

Public Art Grant Program Application (PAGP)

BEFORE YOU START

I have read the following:

- Public Art Program Development Guidelines
- Public Art Strategy and
- Eligibility criteria in the *Sponsorships, Grants, and Incentive Schemes Guidelines*

before completing this application, and meet the eligibility criteria. ☐ YES ☐ NO

Please attach any supporting information to this application. If your organisation does not have an ABN, please complete the declaration on page 6.

| | | |
|--|------------------------------|-----------------------------|
| APPLICANT DETAILS | Date of application: | |
| Name of organisation: | | |
| Contact person for organisation: | | |
| Position held by contact person: | | |
| Postal address: | | |
| Suburb: | Postcode: | |
| Telephone: | Mobile: | |
| Email: | | |
| Organisation's ABN: (if no ABN, please complete declaration on page 6) | | |
| Is the organisation incorporated? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If not incorporated, which incorporated organisation will be responsible for funds allocated? | | |
| Is the organisation registered for GST? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does the organisation have current Public Liability Insurance? | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Expiry date: |

**Please attach a copy of the Public Liability Insurance certificate of currency to this application*

Project Name:

Project type: (please tick all that apply)

☐ Character and Identity ☐ Environment ☐ Culture ☐ Community Pride

Detailed description of project: (How will the project beautify or enhance a public space)

Value of project to the community: (what collaboration/support with the community was/is involved?)



| | |
|--|-----------------------------|
| How will the project be achieved? (Include the contribution of in-kind, material or financial). | |
| What are the expected outcomes of the project? (List the benefits for the community) | |
| How does this project reflect the identity of the area? | |
| Provide details on how the grant will be spent: <i>Attach a separate sheet if required</i> | Grant amount sought: |
| Item | Amount |
| | |
| | |
| | |

| |
|--|
| Project budget: (income and expenditure) |
| Total (estimated) cost of project: \$ |
| List details of total expected income for project: (include any donations, fundraising, etc.) |

Have you sought other funding sources for this project? ☐ YES ☐ NO

| Funding Body | Date application lodged | Amount sought | Amount granted |
|--------------|-------------------------|---------------|----------------|
| | | | |
| | | | |
| | | | |



List any in-kind support towards the project (include any volunteer hours, loan of equipment, use of venue without cost, etc.)

| APPLICANT CHECKLIST (please tick when completed) | |
|--|--|
| I have reviewed: <ul style="list-style-type: none">• Public Art Development Guidelines• Public Art Strategy and• Eligibility criteria in the Sponsorships, Grants, and Incentive Schemes Guidelines and the project is eligible? | |
| Public Liability Insurance certificate of currency attached | |
| Grant amount applied for does not exceed \$5000 | |
| All supporting information attached (e.g. quotations, support letters) | |
| ATO Declaration completed on page 6 if no ABN held | |
| Applicant Declaration signed (consenting to conditions of grant) | |

Return your completed PAGP application to Light Regional Council:

Via email: grants@light.sa.gov.au

Via post: PO Box 72, KAPUNDA SA 5373

In person: to 93 Main St. Kapunda or 12 Hanson St Freeling.

APPLICANT 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:

- (1) Supply the organisation's bank details for Electronic Funds Transfer (EFT), and
- (2) Submit a completed Public Art Grant Program (PAGP) acquittal and evaluation form (with copy of invoices) to Council no later than twelve (12) months 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

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: *(please tick)*

- A private recreational pursuit or hobby: ☐ Yes ☐ No
- As an individual/organisation without reasonable expectation of profit or gain: ☐ 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 name:

Date: