|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |
| **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** | | | | | | |

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |