

Two Wells Community Fund Application Form

Round 4

Please ensure you have read and understand the Funding Guidelines

If you have any queries regarding the information contained in this Application Form, please contact Council's Manager Library and Community during Office Hours (08) 8527 0200 or by email – asawtell@apc.sa.gov.au

Applicants are encouraged to submit their application via email – info@apc.sa.gov.au – marked in the subject heading – **Two Wells Community Fund Grant Application**. Alternatively applications can be posted to:

Adelaide Plains Council

Two Wells Community Fund Grant Application
PO Box 18
MALLALA SA 5502

or deliver in person to the Mallala Principal Office – 2A Wasleys Road Mallala SA 5502 or Two Wells Service Centre – 69 Old Port Wakefield Road Two Wells SA 5501 or Two Wells Library – 61 Old Port Wakefield Road Two Wells SA 5501.

Section 1 – Applicant Organisation Details

1. Application Details		
Organisation name		
Address		
Email		
Contact Person <i>(all correspondence will be sent to this address)</i>		
Name		
Position		
Address		
Email		
Phone		
Is your organisation incorporated under the Associations Incorporations Act?		
<input type="checkbox"/> Yes (go to question a)	<input type="checkbox"/> No (go to question b)	
a) Certificate of Incorporation Number		
b) If your organisation is not incorporated, please name the Incorporated Organisation (Auspice body) who will receive and administer the grant on your behalf.		

Please attach a copy of the completed TWCF Auspice Form (attachment A)		
Is your organisation endorsed with Deductible Gift Recipient (DGR) status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have and ABN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please quote -----		
Is your organisation registered for GST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2 – Project Details

Project Name			
Project summary			
Who is the owner of the land where the project is to be located?			
<input type="checkbox"/>	Your organisation – attach evidence (i.e. Certificate of Title)		
<input type="checkbox"/>	Council (you will require a letter from the landowner showing the landowner is aware of the project and approves)		
Do you have a current lease/licence agreement over the property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Expiry Date:			
<input type="checkbox"/>	Other		
Does the project involve construction or structural works? (You may be required to submit a Development Application. Please speak to a Planning Officer in Council)			
<input type="checkbox"/>	Yes – approved (attach copy of approval)		
<input type="checkbox"/>	Yes – lodged and awaiting decision (attach copy of lodgement form)		
<input type="checkbox"/>	No – required but not yet lodged		
<input type="checkbox"/>	No – Not required		
Support for the Project			
Apart from your organisation and its members, are there any other groups within the community who will benefit from the project?			
<input type="checkbox"/>	Yes (state below who will benefit and how, and attach any letters of support)		
<input type="checkbox"/>	No		
How will the project be promoted?			

Section 3 – Project Outcomes

The TWCF aims to support local community groups and organisations to deliver services and programs which achieve a large range of social and practical outcomes. Please select the outcomes your project will address (can tick multiple outcomes if relevant)

<input type="checkbox"/>	Supporting and strengthening community groups
<input type="checkbox"/>	Supporting and encouraging volunteering
<input type="checkbox"/>	Increasing and enhancing community participation
<input type="checkbox"/>	Supporting arts and cultural development
<input type="checkbox"/>	Promoting healthy lifestyles, in particular projects which increase access to leisure,
<input type="checkbox"/>	Recreational and sporting opportunities
<input type="checkbox"/>	Reducing social isolation
<input type="checkbox"/>	Encouraging partnerships that build a supportive and safer community
<input type="checkbox"/>	Supporting learning opportunities that meet local community needs
<input type="checkbox"/>	Developing life management skills
<input type="checkbox"/>	Addressing issues of special needs groups
<input type="checkbox"/>	Addressing gaps in local services
<input type="checkbox"/>	Deliver of community infrastructure

How will the project benefit the residents/township of Two Wells?

How will the project remain sustainable after the funding has been expended?

Who will be responsible for maintaining the project?

Section 4 – Budget

Using the table provided, outline the cost of your project

- ❖ Do not include cents – round up to the next dollar
- ❖ All quotes to be GST inclusive (where relevant)

All expenses involved in undertaking the project must be listed in Project Costs (including in-kind labour or donated items)

All contributions involved in the project must be listed in Project Contribution

Section A and Section B must be completed

Project Costs – Section A

ITEM (e.g. air conditioner)	QUOTATION FROM (e.g. B&B Air conditioning systems)	Evidence Attached	Amount
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
	Total project cost		\$

Project Contribution – Section B

INCOME SOURCE can be organisation contribution, donations, donated materials, grants, skilled volunteer labour, or other in-kind support). Volunteer labour is calculated at \$40 per hour)

ITEM (E.g. painting, removal of rubbish, etc.)	INCOME SOURCE	Evidence Attached	Amount
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
		<input type="checkbox"/>	\$
	Total project cost		\$

Total project cost

\$

Amount of funding request from TWCF (cannot exceed 50% of total project)

\$

Section 5 - Application declaration

The application must be signed by two officer bearers of the Applicant organisation		
S1	S2	Please read, tick appropriate boxes and sign
<input type="checkbox"/>	<input type="checkbox"/>	I acknowledge that I am authorised to make this application on behalf of the organisation
<input type="checkbox"/>	<input type="checkbox"/>	I acknowledge that the information provided in this application is true and correct to the best of my knowledge
<input type="checkbox"/>	<input type="checkbox"/>	I acknowledge that our community group may be required to provide further information prior to this application being considered by the Two Wells Community Fund Committee
<input type="checkbox"/>	<input type="checkbox"/>	I acknowledge that should this application be successful, our organisation must complete the prescribed acquittal and reporting requirements as set out in the Guidelines
<input type="checkbox"/>	<input type="checkbox"/>	I acknowledge that any changes in circumstances with regard to this application must be notified to the Adelaide Plains Council
Signature 1		Signature 2
Date		Date

Section 6 – Any other information relevant to this Application

Please provide details of any other supporting information you wish to be considered

Appendix A

Two Wells Community Fund – Auspice Form

If your organisation agrees to auspice (support) a grant for an unincorporated group, this will make you responsible for any funding received on behalf of that group.

Your responsibilities include:

- Reading, understanding and counter signing the application before it is submitted
- Receiving and banking the funds if the application is successful
- Liaising with the applicant about the funding for the project and paying all accounts as agreed with the applicant
- Ensuring accurate and appropriate financial documentation is recorded
- Providing a financial reconciliation to the applicant at the conclusion of the activity and countersigning the Acquittal Form at the conclusion of the project

Please complete this form and provide the following information if you agree to auspice the project.

Name of organisation you intend to act as Auspice:	
1. Auspice Organisations Details	
Name	
Incorporation Number	
Postal Address of organisation (Cheque will be posted to this address)	
Email	
2. Contact Person Details (this is the address that <u>all</u> correspondence will be sent)	
Name	
Title (your role with the organisation)	
Address	
Phone	
Email (if different from organisation email)	

Is the Auspice body registered for goods and service tax (GST)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an ABN? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please quote ABN _____

We declare that the information presented on this form is correct and will abide by the responsibilities as listed above.

1st Authorised signature of auspice body representative: _____

Date: _____ Position: _____

Full Name: _____

2nd Authorised signature of auspice body representative: _____

Date: _____ Position: _____

Full Name: _____