



COMMUNITY GRANTS
APPLICATION FORM

GDS
Version Number
Issued
Next Review

7.41.
2
June 2018
February 2030

APPLICANT DETAILS

Name of Organisation:

Organisation Address:

Address for Correspondence:

Name of representative completing application:

Position held within organisation:

Telephone Number:

Email Address:

☐ **Community Group**

☐ **Individual**

☐ **Incorporated Body**

☐ **Other**

Details _____

ABN

Registered for GST: Yes ☐ No ☐

DESCRIPTION OF YOUR GROUP/ORGANISATIONS FUNCTION

TYPE OF GRANT APPLYING FOR

☐ **Community Grant**

☐ **Environment
Grant**

☐ **Junior Individual
Development Grant**

☐ **International
Representation
Grant**

☐ **Donations Fund**

☐ **Sponsorship**

☐ **In Kind Support
Grant**

☐ **Other**

SPONSORSHIP UNDER \$200 AUTHORISATION

☐ **Sponsorship under \$200**
No further details required

Authorised By (CEO): _____

Signed: _____ **Date :** _____



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FINANCIAL DETAILS

Total Project Cost	Council Grant Contribution Requested	Applicant Contribution
\$	\$	\$

Description of any in-kind support request: Equipment ☐ Labour ☐ Administration ☐

Details:

PREVIOUS FUNDING RECEIVED FROM COUNCIL

Amount	Date Received	Project/Type of Grant	Grant Acquittal Form Completed

SUPPORTING DOCUMENTATION

☐ Quote	☐ Photos	☐ Other
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ASSESSMENT AGAINST GRANT CRITERIA

Outline the grant request, its purpose, activities and outcomes:

Timeline to achieve the above:

Explain how the proposal will benefit the wider community within The Flinders Ranges Council area



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ASSESSMENT AGAINST GRANT CRITERIA

How does your application meet the Eligibility Criteria stated within the guidelines for community grants and sponsorship program (5. Eligibility Criteria)?

How does your application fit within the funding priorities within the guidelines for community grants (6. Funding Priorities)?

If successful are you prepared to undertake an acquittal process?

I/We have attached a copy of our latest audited financial statements to this application (must be provided)

☐

DECLARATION

I..... hereby certify that I have been authorised to prepare and submit this application on behalf of the applicant and that the information provided within this document is true and correct.

Signed _____ Date _____

AUTHORISATION

Decision Support ☐ Decline ☐ Refer to Council ☐ Date of Council Meeting _____

Reason:

Council Decision: _____

Authorising Officer

Grant Number: _____

Name: _____ Position: _____

Signed: _____ Date: _____