Council to undertake this project? *

- Yes
 No

Please note that no additional costs or in-kind services can be provided by the City of PAE to a Placemaking Grant funded project.

If yes, please provide details *

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 which must be in the name of the organisation/business/individual applying for this grant.

Bank Account details *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Bank or Credit Union Name *

Terms and Conditions

* indicates a required field

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

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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, two months after the completion of the project that will outline the outcomes achieved.
4. I understand that activities and events organised through this process may require public liability insurance and it is a requirement of the City of Port Adelaide Enfield that grant recipients be covered by an appropriate public liability insurance policy. It is the responsibility of the applicant or recipient to arrange appropriate insurance and it is in the interest of the group, participants and individuals to have insurance as it provides coverage in the event of a claim made against them arising from their activities. The City of Port Adelaide Enfield will be provided, upon request, a copy of a public liability insurance certificate as proof of coverage. Applications made through an auspice arrangement may fulfil this requirement through the auspice, (it must be agreed in writing, and discussed with their insurance company) dependent upon the nature of the activity and the insurance policies held by the auspice organisation.
5. I certify that the statements and information provided (including attachments) in this application are true and correct in every particular.
6. I confirm that I have read and understood the conditions for funding as outlined within and accept and agree to abide by the conditions.
7. I also agree to acknowledge Council's funding of the project in any publicity or promotion.
8. 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.
9. Any changes to the agreed expenditure of Council's grant funds must be negotiated in writing with Council's Placemaking Officer.
10. I agree to abide by any Terms and Conditions as outlined in the [Placemaking Grant Information Sheet](#) and any agreement/approval letter.

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

Yes, I agree

A submission of an online application for the City of Port Adelaide Enfield's grants 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.