

Creative Communities Grant Application Form 2023-2024

Form Preview

Eligibility Checklist

* indicates a required field

Please contact Council's Arts and Cultural Development Officer to discuss your eligibility and project ideas prior to completing this application form.

Are you applying on behalf of: *

- A not-for-profit incorporated community group?
- An unincorporated community group being auspiced by an incorporated association?
- An individual (yourself) being auspiced by an incorporated association?
- A business with an ABN

Only businesses or not-for profit incorporated community groups are eligible to apply for this grant, or individuals or unincorporated groups being auspiced by an incorporated association.

Is your project or activity taking place in the Alexandrina Council region? *

- Yes
- No

Projects or activities occurring outside the Alexandrina Council Region are not eligible for funding.

Does your application include requests for retrospective funding or ongoing operational or administrative costs? *

- Yes
- No

Requests for retrospective payments, ongoing operational or administrative costs are not eligible for funding.

Are you an Elected Member or employee of Alexandrina Council? *

- Yes
- No

Alexandrina Council Elected Members or employees are not eligible to apply for this grant.

Have you or your association completed all reporting and acquittal requirements for any grant funding previously received from Alexandrina Council? *

- Yes
- No
- Not Applicable

Only entities that have completed all reporting and acquittal requirements for previous grant funding from Alexandrina Council are eligible to apply for this grant. If you haven't received funding previously from Alexandrina Council, please select "Not Applicable".

Do you or your association have any outstanding debts to Alexandrina Council? *

- Yes
- No

Entities with outstanding debts such as rates, fees or charges to Alexandrina Council are not eligible to apply for this grant.

Does your project engage the services of a professional artist? *

- Yes
- No

All grant-funded activities must engage the services of a professional artist.

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Have you discussed your application with Council's Arts & Cultural Development Officer? *

- Yes
 No

Applicants are required to contact Council's Arts & Cultural Development Officer to discuss their application before submission.

Eligibility Check

PLEASE NOTE: One or more of your responses to the Eligibility Checklist questions indicates that you may not be eligible to apply for this grant. Please contact Alexandrina Council's Arts and Cultural Development Officer on 08 8555 7000 to discuss your eligibility.

Applicant Details

* indicates a required field

Applicant Contact Details

Applicant *

- Individual Organisation
Organisation Name

First Name

Last Name

Primary Address *

Address

Postal Address *

Address

Applicant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register |
|---|
| ABN |
| Entity name |

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| |
|---|
| ABN status |
| Entity type |
| Goods & Services Tax (GST) |
| DGR Endorsed |
| ATO Charity Type More information |
| ACNC Registration |
| Tax Concessions |
| Main business location |

Applicant Phone Number *

Applicant Primary Email *

Organisation Contact Details

Project Contact Name *

| | |
|----------------------|----------------------|
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |

Position in Organisation *

Project Contact Phone Number *

Project Contact Email Address *

Website

Alternative Contact Name

| | |
|----------------------|----------------------|
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |

Position in Organisation

Alternative Contact Phone Number

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Alternative Contact Email Address

Auspecting Arrangements

* indicates a required field

Auspice Contact Name *

First Name

Last Name

Name of Auspicing Organisation *

Organisation Name

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register | |
|---|----------------------------------|
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main business location | |

Must be an ABN.

Auspice Postal Address *

Address

Auspice Contact Phone Number *

Auspice Contact Email Address *

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Please attach a letter from your Auspicing Organisation confirming their agreement to auspice this grant on your behalf. *

Attach a file:

