



**G O Y D E R**  
South Australia's Heartland

# **COMMUNITY GRANTS PROGRAM: Community Development and Facilities Application**

**The Community Grants Program: Community Development and Facilities  
Fund is open twice a year: March and September only.**

**Applications Due: 5pm Friday 29<sup>th</sup> March 2024**

Applications to be forwarded to:

Chief Executive Officer  
Regional Council of Goyder  
1 Market Square  
BURRA SA 5417

Or emailed to: [council@goyder.sa.gov.au](mailto:council@goyder.sa.gov.au)  
(Please insert 'Community Grants Program' in the subject line)



## Community Development & Facilities Funds – Checklist

*Before proceeding with your application, please complete this checklist to ensure your eligibility for the Regional Council of Goyder – Community Grants Program*

| Eligibility Criteria   | Checked |
|--|---------|
| Must be an incorporated not-for-profit organisation or group or under the auspice of one   |         |
| Must have Public Liability insurance to the minimum of \$10 million dollars  |         |
| Group must have an effective management structure to manage financial requirements   |         |
| Have previously fulfilled ALL reporting obligations and satisfactorily acquitted any previous grants from the Regional Council of Goyder |         |

All essential documentation listed below must be submitted with your application.  
Applications received without this information may be deemed ineligible and not assessed.

| Documentation to be submitted with application   | Checked |
|--|---------|
| Minutes from Meeting confirming that the applicant, or auspice organisation is aware of the project and has agreed to this application or communication from Chairperson supporting the application. |         |
| A current financial statement detailing at least the last 12 months of financial activities.   |         |
| A detailed income and expenditure budget – this is an essential element of your application  |         |
| All current quotes for the project   |         |
| Copy of Insurance - 'Certificate of Currency'  |         |
| Completed Payment request form   |         |
| <b>Facilities Application Only-</b> Map or site plan of where project will be undertaken.  |         |
| <b>Facilities Application Only-</b> Evidence of Landowner consent for project  |         |
| <b>Facilities Application Only-</b> Any relevant Development/ Building Plans and Approvals or Evidence of these applications being submitted.  |         |



## Community Grants Program – Community Development and Facilities

*Please refer to Community Grants Program 'Guidelines for Applicants' when completing this form.*

Which grant are you applying for?

☐ **Community Development**

☐ **Community Facilities**

Note: If you are applying for a Community Event, please use the Community Event application available from the council website [www.goyder.sa.gov.au](http://www.goyder.sa.gov.au) or the Burra or Eudunda Council offices.

| Contact Details   |           |
|---|-----------|
| Name of Applicant<br>(group, organisation)  |           |
| Auspice Organisation<br>(If relevant)   |           |
| Address (Street or PO Box)  |           |
| Contact Person:   |           |
| Contact Person Position:  |           |
| Contact number:   |           |
| Email address:  |           |
| Organisation ABN:   |           |
| GST Registered:   | YES    NO |
| If registered, do you consent for Council to raise a Recipient created tax Invoice on behalf of the organisation? | YES    NO |

1. **Name of Project:** \_\_\_\_\_

2. **Has this project been approved by the applicant organisation at a committee level:**    YES    NO

If Yes, Please attach the relevant minutes to the application

If No, Please attach communication from the Chairperson supporting the application.

**3. Please provide a summary of the project:**

**4. How was the need for the project identified?**

**5. Who will be responsible for the delivery of the project?**

**6. Cost of Project and Funding Requested (including GST in all amounts):**

|  |    |
|--|----|
| <b>Total Cost of Project</b>   | \$ |
| <b>Amount of Funding Requested for this application.</b>                   | \$ |
| Applicant contribution (cash)  | \$ |
| Applicant contribution (in kind)<br>E.g. Volunteer hours, tools, materials |    |
| Other confirmed external funding contributions                             | \$ |

7. Have you been able to source quotes locally? YES NO

If no- please provide explanation as to why this hasn't been possible:

