

Heritage Grant Application Form 2026-2027

Form Preview

Eligibility Checklist

* indicates a required field

Please contact Council's Senior Policy Planner 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?
- A business with an ABN?
- An individual (yourself) being auspiced by an incorporated association?
- Yourself (auspicing not required as no public involvement/interaction)?
- Other:

Only businesses or not-for profit incorporated community groups are eligible to apply for this grant, or unincorporated groups or individuals 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 ongoing operational or administrative costs? *

- Yes
- No

Requests for 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 business or 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 business or 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.

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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 Senior Policy Planner or Grants Officer on 08 8555 7000 to discuss your eligibility.

Applicant Details

* indicates a required field

Name of Applicant *

Individual Organisation

Organisation Name

First Name

Last Name

Applicant Address *

Address

Applicant Postal Address *

Address

Applicant Phone Number *

Must be an Australian phone number.

Applicant Email Address *

Must be an email 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

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

Organisation Contact Details

Project Contact Name *

First Name

Last Name

Project Contact Phone Number *

Project Contact Email Address *

Position in Organisation *

Website

Alternative Contact Name

First Name

Last Name

Position in Organisation

Alternative Contact Phone Number

Alternative Contact Email Address

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Auspicings 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 *

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

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Attach a file:

Project Details

* indicates a required field

Project Title *

Brief Project Description *

Word count:

Must be between 100 and 200 words.

Provide a short description (100-200 words) of your project - what do you intend to do?

Has this project already been completed? *

- Yes
- No

Does your project require development approval? *

- Yes
- No
- Not Sure

Please attach evidence of development approval where relevant.

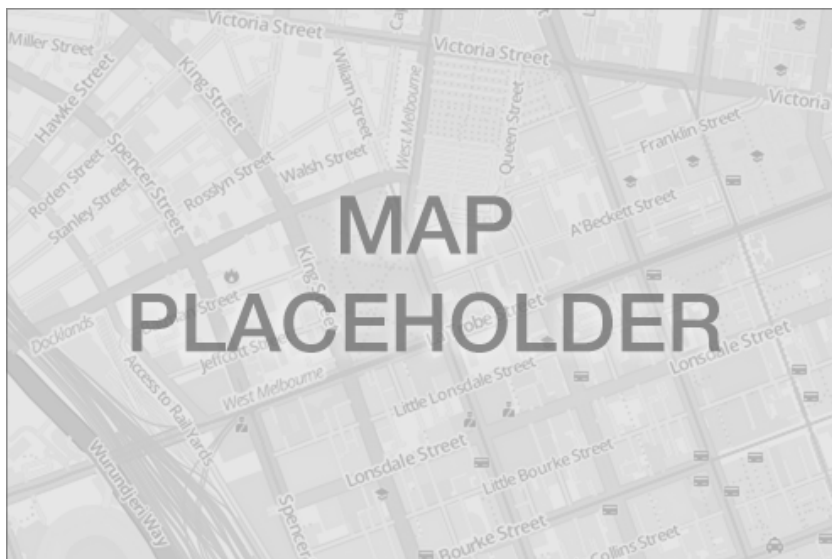
Attach a file:

Project Location *

Address

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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:

Total Amount Requested *

\$

Must be a whole dollar amount (no cents) and between 1000 and 2500.

Total Project Cost *

\$

What is the total budgeted cost of your project? This amount is calculated.

Retrospective Applications: Project Completion Date

Applications will be accepted retrospectively for projects completed after 1 January 2024 where relevant approvals have been given (where required).

Project Completion Date *

Must be a date and between 1/1/2024 and 15/6/2026.

Project Start and End Dates

Project Start Date *

Must be a date and between 1/9/2026 and 31/12/2027.

Projects should not commence before notification of grant application outcome.

Project End Date *

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Must be a date and between 1/9/2026 and 31/12/2027.

Project Timeline

Project Activity	Activity Start Date	Activity Finish Date

Capacity to Deliver Project

Please outline your capacity to deliver the project within the above timeframes. *

Word count:

Relevant information may include the strength of your volunteer base, your group's history of delivering similar projects, project readiness etc. Minimum 100 words.

