

Address:

Postal Address:

City of Port Lincoln

Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606

Template No

17-37-T1

PO Box 1787, Port Lincoln SA 5606

Email: plcc@plcc.sa.gov.au Web: www.portlincoln.sa.gov.au

COMMUNITY INFRASTRUCTURE REQUEST		
GROUP		
DATED		
Co	This application is to be read in conjunction with buncil Policy 7.63.11 Community Infrastructure Investment	
-	support from Community Groups for infrastructure projects will be received recommendation to include or not, as a request for budget consideration.	
following criteria. The Co the project. The report m budget process. The report	ubmitted on this form (or attached) and will be assessed in accordance with the buncil will be presented with a report on the risks associated and the viability of hay or may not give recommendation for Council to consider this application in the ort will have regard to the capacity of the organisation to meet the ongoing costs, e of the project proposed and the availability of Councilfunds.	
appointment of a project	ements and process set out in this application form, the Council may require the manager to ensure that the project complies with all appropriate regulations and guard the Council's investment in a project.	
the budget is not a gua	budget consideration it will be included in Councils draft budget. Final adoption of trantee of funds and prior to release of financial support, the Council must be ations, concepts and plans in relation to the proposed project.	
Scope of Project		

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Council Financial Support Sought (maybe a combination of options for Council consideration)		
☐ Community Loan		
☐ Budget Allocation – Joint project Group / Council		
☐ Budget Allocation – Council cash contribution		
Estimated Budget of Total Project		
\$		
* Attach a copy of quotations if available		
Applicant Details		
Groups Name		
President		
Mailing Address		
Telephone/Fax		
Email		
"Facility" Address		
ABN		
Key Contact Person		
Contact Name:		
Mailing Address		
Telephone/Fax		
Email		
Project		
Proposed Project dates:end		
Period of Loan (if applic) with number of repayments per annum		
Life of Asset/Infrastructure		
Group contribution \$		
Council contribution/s \$		

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Is your proposal consistent with Councils Strategic Plan? Yes / No please provide details of which strategy
How the project will benefit the group.
Is there capacity for the facility to be used by the broader community at times when it is not required for that organisation's purposes Yes / No what is estimated availability – number of Days & persons
Has your group in the past or currently explored the possibility of raising funds for the proposed project through fundraising or grant funding opportunities? Yes / No please provide details
Have final quotations, plans and concepts been prepared? Please attach. Yes / No
Have the necessary Planning and Building permits been obtained?
Yes / No
DA NUMBER: 931/If not, please contact the council for further information or down load the application form 3.71.T25 from the website.
Financial Capacity
Ability and commitment to repay the loan (ifapplicable). Ability to fund ongoing maintenance expenses and assume responsibility for the infrastructure to the group rather than Council.
Copy of last three years financial years statements Copy of this years budget.
Proposed Budget for next financial year.
Current Bank Statement
What plans do you have in place for <u>future</u> replacement or upgrades

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Do you have a business or strategic plan? Please include a copy. Yes / No			
Has your group previously received funding for infrastructure upgrades from the council?	es / No		
Please provide details			
Are you GST registered	Yes / No		
Supporting Documentation			
Attach copies of any supporting letters, for example State / Association body. Summary o projects that you may have completed			
Member Involvement			
Description of member involvement in the project planning and implementation			
Copy of Committee Structure attached Incorporation Certificate	!		
Current number of group members			
Your annual membership fee/s structure (attach details if more	e space required)		
Authorisation of Application			
The signature of two members of the organisation authorised to act on its behalf.			
Authorised OfficeBearer			
NamePosition			
Authorised OfficeBearer			
NamePosition			
Office Use: Responsible Manager for Assessment:			