Project Details

* indicates a required field

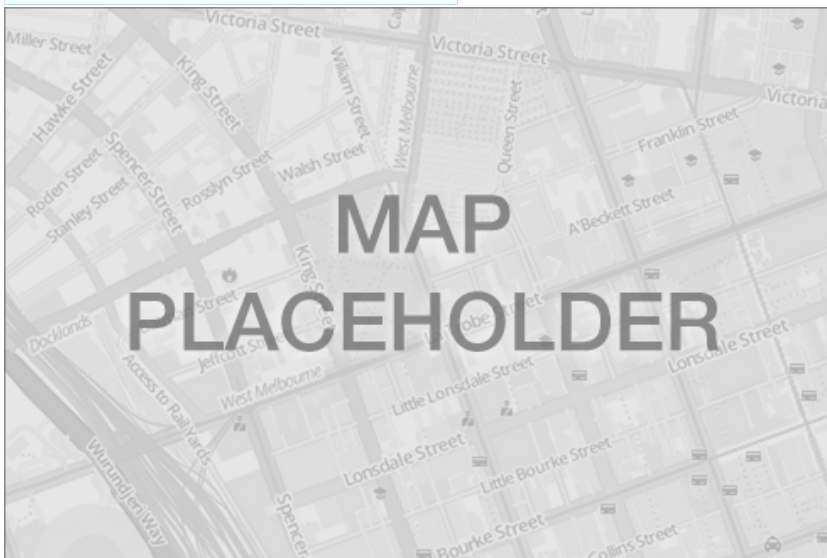
Project Title *

Brief Project Description *

Provide a short description (100 words recommended) of your project - what do you intend to do?

Project Location *

Address



Please specify the location where your project will be taking place.

Please attach evidence of landowner consent for this project where relevant.

Attach a file:

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Project Start Date *

Projects should not commence before notification of grant application outcome.

Project End Date *

Projects should be completed within 12 months of the awarding of a grant.

Vibrant Communities Grant Request

Your requested Vibrant Communities Grant can be split between a cash component and an in-kind component according to your needs.

The Total Amount Requested should be equal to the Cash Grant Requested plus the In-kind Grant Requested.

(A + B = C)

A) Cash Grant Requested *

\$

Must be a whole dollar amount (no cents) and no more than 3000.

B) In-kind Grant Requested *

\$

Must be a whole dollar amount (no cents) and no more than 3000.

Total Amount Requested *

\$

This number/amount is calculated.

Total Project Cost *

\$

What is the total budgeted cost of your project?

Project Timeline

| Project Activity | Activity Start Date | Activity Finish Date |
|------------------|---------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

Capacity to Deliver Project

Please outline your capacity or your organisation's capacity to deliver the project within the above timeframes. *

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Relevant information may include the strength of your volunteer base, your group's history of delivering similar projects, project readiness etc.

Project Budget

* indicates a required field

Budget Information

Please provide proposed income and expenditure for the project below, including grant funding requested, other funding sources and own cash contributions.

If your business or association is registered for GST, please use GST exclusive amounts throughout.

Applicants are required to make a co-contribution towards the project (either cash or in-kind) and the level of co-contribution made will contribute to your assessment score.

"Total Project Expenditure" should equal "Total Project Income".

Budget: Income

| Income Items | \$ |
|--------------|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Budget: Expenditure

| Expenditure Items | \$ |
|-------------------|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Budget Totals

Total Project Income *

\$

This number/amount is calculated.

Total Project Expenditure *

\$

This number/amount is calculated.

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PLEASE NOTE:

"Total Project Expenditure" should equal "Total Project Income".

Volunteer Contribution

The value of standard volunteer hours contributed to the project will be calculated at the current volunteering dollar replacement hourly rate figure for South Australia as advised by Volunteering SA. This is currently \$42.40.

[About - Volunteering SANT \(volunteeringsa-nt.org.au\)](http://volunteeringsa-nt.org.au)

The value of any specialist knowledge or assistance contributed to the project should be added in the "in-kind contributions" section costed at estimated market value.

How many volunteers will work on this project? *

Must be a whole number (no decimal place).

How many volunteer hours will this project take to complete? *

Must be a whole number (no decimal place).

Total value of volunteer contribution to this project.

\$

This number/amount is calculated.

In-kind Contributions

Please provide details of any non-cash in-kind contributions your business or association or any other third parties are contributing to the project. Please do not include standard volunteer hours in this section as they have already been captured above.

Budget

In-kind Contributions

\$

| In-kind Contributions | \$ |
|-----------------------|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Budget Totals

Total In-kind Contributions

\$

This number/amount is calculated.

Budget Documents

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Please attach any additional relevant financial information below e.g. quotes for large expenditure items, confirmation of funding from other sources etc.

Attach a file:

Grant Funding Requirements

If demand for grant funding for eligible projects exceeds available funds, partial funding of projects may sometimes be considered.

