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| **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 $100 AUTHORISATION** |
| * **Sponsorship under $100 Authorised By (CEO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*No further details required* **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** |
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| **SUPPORTING DOCUMENTATION** |
| * **Quote**
 | * **Photos**
 | * **Other**
 |
| **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 policy and associated guidelines?** |
| **How does your application fit within the funding priorities within the guidelines for community grants and sponsorship program policy?** |
| **If successful are you prepared to undertake an acquittal process?** |
| **I/We have attached a copy of our latest audited financial statements or a profit and loss financial statement 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |