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Description automatically generated

2016/2017

2023/2024

Community Grants Program

CAPITAL FUNDING

APPLICATION FORM 4

*Grants under this category are to assist with major equipment items and minor improvements to buildings, sports fields and other venues*

2017/2018

Community Grants Program

Grants

|  |  |
| --- | --- |
| **CATEGORY: CAPITAL IMPROVEMENT FUNDING** | |
| **OVERVIEW** | In this category of the *Community Development Grants* stream, the Berri Barmera Council committed funds for the purpose of assisting organisations to make improvements to community based facilities (and for large equipment items) that are essential to the operations of the organisation in the Berri Barmera District.  Grants under this category are to assist with the purchase of major equipment items and minor improvements to buildings, sports fields and other venues. |
| **SPECIFIC ELIGIBILITY** | The organisation shall in general meet the criteria of the overarching eligibility criteria as outlined in the Community Grants Program Guidelines, but applicants in this category must also show that:   * The facility is located within the Berri Barmera Council area and Berri Barmera Council must form at least 25% of its members/activities; * The Group or organisation are actively engaged in helping themselves and can demonstrate the capacity to contribute (50%) to the project with in-kind and financial support; * They can demonstrate that the facility is adequately used and that sharing of resources is encouraged. |
| **PROJECT CRITERIA** | The proposed project shall meet the general eligibility criteria for the Community Grants Program Guidelines, but preference will be given to:   * Assets that will be located (or used predominantly) within the Berri Barmera Council area; * Applications with a strong contribution from the other sources towards the project; * Applications resulting in physical improvements including improvements to physical access and mobility and/or maintenance; * Applications that widen the range of activities available at a facility and encourage the inclusion of all groups within the community; * Applications that can demonstrate that future replacement and repair contingencies have been established.   Where the asset could/should receive partial funding through another Government program then successful applications will be subject to additional funding from those sources. |
| **ASSESSMENT CRITERIA** | * All applicants must complete the official application form (Form 4 of the Community Grants Program). * Applications must be received by the closing dates listed in this document. * The Project details must include preliminary sketches and estimates, if applicable. * Copies (where relevant) of permits, approvals and land use consent, are included, if applicable. * Council has received a written report for previously funded activities on the appropriate proforma, describing the outcomes of the project including a budget statement, within 12 months of the receipt of the grant. |
| **SUPPORT AMOUNTS** | Grants of up to $4,000 maximum (inclusive of cash and in-kind) may be paid for each approved application for capital improvements. These amounts are reviewed and set annually by Council and subject to availability of budget allocation. |

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**CAPITAL FUNDING**

Community Grant Program

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**FORM 4**

#### CLOSING DATE 5.00PM MONDAY 15 APRIL 2024

(Late applications will not be accepted)

