

WARD FUNDING PACK

SEPTEMBER 2019



**Ward Project Funds – Checklist September 2019**

**Before proceeding with your application, please complete this checklist to ensure**

**your eligibility for the Regional Council of Goyder - Ward Projects Fund**

|  |  |
| --- | --- |
| **Eligibility Criteria** | **Checked** |
| Must be a not-for-profit organisation or group *(5.2.2)* | [ ]  |
| Must have Public Liability insurance to the minimum of $10 million dollars *(5.2.4)* | [ ]  |
| Group must have an effective management structure to manage financial requirements *(5.2.3)* | [ ]  |

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** |
| Certificate of Incorporation to confirm eligibility *(5.2.2)* | [ ]  |
| Previous two years audited financial statements *(7.2)* | [ ]  |
| Detailed project budget *(5.1.3)* | [ ]  |
| Quotation for the proposed project (minimum of two quotations if funding exceeds $2000) *(7.2)* | [ ]  |
| Evidence of other funding or support for the project *(7.5)* | [ ]  |
| Copy of Insurance - ‘Certificate of Currency’ *(5.2.4)* | [ ]  |
| Payment request form  | [ ]  |

If you have any questions concerning the above requirements, please contact;

Barb Button

Community Engagement Officer

Ph: 8892 0100

Email: council@goyder.sa.gov.au

**APPLICATIONS CLOSE 5PM FRIDAY 27TH SEPTEMBER 2019**

(Applications post marked on this date will be accepted – **LATE APPLICATIONS WILL NOT BE ACCEPTED**)

**Please don’t bind or staple application**

**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**

**(Please insert ‘September 2019 Ward Funding Application’ in the subject line)**



**Ward Project Funds – Application Form September 2019**

##### Applications will only be considered if this form has been completed and submitted to Council

##### by the due date, together with the required supporting documentation.

##### Please refer to Ward Project Funds ‘Guidelines for Applicants’ when completing this form.

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| **Contact Details** |
| Name of Applicant*(group, organisation)* |  |
| Address *(Street or PO Box)* |  |
| Contact Person: |  |
| Contact Person Position: |  |
| Contact number: |  |
| Email address: |  |
| Organisation ABN: |  |
| GST Registered: | **YES / NO** |

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| **Ward Project Fund Category** |
| 🞎 Sports and Recreation Fund*Application for :*🞎 Grant *or* 🞎 Loan | 🞎 Capital Projects Fund*Application for :*🞎 Grant *or* 🞎 Loan |
| **Level of Funding Applied for** |
| $*(excl GST)* | $*(excl GST)* |
| **Community Cash Contribution (if applicable)** |
| $*(excl GST)* | $*(excl GST)* |
| **Eligibility Criteria** |
| **Project:** |
| Project Outline*(Description of project)* |  |
| Project Plan*(Timetable/activities to be undertaken to ensure completion of the project within 12 month timeframe)* |  |
| Financial Management*(Provide details of how/by whom the financial and accounting requirements will be managed)* |  |

|  |  |
| --- | --- |
| How will the project; |  |
| * Benefit a range of age groups or activity areas in the Council region?
 |  |
| * Promote greater use of existing facilities?
 |  |
| * Increase facilities for recreational or community activities?
 |  |
| * Contribute towards activities that create or enhance community or economic benefit to the region?
 |  |
| * Does this project duplicate current community services?
 |  |

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| **Eligibility Criteria** |
| **Groups** |
| The applicant : *(Tick the appropriate box and attach a copy of supporting documentation to this application)* | 🞎 Is a not-for-profit organisation or group, legally constituted as an incorporated association.🞎 Is a not-for-profit organisation or group, legally constituted as a company limited by guarantee.🞎 Is a not-for-profit organisation or group under the legal patronage of an incorporated association or a company limited by guarantee. |
| *(Attach a copy of the Certificate of Currency to this application)* | 🞎 Has Public Liability insurance to the minimum of $10 million indemnifying Council. |
|  | 🞎 On request, is able to supply a Risk Management Plan in relation to the project/activity for which funding is being sought. |

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| **Requirements** |
| Financial Details*(Amounts to be shown as GST excl)**(Attach a copy of the relevant documentation to this application)* | 🞎 Audited financial statements for the previous two years.🞎 Budgets to demonstrate planning for repayments (loan funds).🞎 A quotation for the proposed project, and two quotations if the level of funding sought exceeds $2,000. |
| The applicant understands and acknowledges : *(Tick the boxes to acknowledge acceptance of the terms and conditions)* | 🞎 That the allocated funds must be expended only for the purposed of the project/activity as set out in the application and approved by Council.🞎 That the allocated funds will only be paid to the applicant on the production of the accounts and financial records and upon certification of the completion of the project/activity.🞎 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.🞎 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.🞎 That, under Council’s Ward Project Funds – Grants and Loans policy; the applicant’s rights and obligations are not assignable.🞎 That if any organisation or community group does not expend the funds in the manner described in their application, then the Council has the right to recall the debt at any time.🞎 With respect to loans, the community group or organisation must advise Council as soon as possible of any changes in circumstances in the group or organisation, that may reduce their capacity to repay the debt on time. |

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| --- | --- | --- | --- |
| Name : |  | Signature :  |  |
| On behalf of : |  |  |  |
|  | *(community group/organisation)* |
| Position : |  | Date: |  |
|  |  |



**Ward Project Funds – Payment Instructions September 2019**

Dear Sir/Madam

***Re: Electronic Payment of successful Ward Funding applications***

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

Please return this information with the completed application.

If your application is unsuccessful, these details will be destroyed.

Yours faithfully

Barb Button

**Community Engagement Officer**

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:

 Please pay the funds by Cheque

 Our current EFT details are already held by Council