Would your project still proceed if you were offered 75% of your requested grant amount? *

- Yes
- No

Would your project still proceed if you were offered 50% of your requested grant amount? *

- Yes
- No

How would receiving less grant funding than requested impact on your ability to deliver your project? *

Assessment Criteria

* indicates a required field

Strategic Alignment

Council is seeking to fund creative arts and culture projects that contribute towards creating a Liveable, Green and Connected Alexandrina and support our communities to thrive by showcasing the vibrancy of our communities and bringing generations and communities together.

Alexandrina Council's Creative Communities Grant program provides in-kind and financial support for the delivery of arts and culture projects across the Alexandrina community. Council recognises that visual, performing, community and public art creations bring vibrancy to our communities and create meaningful opportunities for social and cultural interaction.

Which of the following outcomes does your project help to achieve? Please tick all that apply. *

- Enhancement and activation of our distinctive townships, places and spaces
- Celebration and recognition of the significance of Ngarrindjeri, Peramangk and Kurna cultures
- Fostering creative approaches to economic and community development through arts and culture
- Encouraging cultural expression and experiences through the arts

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- Professional development of Alexandrina based artists to further their work in community arts
- Engaging the community and promoting, celebrating and strengthening arts and culture in the Alexandrina Council region
- Other:

At least 1 choice must be selected.

Please describe how your project contributes towards a Liveable, Green and Connected Alexandrina and fosters Community Inclusion through arts and culture.

*

Word count:

Must be no more than 500 words.

What benefits are expected for the Alexandrina region from the delivery of your project? *

Word count:

Must be no more than 500 words.

Please attach a CV for any professional artists involved in this project. *

Attach a file:

Please attach any additional documentation here to support your application.

Attach a file:

Examples include:

- Your organisation's strategic plan
- Evidence of impact for similar projects
- Maps or site plans
- Photographs
- Letters of Support

Please attach a Certificate of Currency for your Public Liability Insurance. *

Attach a file:

Process Evaluation

* indicates a required field

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How many hours did you spend on preparing this grant application? *

Must be a whole number (no decimal place).

Please rate your overall satisfaction with the application process (1 = low, 10 = high) *

0 1 2 3 4 5 6 7 8 9 10

Please let us know how you think we could improve the grant application process.

Declaration and Privacy Statement

* indicates a required field

Pre-submission Checklist

I have discussed my project idea with Council's Arts and Cultural Development Officer *

Yes

I have checked whether my project will require any permits or approvals and understand I am required to obtain these before my project commences *

Yes

I have attached all requested supporting documentation to my application *

Yes

Individual Declaration

Declaration and Privacy Statement

I, being the individual making this declaration, confirm and agree that:

- 1.all details supplied in this application and in any attached documents are true and correct to the best of my knowledge.
- 2.I will contact Alexandrina Council immediately if any information provided in this application changes.
- 3.I understand that if successful I will be required to sign a Funding Agreement prior to funds being provided.
- 4.funding received from Alexandrina Council will be used for the approved activity or project and Council must approve any changes to the activity/project.
- 5.any moneys not expended on completion of the activity/project will be returned to Alexandrina Council.
- 6.Alexandrina Council will be acknowledged in any publications or publicity regarding the activity/project.
- 7.recipients must abide by the terms and conditions of the Funding Agreement or funds may be withdrawn.
- 8.an Evaluation/Acquittal report with receipts will be submitted to Alexandrina Council within two months of the project completion date.

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Alexandrina Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the Council's powers, functions and purposes. It may also be used by the Council and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. I understand that the information above will be used in accordance with relevant legislation.

I confirm that I accept the above Declaration and Privacy Statement. *

Yes

Name *

First Name

Last Name

Date of Declaration *

Organisation Declaration

Declaration and Privacy Statement

I, being the individual making this declaration, confirm and agree that:

- 1.all details supplied in this application and in any attached documents are true and correct to the best of my knowledge.
- 2.the application has been submitted with the full knowledge and agreement of the office bearers of the organisation listed on this application.
- 3.I will contact Alexandrina Council immediately if any information provided in this application changes.
- 4.I understand that if successful I will be required to sign a Funding Agreement prior to funds being provided.
- 5.funding received from Alexandrina Council will be used for the approved activity or project and Council must approve any changes to the activity/project.
- 6.any moneys not expended on completion of the activity/project will be returned to Alexandrina Council.
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I confirm that I accept the above Declaration and Privacy Statement on behalf of the organisation listed on this application. *

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Yes

Name *

First Name

Last Name

Position *

Date of Declaration *