



Whyalla City Council



WHYALLA

Community Grant Application Form

Return completed form to Community Services Department –

Corporation of the City of Whyalla
PO Box 126
WHYALLA SA 5600

Phone: 8640 3444

Email: council@whyalla.sa.gov.au

Fax: 8645 0155

Eligibility Checklist

	Yes	No	N/A
<ul style="list-style-type: none"> Have you previously fulfilled ALL reporting obligations and satisfactorily acquitted any previous grants from Whyalla City Council? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Are you a not-for profit community group or organisation? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Is your group or organisation incorporated or under the auspices of an incorporated body other than Council? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Are you a resident in the City of Whyalla, or able to demonstrate a significant benefit to the Whyalla community? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Does the nominated bank account have the same name as your group or organisation? 	<input type="checkbox"/>	<input type="checkbox"/>	

If you have answered **NO** to any of the above questions, you are **NOT** eligible for Community Grant funding.

Summary of Project

Organisation Name:	
Name of Project / Event:	
Date(s) of Project / Event:	
Location:	
Total Cost of Project / Event:	\$
Amount requested from Council (up to \$5000):	\$

Applicant Information

Group / Organisation Details		
Name:		
Postal Address:		
Contact Person:		
Position (eg Secretary):		
Email:		
Telephone:		
Is your group or organisation:		
a) Incorporated	Yes <input type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question b)
b) Under the auspices of an incorporated body	Yes <input type="checkbox"/> <i>(if yes, please state name below)</i>	No <input type="checkbox"/>
Auspicing body name		
c) Registered for GST	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your group or organisation have an ABN <i>(If yes, please state ABN)</i>	Yes <input type="checkbox"/> -----	No <input type="checkbox"/>
Has your group or organisation:		
Previously received a Community Grant	Yes <input type="checkbox"/> <i>If yes, please complete details below</i>	No <input type="checkbox"/> <i>If no, please go to 'project budget'</i>
When (month & year)		
Amount received	\$	
Was the previous grant acquitted <i>(If yes, please state month & year)</i>	Yes <input type="checkbox"/> Month _____ Year _____	No <input type="checkbox"/> <i>If no, you are ineligible to apply for a Community Grant</i>

Project Budget

Please provide a detailed budget for your project. The Project Budget must be reasonably costed and every effort made to detail expenditure and estimate the level of income.

Income	\$	Expenditure	\$
Cash			
Entrance/registration fees		Publicity/advertising	
Adults @ \$		Materials	
Children @ \$		Plant & equipment hire	
Concession @ \$		Venue hire	
Sponsorship		Prizes offered	
Sale of food/beverages		Stationery and printing	
Sale of other items		Photocopying and postage	
Other cash income		Publications/programs	
1.		Materials for resale	
2.		Refreshments	
Council Grant		Other expenditure	
Own contribution		1.	
Total cash income		2.	
In-Kind support		3.	
Applicant:			
1.			
2.			
Other:			
1.			
2.			
Total in-kind support			
Total cash income		Total expenditure	
Total Income		Less Total Income	
		Profit / Loss	

A copy of the applicant's most recent audited financial statement is attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relevant quotes are attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note: Your application will not be considered if you have ticked 'no' to either of the above.

Project Details

Date(s) of Project / Event
Please describe the project for which funds are sought.
What are your specific objectives in undertaking this project (aims and outcomes)?

How will this project benefit the community of Whyalla?

Please outline how you will evaluate the success of this project.

Please describe how you will acknowledge the support of the Whyalla City Council.

Agreement and Declaration

This declaration must be signed by two current office holders of the group/organisation (eg President, Secretary etc). Please read, tick the boxes and sign.

Signature 1	Signature 2	
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> I acknowledge that I am authorised to make this application on behalf of the group or organisation.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> I acknowledge that the information provided in this application is true and correct.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> I acknowledge that final decisions on all applications are at the discretion of Whyalla City Council.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> I acknowledge that the Whyalla City Council cannot guarantee funding for any application, and cannot guarantee funding to the full amount requested by any applicant.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> I acknowledge that, if successful in obtaining Community Grant funding, our organisation must submit an evaluation report including an income and expenditure statement within 30 days of completion of the project. Failure to do so will render us ineligible for any future Community Grant funding.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> I acknowledge that the City of Whyalla’s support of the project will be acknowledged in any media coverage or promotional activities.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> I acknowledge that the grant must be spend on the agreed project only and that any unspent funds will be returned to Council.

Signature 1

Name: _____ Signature: _____

Position: _____ Date: _____

Signature 2

Name: _____ Signature: _____

Position: _____ Date: _____



ABN 44 753 313 06

**CORPORATION OF THE CITY OF WHYALLA
Electronic Funds Transfer (EFT)**

APPLICATION FOR PAYMENT BY DIRECT CREDIT SYSTEM

CREDITOR DETAILS (please print clearly)

Trading Name _____
ABN (11 digits) _____ GST Registered? Yes / No
Address _____

Contact Name _____
Phone No. _____
Fax No. _____
Order Email Address _____
Trading Terms _____

BANK DETAILS (Please advise of any changes in banking, or other details)

Bank and Branch _____
Bank Account Name _____
BSB or Branch Number (6 digits) _____
Account No. (Up to 9 digits) _____
Remittance Email Address _____

I/We agree to have payment due to us to be paid by way of direct credit to the above bank account for goods and/or services supplied to The Corporation of the City of Whyalla.

AUTHORISATION

Signature _____ Title/Position _____
Name _____ Date _____

Please note these details are required if your application is successful and will expedite the payment process.