8. Can your project succeed if only partial funding is granted by Council- YES NO

9. Venue/Address of the project:

10. When is the project scheduled to start: \_\_\_\_\_

11. When will the project be completed by: \_\_\_\_\_

12. Is this project currently included in the Goyder Master Plan : YES NO

13. What strategic pillars from Council's Goyder Master Plan does it meet? Tick all relevant

- a) Engaging with community
- b) Strengthening Community
- c) Economic Resilience
- d) Our Environment and Heritage is Valued
- e) Community Assets and Infrastructure
- f) Leading the Way

14. What will the grant funds be used for? – provide a summary of how the funds will be spent

**15. Who will benefit from the project?** – identify the target groups who will benefit from the project

**16. Expected outcomes of the project** – describe the outcomes you hope to achieve by undertaking the project.

**17. Planned evaluation of the project** – describe how you will measure the success of your project.

**18. Do you have any evidence of community support/need for this project:**      **YES**      **NO**  
If yes, please attach with application (e.g., Support letters).

19. **Partnerships and collaboration** – list any other organisations that you will be working collaboratively or in partnership with and how you will be working together

20. **Sustainability of project - how the project will be sustained in the future?**

Identify strategies for the project's ongoing delivery including maintenance costs beyond the funding period.

**21. Community Facilities Application Only Questions-**

*All approval processes must be undertaken by the organisation before any works can be carried out and evidence will need to be attached. If unsure, please contact Council on 8892 0100 for support.*

(a) Who owns the land on which the project will be undertaken? \_\_\_\_\_

(b) If owned by Council, do you have a lease for this property-      **YES**      **NO**

(c) Have you received land owner permission for this work to be undertaken-      **YES**      **NO**

(d) Address of site: \_\_\_\_\_

(e) Certificate of Title Details: \_\_\_\_\_

(f) Please attach a Map of where the work will be undertaken on the site

*Alterations to and/or undertaking work on land or property may require development or building approval*

(g) Does the project require development or building approvals?      **YES**      **NO**

(h) Have these applications been submitted?      **YES**      **NO**

|  |  |
|--|--|
| <p>The applicant understands and acknowledges :</p> <p><i>(Tick the boxes to acknowledge acceptance of the terms and conditions)</i></p> | <p>That the allocated funds must be expended only for the purpose of the project/activity as set out in the application and approved by Council.</p> <p>That the allocated funds will only be paid to the applicant on the approval of any development/building applications required and must have landowner consent</p> <p>That the applicant must keep separate accounts and financial records in relation to expenditure of the allocated funds and will provide Council with reasonable access to those accounts and records upon request.</p> <p>That the applicant must disclose to Council the source and amount of any funds or financial assistance received, aside from the allocated funds that it has or will receive from Council, for the purpose of the project/activity.</p> <p>That, under Council's Community Grants Policy; the applicant's rights and obligations are not assignable.</p> <p>That the Organisation must complete the acquittal and reporting requirements at the end of the project.</p> <p>That if the funds are not expended in the manner described in the application, then the Council has the right to recall the debt at any time.</p> |
|--|--|

**Please sign here to agree to all the terms and conditions of the Community Grants Program:**

|                                       |                   |
|---------------------------------------|-------------------|
| Name : _____                          | Signature : _____ |
| On behalf of : _____                  |                   |
| <i>(community group/organisation)</i> |                   |
| Position : _____                      | Date: _____       |

#### **NEED ASSISTANCE?**

***If you would like to discuss your application prior to submitting, please contact Council on 8892 0100 or email [council@goyder.sa.gov.au](mailto:council@goyder.sa.gov.au)***





## Community Grants Program – Payment Request Form

Dear Sir/Madam

**Re:    *Electronic Payment of successful Community Grant Funding applications***

Council would like to undertake electronic payments for successful Community Grant Funding applications. However, we are asking for your approval to use electronic payments for your account.

Please return this information with the completed application.

Yours faithfully

Marie O'Dea  
**Community Engagement Officer**

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Organisation/Contact Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact number/s: \_\_\_\_\_

**Yes** - we are happy to receive electronic payments from the Regional Council of Goyder; our Bank Account Details are as follows:

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

BSB No: - Account Number:

Email Address for EFT Advice: \_\_\_\_\_

Our current EFT details are already held by Council

*Please be advised that if any of these financial and contact details are different to those currently held by Council that the organisation will be contacted for proof and confirmation of these changes by Council's finance department.*