

COVID-19 Community Reactivation Grant Application Form

Form Preview

Eligibility Checklist

* indicates a required field

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

Are you applying on behalf of an incorporated community group? *

- ☐ Yes
- ☐ No

Only incorporated community groups or legal entities with comparable status are eligible to apply for this grant.

Is your organisation based in the Alexandrina Council region? *

- ☐ Yes
- ☐ No

Only organisations based in the Alexandrina Council region are eligible to apply for this grant.

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, assistance with rent or rates payments, or purchases of alcohol? *

- ☐ Yes
- ☐ No

Requests for retrospective payments, assistance with rent or rates payments, or purchases of alcohol are not eligible for funding.

Has your organisation been negatively impacted by COVID-19 restrictions? *

- ☐ Yes
- ☐ No

Only organisations that can demonstrate they have been negatively impacted by COVID-19 restrictions are eligible to apply for this grant.

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.

Does your organisation have any outstanding debts to Alexandrina Council? *

- ☐ Yes
- ☐ No

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

Has your organisation completed all reporting and acquittal requirements for any grant funding previously received from Alexandrina Council? *

- ☐ Yes

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- ☐ No
- ☐ Not Applicable

Only organisations that have completed all reporting and acquittal requirements for previous grant funding from Alexandrina Council are eligible to apply for this grant.

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 Grants Officer on 08 8555 7000 to discuss your eligibility.

Applicant Details

* indicates a required field

Name of Organisation *

Organisation Name

Organisation Primary Address *

Address

Organisation Postal Address *

Address

Organisation Website

Primary Contact Name *

First Name

Last Name

Position in Organisation *

Primary Contact Phone Number *

Primary Contact Email Address *

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Alternative Contact Name *

First Name

Last Name

Position in Organisation ***Alternative Contact Phone Number *****Alternative Contact Email Address *****Organisation Bank Account ***

Account Name

BSB Number

Account Number

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

Attach a file:

Does your organisation have an ABN? *

- ☐ Yes
☐ No

ABN

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

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ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Statement by a Supplier Form

As your organisation has not quoted an ABN, please attach a completed ATO Statement by a Supplier form. *

Attach a file:

Project Details

* indicates a required field

Project Title *

Project Start Date *

Project End Date *

Total Amount Requested *

What is the total financial support you are requesting in this application? The maximum grant amount is \$1,000.

Total Project Cost *

\$

What is the total budgeted cost of your project?

Please explain how your organisation has been impacted by the COVID-19 pandemic and associated restrictions. *

Word count:

Must be no more than 100 words.

Provide a brief description of the impacts of COVID-19 on your organisation - what issues has your organisation encountered?

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Please provide supporting documentation to demonstrate the impacts of COVID-19 on your organisation. *

Attach a file:

Please provide evidence of COVID-19 impact e.g. financial report highlighting income differentials, increase in operating costs, impact statement etc.

Please describe how your organisation would use a COVID-19 Community Reactivation Grant if your application is successful. *

Word count:

Must be no more than 100 words.

Provide a brief description of your project - what do you plan to do?

What benefits are expected for your organisation and the wider Alexandrina community if you are awarded a COVID-19 Community Reactivation Grant? *

Word count:

Must be no more than 100 words.

Provide a brief description of the anticipated project benefits - what do you hope to achieve?

Statistical Information

* indicates a required field

Statistical Information

This information is requested to assist with the reporting of project outcomes and beneficiaries and your responses are not considered as part of the assessment process.

What are the primary areas of focus for this project/program? *

No more than 5 choices may be selected.

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Who are the expected primary beneficiaries of this project/program? *

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

Declaration and Privacy Statement

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* indicates a required field

Declaration and Privacy Statement: Organisation

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 management of my organisation/group.
- 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.
- 7.Alexandrina Council will be acknowledged in any publications or publicity regarding the activity/project.
- 8.recipients must abide by the terms and conditions of the Funding Agreement or funds may be withdrawn.
- 9.an Evaluation/Acquittal report with receipts will be submitted to Alexandrina Council within two months of the project completion date.

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 on behalf of my organisation. *

☐ Yes

Name *

First Name

Last Name

Position in Organisation *

Date of Declaration *