

APPLICATION FORM

(Applications Close 1 November 2023)

Applicant Details	
Name of Organisation	
Is the organisation incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No (ineligible for grant)
ABN Number	
GST Registered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	
Postal Address (if different from above)	
Phone Number	
Email Address	
Outline the aims and objectives of the organisation (refer to organisation's constitution)	

Key Contact Person for this Application:

Name	
Position Held in Organisation	
Phone Number	
Email Address	

NOTE: Please confirm that you have read the 2023-24 Community Assistance Grants Program (CAGP) Procedure, that your organisation and project or activity is eligible, and you are confident that your application meets all the criteria. The Procedure can be accessed [here](#). ☐ **Yes**

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Activity or Project Name:

e.g. "Establishment of a community garden" or "Creation of a community mural"

Question 1: Brief Description

[Provide a brief description of your proposed activity or project. Include details as to who, where, what, when, and how. Be specific!] (200 Words Maximum).

Question 2: Need for Activity or Project

[Demonstrate the need for this activity or project in the community. Explain why it needs to happen, how you know this, and how you have considered the community's support for the project. If you have any support letters, please attach these to your application.] (400 Words Maximum).

Question 3: Proposed Outcomes and Benefits to the Community

[List the expected outcomes or benefits of your activity or project. How will your activity or project benefit the community? Provide evidence to support your answer – this could be references to articles, past experiences, or evidence of a planning/brainstorming process. Demonstrate how you will know (measure) that you have achieved these proposed outcomes. You may attach any supporting documentation to your application if you wish.] (400 Words Maximum)

Council Community Grants Program Outcomes

[Demonstrate how your activity or project meets at least one of the outcomes that Council seeks to achieve through the Community Assistance Grants Program. These can be found in the [Community Grants Program Procedure](#).] (400 Words Maximum)

District Council of Mount Remarkable Community Plan 2021-2031

[Demonstrate how your activity or project aligns with one or more of the strategies in [DCMR's Community Plan 2021-2031](#).] (400 Words Maximum)

Details of the Proposed Activity or Project:

[Provide a brief project plan, including a timeline, and further information to demonstrate how your project or activity will be facilitated or implemented. You may attach any supporting documentation to your application.] (400 Words Maximum)

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Cash Funding Requested \$ _____		
Council In-Kind Support Requested Based on your selections, a cost will be attributed to the services.		
	Requested	Duration/Comments
Extra bins and removal	<input type="checkbox"/>	
Road closures	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

If your application involves you working with other organisations or community groups, have you attached a support letter to demonstrate this. ☐ **Yes**

Does your activity require permission from a landowner or third party? ☐ **Yes** ☐ **No**

If yes, have you received all necessary permissions or permits, and they are attached to this application?

☐ **Yes** ☐ **Not Applicable**

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Activity or Project Budget:

Please provide a detailed budget for your proposed activity or project. Please use the [Community Grants Program Procedure](#) to help you complete the template below. Alternatively, if you prefer you can attach a budget separately. Please make sure that your budget includes all the information as detailed in the Procedures.

Income Item	Income Amount	Expense Item	Expense
TOTALS	\$0		\$0

Have you attached quotes for any purchases? ☐ Yes

If in-kind support is included in your budget, have you included a letter of support or other evidence guaranteeing the pledged support if the support is not being requested by Council as part of this application?

☐ Yes ☐ Not Applicable

Could your activity or project move forward if only partial funding was received?

☐ Yes ☐ No – If yes, please provide details below as to how this would be possible.

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Privacy Statement

The information provided in this application is used by the District Council of Mount Remarkable (Council) to assess your proposal. Without this information Council will be unable to process your application. Your personal and/or organisational information may be disclosed to Council members, and staff, as well as members of the Community Assistance Grants Assessment Panel. Your information will be held in the strictest confidence and will not be shared with any third parties.

Successful projects will be tabled at a Council meeting for final approval. The results of the Community Assistance Grants Program may be published on Council's website. Information published will include the organisation or community group name, project or activity name, a brief description of the funded activity or project, whether the application was successful or not and, if successful, the amount of grant monies received.

Final Declaration and Checklist

I certify that to the best of my knowledge the statements made within this application and the information provided are true and correct, and I understand that if the application is approved, we will be required to accept the terms and conditions of the grant as outlined in the letter or email of approval.

I agree: ☐ Yes ☐ No

If funding is received, Council's contribution will be recognised as per the Community Assistance Grants Program Procedure.

I agree: ☐ Yes ☐ No

I acknowledge that I am authorised to make this application on behalf of the community group or organisation listed in this application.

I agree: ☐ Yes ☐ No

I acknowledge that final decisions on all applications are at the discretion of the Council, and I will accept Council's decision unreservedly and will not enter into any disputes with Council regarding the outcome of this application.

I agree: ☐ Yes ☐ No

I acknowledge that the Council does not guarantee funding for any application and cannot guarantee funding to the full amount requested by any applicant.

I agree: ☐ Yes ☐ No

I acknowledge that, if successful in obtaining Community Assistance Grants funding, our organisation or community group must submit an Acquittal Statement and Evaluation Form by 30 April 2024. Failure to do so may render us ineligible for future Community Assistance Grant funding and may require that any funds received be refunded Council.

I agree: ☐ Yes ☐ No

I acknowledge that the grant must be spent on the agreed project only and that any unspent funds will be returned to Council.

I agree: ☐ Yes ☐ No

Copy of 2022/23 Audited Financial Statements are attached to this application (NOTE: if this is not provided, the grant application will not be considered).

☐ Yes ☐ No

Copy of Public Liability Insurance Certificate of Currency is attached to this application. (NOTE: if this is not provided, the grant application will not be considered).

☐ Yes ☐ No

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Office Bearer's Declaration	
<p><i>We certify that, to the best of our knowledge, the statements made in this application are true and correct and that our organisation has duly authorised us to make this application on its behalf.</i></p> <p><i>We agree that to submit the following documentation to Council by 30 April 2024:</i></p> <ul style="list-style-type: none"> - a completed Acquittal and Evaluation Form signed by an independent and suitably qualified person; - copies of receipts/ tax invoices for all purchases; and - photographic evidence of the completed project or evidence that the activity or event has occurred. 	
President	Are you, or your immediate family, a staff member (or Elected Member) of the District Council of Mount Remarkable?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name:
	Email:
Signature: _____ Date: _____	
Secretary or Treasurer	Are you, or your immediate family, a staff member (or Elected Member) of the District Council of Mount Remarkable?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name:
	Email:
Signature: _____ Date: _____	

Please submit your completed application and any supporting documents to:

By email (preferred)

postmaster@mtr.sa.gov.au

By Post

Att: Community Grants Coordinator
District Council of Mount Remarkable
PO Box 94
MELROSE SA 5483

Or **by person** by delivering to Council's Administration Office – 3 Stuart Street, Melrose.