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| **Applicant Details** | | | | | | | | | |
| 1 | Organisation Name |  | | | | | | | |
| 2 | Postal Address |  | | | | | | | |
| 3 | Total Adult Members |  | Total Junior Members (U18) | |  | | | % of membership residing within the Council District |  |
| 4 | Contact Person |  | Role | | | | |  | |
| 5 | Email |  | Phone No. | | | | |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Organisational Status** | | | | | | | | | | | | | | | | 6 | Is your organisation incorporated | | Yes | Incorporation Number | | | | | | | | |  | | | No | You will require an organisation to auspice your activity and complete [Form 5](https://www.berribarmera.sa.gov.au/__data/assets/pdf_file/0025/742552/2020-Auspice-Authorisation-Form-V1.pdf) Auspice Authorisation Form | | | | | | | | | | | | Does your organisation have an ABN? | | Yes | No | | | | | ABN No: | | |  | | | | Is your organisation registered for GST? | | Yes | No | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Financial Status** | | | | | | | | | | | | | | | | 7 | Is your organisation required to undertake an annual financial audit as per the rules of incorporation? | | Yes | Please attach a full copy of the latest audited statement | | | | | | | | | | | | No | Please attach a copy of your organisations latest treasurer’s report covering the previous 12 months | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Activity Details** | | | | | | | | | | | | | | | | 8 | Project Title | |  | | | | | | | | | | | | | Amount requested from Council | | $ | In-Kind | | | | $ | | | Note Council’s in-kind assistance will be included when assessing total grant contribution. | | | | | Activity Start Date: |  | | | | Activity End Date: | | | | | | | |  | | Have you applied for any other funding programs in the past 3 years? | | If so, please outline below amount and what funds used for: | | | | | | | | | | | | | What other projects has your organisation undertaken in the past 3 years? | |  | | | | | | | | | | | | | Will your organisation be able to proceed with the project if Council awards a grant of a lower value than that requested? | | Yes  No | Please provide details why? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Permissions and Permits | | | | | | | | | | | | | | | | 9 | Do you have permission from the property owner to undertake the work? | | | Yes  No | | | | | | Please attach a copy of the letter or email providing approval | | | | | | 10 | Do you need building or planning approval for your planned activity? | | | Yes  No | | | | | |  | | | | | | 10a | If yes, have you commenced the process? | | | Yes  No | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | Activity Overview | | | | | | | | | | | | | | | | 11 | Please write a detailed description about the project for which funding is requested and how it will improve the use of the facility on group activities.  You may wish to include:   * Details about the items that make up this project * How was this project prioritised against other organisational needs? * Who else in the community will the project benefit? * How it will meet a need in the community * How many people will benefit, etc. * Please attach quotes for items over $500 | | | | | | | | | | | | | | | Tick if you require more space and attach additional information. | | | | | | | | | | | | | | | 12 | Which of the following will best describe the participants that will benefit from your project? | | | | | | | | | | | | | | |  | Members of your organisation  Volunteers of your organisation  Visitors to the Region  General Population  A Targeted Group  Non-English Speaking background  People with disability  Ageing  Youth  Aboriginal  Low Socio-Economic | | | | | | Health/Wellness  Arts/Culture  Youth Development  Recreation/Sport  Community Spirit  Environmental Development  Tourism | | | | | | | | | 13 | Replacement and Recurrent Costs | | | | | | | | | | | | | | |  | What plan does your organisation have in place to ensure that any recurrent costs or future replacement needs for the project items are met in future years? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Promotional Activities** | | | | | | | | | | | | | | | | 14 | How will you promote your activity in the community? Please specify what communication tools and media outlets you will be using | | | |  | | | | | | | | | | | 15 | How will Council’s Contribution be recognised or promoted?(ie media releases, newspaper, radio, website, print) | | | |  | | | | | | | | | | | 16 | How will you know if you have achieved the aims and objectives of your activity? eg surveys, attendance, business trade | | | |  | | | | | | | | | | | 17 | It is encouraged that groups seeks funding/sponsorship from other sources. Will you be seeking funding from elsewhere? | | | | Yes (Please list details in the “**Other Income**” Budget Section) | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | |
| **Please note that the section below is required to be completed for your application to be considered.**  **If you require assistance, please call our office** | | | | | | | | | |
| **18 Budget** | | | | | | | | | |
| **INCOME**  Activity Income (*ie sponsors, grants, user fees)* | | | | Amount | |  | **EXPENSES**  Activity Costs (*ie marketing, printing, hire fees, permits, equipment hire etc)* | | Amount |
| Berri Barmera Council Contribution Requested | | | | $ | |  |  | | $ |
| Your Organisations Contribution | | | | $ | |  |  | | $ |
| User Fees (eg participation fees) | | | | $ | |  |  | | $ |
| **Other Income (Sponsorship/Grants/Donations)** | | | **Confirmed** |  | |  |  | | $ |
| Sponsors | | |  | $ | |  |  | | $ |
| Other Grants | | |  | $ | |  |  | | $ |
|  | | |  | $ | |  |  | | $ |
|  | | |  | $ | |  |  | | $ |
| **TOTAL INCOME** | | | | $ | | | **TOTAL EXPENSES** | | $ |
| **IN KIND CONTRIBUTION**  **(***including voluntarily labour – skilled voluntary labour $45/hr; unskilled labour $20/hr***)** | | | | **AMOUNT** | | | **PROFIT/LOSS**  **(Income minus Expenses)** | | $ |
| Berri Barmera Council in kind support \*(see below) | | | | $ | | | If your activity will make a loss, how will this loss be funded? | | |
|  | | | | $ | | |
|  | | | | $ | | |
|  | | | | $ | | |
| **TOTAL IN KIND** | | | | $ | | |
|  | | | | | | | | | |

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| **Application Submission Agreement** | | | | | | | | |
| 19 | I hereby verify that: | | | | | | | |
| Yes |  | I have been authorised to prepare and submit this application on behalf of the above-mentioned  group/organisation | | | | | |
| Yes |  | The information contained in this application is true and correct | | | | | |
| Yes |  | I have read and understood the Community Grant Program Guidelines and eligibility criteria | | | | | |
| Yes |  | All sections of the application are complete | | | | | |
| Yes | N/A | Additional information has been attached | | | | | |
| Yes | N/A | Any Council in-kind assistance relating to your activity has been requested by the Request for Service Form (Form 6) and cost information added to the budget section | | | | | |
| Yes | N/A | Attached quotes for any equipment or equipment/services over $500 | | | | | |
| Yes | N/A | Attached copy of financial statement or reports | | | | | |
| Name (Printed) | | | |  | | | |
| Role in Organisation | | | |  | | | |
| Signature | | | |  | | Date |  |
| **Applications must be received by** | | | | | | | | |
| **Round 1:** | | | |  | | **Round 2:** | | |
| **N/A** | | | |  | | **5.00pm on Monday 15 April 2024** | | |
| **All enquiries**: Andrew Haigh  Community, Recreation and Events Manager  Phone: 08 8582 1922  or Email: [bbc@bbc.sa.gov.au](mailto:bbc@bbc.sa.gov.au)  **Return completed applications to:** Community Grants Program,  Berri Barmera Council,  5 Riverview Drive,  BERRI SA 5343  (or PO Box 229, BERRI SA 5343) | | | | | | | | |
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