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

Description of income items (please do not include any in-kind contributions in this table as they are requested in a separate table below) \$

	\$
	\$
	\$
	\$
	\$

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Budget: Expenditure

Description of expenditure item (please \$ do not include any in-kind contributions in this table as they are requested in a separate table below)

	\$
	\$
	\$
	\$
	\$

Budget Totals

Total Project Income *

\$

This number/amount is calculated.

Total Project Expenditure *

\$

This number/amount is calculated.

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 \$50.50.

[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

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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

Description of In-kind Contributions (excluding volunteer contributions)

\$

Description of In-kind Contributions (excluding volunteer contributions)	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

Total In-kind Contributions

\$

This number/amount is calculated.

Budget Documents

Applicants must provide a fully itemised budget including details of their own and other co-contributions, cash or in-kind, and any other funding received or expected. Quotes, screenshots, calculations or other supporting documents should be provided for all expenditure items.

Please attach any relevant financial information below e.g. quotes for 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? *

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Assessment Criteria

* indicates a required field

Strategic Alignment

Alexandrina Council's Heritage Grant program provides financial support for a variety of heritage related projects across the Alexandrina region. Council recognises the importance of retaining the charm and character of our township and rural environments for the benefit of residents and visitors alike.

Council is seeking to fund a range of heritage related projects that contribute towards creating a Liveable, Green and Connected Alexandrina and support our communities to thrive through the preservation, protection and promotion of the unique heritage of the Alexandrina region.

Projects should focus on one or more of the following five themes: • Heritage Tourism • Conservation Practice • Adaptive Reuse • Heritage Gardens and Fencing • Historic Research

Which of the following five themes does your project focus on? Please tick all that apply. *

- Heritage Tourism; enriching or improving a heritage experience by helping visitors develop a strong sense of understanding and appreciation of a place or region
- Conservation Practice; conserving a heritage building or place to retain its cultural significance by way of preservation, restoration or reconstruction
- Adaptive Reuse; sympathetically and creatively repurposing a heritage building or site to help ensure its survival and continued use while still retaining its heritage value
- Heritage Gardens and Fencing; enhancing the character of a heritage building or place by maintaining or restoring garden elements with historic significance
- Historic Research; undertaking local historic research, documenting and sharing it with the wider community through a variety of audio-visual mediums.

At least 1 choice must be selected.

How does your project contribute towards achieving Heritage Alexandrina Strategy and Action Plan 2030 outcomes? *

Word count:

Must be between 200 and 500 words.

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

Word count:

Must be between 200 and 500 words.

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How does your project benefit the Alexandrina community through the preservation, protection and promotion of Alexandrina's unique heritage?

Please attach a Certificate of Currency for your Public Liability Insurance (where required).

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

Process Evaluation

* indicates a required field

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.

Heritage Awards

Are you aware that Council hosts an annual Heritage Awards program? *

- Yes - I have been successful in receiving a Heritage Award before
- Yes - I have been nominated for a Heritage Award before
- Yes - but I have never submitted a nomination for a Heritage Award
- No

More Info

Would you like more information on Council's Heritage Awards program?

- Yes please

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No thank you

Declaration and Privacy Statement

* indicates a required field

Pre-submission Checklist

I have discussed my project idea with Council's Senior Policy Planner *

Yes

I have checked whether my project requires 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

Business 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 owners/managers of the business 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.
- 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 the business listed on this application. *

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Yes

Name *

First Name

Last Name

Position *

Date of Declaration *

Must be a date and between 4/5/2026 and 30/6/2026.

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.
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I confirm that I accept the above Declaration and Privacy Statement on behalf of the organisation listed on this application. *

Yes

Name *

First Name

Last Name

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Position *

Date of Declaration *

Must be a date and between 4/5/2026 and 30/6/2026.

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

Yes

Name *

First Name

Last Name

Date of Declaration *

Must be a date and between 4/5/2026 and 30/6/2026.

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