



# LIGHT REGIONAL COUNCIL

## Community Development Grants Program (CDGP) Application Form

### Before you start...

Please read the Community Development Grants Program guidelines and eligibility criteria in the *Sponsorships, Grants and Incentives Scheme Handbook* before completing this application form.

Are you eligible to apply for the Community Development Grants Program?    Yes    No

Please attach any additional information and supporting statements to this form.

Please provide bank account details on page 5 (for electronic payment if successful).

If your organisation does not have an ABN please complete the declaration on page 5.

### Applicant's Details

Date of application:

Name of Organisation:		
Contact Person for this Application:		
Position Held by Contact Person:		
Address:		
Postal Address (if different from above):		
Suburb:	State:	Postcode:
Telephone:	Mobile:	
Email:		

### Organisation Status

Your organisation's ABN (if no ABN, declaration form must be completed):		
Is your organisation incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your organisation is unincorporated, who will be responsible for administration of any funds allocated?		
Is your organisation registered for GST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have Public Liability Insurance? <i>Please attach Certificate of Currency (minimum \$10 million)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Project Name and Type

Name of Project:		
Type of Project: (tick all areas that apply)		
Health and wellbeing	Environment	Recreation and sport
Arts and culture	Equipment purchase	Community education

## **Description of project**

Detailed description of project (purpose for which funds are sought – attach separate sheet if required)

## **Value of project to the community**

*How many people will benefit from this project? What is the age range and demographics?*

## **How will the project be achieved?**

*Goals, objectives and strategies:*

## **What are the expected project outcomes for the community?**

## Financial Assistance History

Please list all grants, sponsorships and donations received by your organisation from Council over the last three (3) years. (Attach separate sheet if required)

Amount Received	Date	Purpose to which funds were applied	Acquittal
\$			Yes No
\$			Yes No
\$			Yes No

If you have previously received funds from Council, has an acquittal and evaluation been received by Council?  Yes  No

*If no, why not?*

## Project Budget Details

Amount sought through this application: \$

Details of how this grant will be spent on the project: (Attach separate sheet if required)

Item	Amount

## Overall project expenditure / income

What is the total (estimated) cost of this project? \$

What is the total expected income for this project?

Please provide details of expected project income (e.g. fundraising, donations):

In-kind support – please list any in-kind support expected to be provided for the project (e.g. Volunteer hours, equipment loan, venues offered at no cost, etc):

### Details of other funding sources

Has your organisation submitted applications for financial assistance (e.g. grants or sponsorship or donations) from other bodies for this project?  Yes  No  
 If yes, please complete the following table:

Funding Body	Date Application Lodged	Amount Sought	Amount Granted

### Information Checklist

I have reviewed the Community Development Grants Program guidelines and eligibility criteria in the <i>Sponsorships, Grants and Incentives Scheme Handbook</i> and my project is eligible	
Application Form completed and signed	
Public Liability Insurance certificate of currency attached (minimum \$10 million)	
All required supporting information is attached to this application (eg. quotations)	
Bank account details provided (if application successful, payment made by EFT)	
Requested grant funding amount maximum of \$1000	
Declaration completed page 5 where no ABN is required (if you do not have an ABN)	

### Applicants Declaration

I (print name) \_\_\_\_\_, on behalf of  
 (organisation) \_\_\_\_\_  
 have read and understand the conditions of the grant, and hereby agree to be bound by them. I declare that this application form has been completed accurately and all information given is true and correct and that no pertinent information which may affect this application has been omitted or withheld.

If this application is successful, I agree to submit a completed Community Development Grants Program (CDGP) acquittal and evaluation form (with copy of invoices) to Council no later than four (4) weeks after completing the funded project or activity, including photos of members with the completed project.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I consent to project photos being included in Council's annual report.  YES  NO

Return your completed CDGP application to Light Regional Council:  
 Via email: [light@light.sa.gov.au](mailto:light@light.sa.gov.au)  
 Via post: PO Box 72, KAPUNDA SA 5373  
 In person: to 93 Main St. Kapunda or 12 Hanson St Freeling.

## Appendix 1 Bank Details

<b>Company/Business Name:</b> <i>(your Trading Name)</i>	
<b>ABN Number:</b>	
<b>Payment Type:</b>	<b>EFT</b> (please complete the following 4 fields for EFT)
<b>Name of Bank:</b>	
<b>Account Name:</b>	
<b>Account BSB Number:</b>	
<b>Bank Account Number:</b>	
<b>Email Address:</b> <i>(for remittance advice)</i>	
<b>Your Reference:</b>	
<b>Contact Person's Name:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>Address (inc Postal)</b>	

## Appendix 2 - ATO Declaration

### DECLARATION WHERE NO AUSTRALIAN BUSINESS NUMBER IS REQUIRED

On behalf of \_\_\_\_\_ (organisation name) I hereby certify that I/we are not required under the New Taxation System to hold an Australian Business Number (ABN), as we are not carrying out an enterprise under the New Tax System definition.

I am/we are performing our services for the community as:

- A private recreational pursuit or hobby (please tick):    Yes    No

Or

- As an individual/organisation without reasonable expectation of profit or gain (please tick):  
Yes    No

As such the Council is not obliged to withhold 46.5% from payments made to me/us.

I confirm that the above declaration is valid for all payments made by Council to me/our organisation. Should the situation change and I am/we are required to hold an Australian Business Number, I will notify Council immediately.

Name:
Signature:
Organisation:
Date: