COMMUNITY GRANT FUNDING PROGRAM

QUICK RESPONSE GRANT

2023/2024 APPLICATION FORM

 **This application is to be used for funding requests under $1,000.**

Please refer to the Community Grant Funding Program Guidelines and Council policy 7.63.14 Community Grant Funding for specific funding guidelines and criteria.

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| **Applicant name:** |  |
| **Project/activity/event name:** |  |
| **Funding requested:** | **$**  |

**Eligibility Checklist**

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| --- | --- |
| **Is your application for:** | **Yes** |
| An unincorporated group or organisation (unless auspiced by an incorporated body) | **[ ]**  |
| A group or organisation that does not hold public liability and other relevant insurances | **[ ]**  |
| An individual | **[ ]**  |
| A political party | **[ ]**  |
| A private event | **[ ]**  |
| A retrospective project/event | **[ ]**  |
| Building or infrastructure upgrades | **[ ]**  |
| Ongoing general operational and administrative costs (eg telephone, electricity, rent, costs associated with existing staff) | **[ ]**  |
| Fundraiser/charity event with funding leaving the local area | **[ ]**  |
| Religious groups or events unless the event is non-denominational and demonstrates broad benefit to the community  | **[ ]**  |
| Commercial events or activities that do not provide community benefit  | **[ ]**  |
| A group that has received funding previously from the City of Port Lincoln and has not fulfilled reporting obligations including post event evaluation and acquittal requirements  | **[ ]**  |
| An organisation or group that provides services to children and young people and **does not** have a current DHS Child Safe Compliance Statement | **[ ]**  |

If you have ticked any of these boxes, your application is **NOT** eligible for City of Port Lincoln Community Grant Funding. Please contact Council’s Community, Culture and Recreation team with any queries.

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| **Section 1: Applicant** |
| **Organisation**  |
| **Organisation name:** |  |
| **Address:** |  |
|  |
| **Contact Person** |
| **Name:** |  |
| **Role in organisation:** |  |
| **Phone:** | Landline: |
| Mobile: |
| **Email:** |  |
| **Grant responsibility** |
| **Person responsible for grant:** |  |
| **Role in organisation:** |  |
| **Phone:** | Landline: |
| Mobile: |
| **Email:** |  |
| **Organisational Structure**  |  |
| **Is your organisation incorporated?****[ ]**  Yes **[ ]** No | **Does it have an ABN?****[ ]**  YesABN: **[ ]** No | **Is it registered for GST?****[ ]**  YesPlease ensure you comply with all GST obligations.**[ ]** No |

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| **Section 2: Project, activity, or event** |
| **Project/activity/event name:** |  |
| **Location:** |  |
| **Start date:** |  |
| **Completion date:** |  |
| **Number of staff/volunteers:** |  |
| **Estimated attendance/reach:** |  |
| **Describe your event/activity/project:****200-word limit** |

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| **Section 3:** **Estimated budget for your project, event, or program ONLY – not your organisation’s overall budget.*****Please complete below template or attach budget to this application.***  |
| **Income** | **$** | **Expenditure** | **$** |
| Applicant cash contribution |  | Materials |  |
| Sponsorship |  | Labour |  |
| Cash donations |  | Hire of equipment |  |
| Other grants |  | Office/administration |  |
| Catering sales |  | Venue hire |  |
| Fees and charges e.g., stalls |  | Advertising and promotion |  |
| Gate/door/entry fees |  | Catering |  |
| Other (please list) |  | Security |  |
|  |  | Other (please list) |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Grant amount from Council** |  |  |  |
|  |  |  |  |
| **TOTAL INCOME** | **$** | **TOTAL EXPENDITURE** | **$** |

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| **Section 4: Alignment to Council’s Strategic Plan** |
| **4.1 Which of the following Council’s Strategic Directions goals and key focus areas will your project, event or activity support?** |
|  **[ ]** Quality tourism and visitor experiences**[ ]** Southern Eyre Peninsula’s commercial, health, education and community regional hub **[ ]** A regional centre for arts, culture and local heritage**[ ]** Community and individual physical and mental health and well-being**[ ]** Community safety and liveability**[ ]**  Empowered, inclusive, connected, diverse and resilient community | **[ ]** Opportunity for children and young people to reach their potential, older people to be valued and all people to participate fully **[ ]** Other - please identify from Council’s Strategic Directions Plan: …………………………………………………………………………….…………………………………………………………………………….…………………………………………………………………………….[portlincoln.sa.gov.au/documents/strategic-plans-and-strategies](http://www.portlincoln.sa.gov.au/documents/strategic-plans-and-strategies) |
| **4.2 How will your project, event or activity support identified Strategic Plan goals, key focus areas and proposed benefits to the community or local economy\******300-word limit*** |

*\*For example:*

* *free or low cost to attend, accessible location*
* *provides opportunity for community to come together*
* *celebration of place and culture, increase community identity/pride*
* *provides opportunity for volunteering*
* *unique and/or innovative*
* *responsive to a need/gap in the community*
* *promotes healthy lifestyle principles*
* *supports community groups (e.g., catering)*
* *develops knowledge, skills and confidence of community members*
* *promotes sense of community, identity and pride*
* *contributes to the local economy*
* *provides flow on benefits to local businesses*
* *encourages overnight or return visitation*
* *promotes region (intrastate, nationally, internationally), creates employment opportunities (direct/indirect)*

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| **Section 5: Safety and quality assurance**  |
| **5.1 How will you ensure your project, activity or event is safe?** *e.g. Event Management and Risk Management Plans, Safe Work Instructions, emergency evacuation procedures, volunteer induction*  ***(list here and attach copies to this application)******200-word limit*** |
| 5.2 How do you expect to be able to evaluate the effectiveness of the project, activity or event?  *E.g., attendance/participant numbers, participant debrief, attendee survey****200-word limit*** |
| **Section 6: Disability Access and Inclusion** |
| **The City of Port Lincoln is committed to being an inclusive and connected community, and to improving the participation of people living with disability in the community.** These aims align with Council’s Strategic Directions Plan 2021-2030 and Disability Access and Inclusion Plan 2021-2025. Accessibility and inclusion measures have been considered and incorporated in our planning where applicable. Yes [ ]   No  **[ ]** Details of accessibility measures being taken: |
| **Section 7: Promotion & Advertising**  |
| **How will the project, activity or event be promoted?****[ ]** Newspaper **[ ]** Radio **[ ]** TV **[ ]**  Social Media **[ ]** Newsletters **[ ]** Website**[ ]** Signage**[ ]** Council signage (city entrance, foreshore bollards)**\*** ([www.portlincoln.sa.gov.au/documents/forms](https://www.portlincoln.sa.gov.au/documents/forms))**[ ]** Council Community Events Calendar**\*** ([www.portlincoln.sa.gov.au/community/events](http://www.portlincoln.sa.gov.au/community/events))**\****Please ensure appropriate application form is completed* **[ ]** Other (please specify)  |

 **Section 8: Acknowledgement of Funding**

If this application for funding is successful, I / we agree to adhere to the following conditions as per policy 7.63.14 Community Grant Funding which will be detailed in a Community Grant Funding Acceptance Form:

* *That except with written consent from Council, the applicant will not use grant funding received for anything other than the stated purpose.*
* *The applicant will comply with Acquittal Reporting requirements (inclusive of the requirement to provide two (2) high resolution images for use by council*
* *The applicant acknowledges that a condition of grant funding is the utilisation of council facilities and spaces in the first instance and use of such will be invoiced.*
* *The applicant acknowledges requests for council services and support such as line marking, marquee on foreshore will be invoiced.*
* *The applicant will complete the project/event/program by no later than the completion date unless a variation has been sought and approved.*
* *The applicant has a duty to notify the Council if any circumstances change at any stage including the applicant’s ability to carry out the project/event/program.*
* *The applicant must ensure that any media release or promotional collateral issued in relation to the project/event/program acknowledges Council support. Applicants must correctly reproduce Council’s logo as per policy 18.63.3.*
* *The applicant will invite Council’s Mayor and Chief Executive Officer to official openings or similar ceremonies in recognition of funding received.*
* *The applicant shall comply with and give all notices required by any Act of Parliament, Ordinance, Regulation or By-law relating to project/event/program.*
* *The applicant acknowledges that it is its responsibility to take out and keep current a Public Liability Policy of Insurance in the name of the applicant insuring for an amount not less than twenty million dollars ($20,000,000), and any other relevant insurances to indemnify the Applicant and Council against any claim made by any party arising out of or in connection with the project/event/program.*

I declare that I have been authorised to prepare and submit this application and accept the terms & conditions on behalf of the applicant/organisation. This application has been prepared in good faith and I declare that the information presented on this form is correct. I have read and understood Council Policy 7.63.14 Community Grant Funding and the above conditions and the applicant/organisation agree to abide by them. The applicant/organisation understands that if the funds are not utilised to their full extent for the specified project/activity/event then any remainder will be returned to Council.

Name: Position

Signature: Date

**Section 9: Application Submission**

**Please tick and attach the following documents:**

[ ]  Certificate of Currency – Public Liability Insurance

[ ]  Project Management Plan including site plan & risk management plan

[ ]  Evidence of DHS Safe Compliance Statement, where applicable

**Please note that failure to submit required documents may result in your application being denied.**

 **Submission Methods:**

**Postal: City of Port Lincoln, PO Box 1787, Port Lincoln SA 5606**

**Email:** **grants@plcc.sa.gov.au**

**In Person: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln**

Please direct all queries to Council’s Community, Culture and Recreation Team

via email: grants@plcc.sa.gov.au or phone: 08 8621 2300