

Small Grants Program Application Form 2024-2025

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: *

- A not-for-profit community group, charity or comparable organisation?
- An individual (yourself)?

Only not-for profit community groups, charities or comparable organisations, or individuals, can apply for this funding.

Community Group Applications Only: Is your project or activity taking place in the Alexandrina Council region? *

- Yes
- No
- Not Applicable (Individual Application)

Projects or activities occurring outside the Alexandrina Council Region are not eligible for funding (except for applications by individuals for personal development opportunities).

Individual Applications Only: Do you reside within the Alexandrina Council region? *

- Yes
- No
- Not Applicable (Community Group Application)

Individuals applying for funding must reside within the Alexandrina Council region.

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 and/or your organisation 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 organisation have any outstanding debts to Alexandrina Council? *

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- Yes
- No

Entities with outstanding debts such as rates, fees or charges to Alexandrina Council are not 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.

Previous Applications

* indicates a required field

Previous Applications

Eligible community groups that have already submitted an application to another grant category in the 2024-2025 Alexandrina Council Grants Program, but their application was deemed ineligible, may resubmit their application through the Small Grants Program instead.

Applicants will still need to complete the "Applicant Details" and "Declaration and Privacy Statement" sections but will be able to upload a copy of their previous application instead of completing the remaining sections of the application form.

Would you like to resubmit a previous 2024-2025 grant application for consideration through the Small Grants Program? *

- Yes
- No

Previous Application Details

Previous Application Number *

Please upload a pdf of your previous submission here. *

Attach a file:

Please attach any other documents you wish to submit in support of your application here.

Attach a file:

Applicant Details

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* indicates a required field

Applicant *

Individual Organisation

Organisation Name

First Name

Last Name

Applicant Primary Address *

Address

Applicant Postal Address *

Address

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Organisation Details

Project Contact Name *

First Name

Last Name

Position in Organisation *

Project Contact Phone Number *

Project Contact Email Address *

Alternative Contact Name

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First Name

Last Name

Position in Organisation

Alternative Contact Phone Number

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

Website

Individual Applicant Age

Are you under 18 years of age? *

- Yes
 No

Age at Time of Activity

Age at time of activity *

Must be a number and no more than 18.

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Parent/Guardian Contact Details

Parent/Guardian Name *

First Name

Last Name

Parent/Guardian Phone Number *

Must be an Australian phone number.

Parent/Guardian Email Address *

Must be an email address.

Project or Activity Details

* indicates a required field

Project or Activity Title *

Brief Project or Activity Description *

Word count:

Must be at least 50 words.

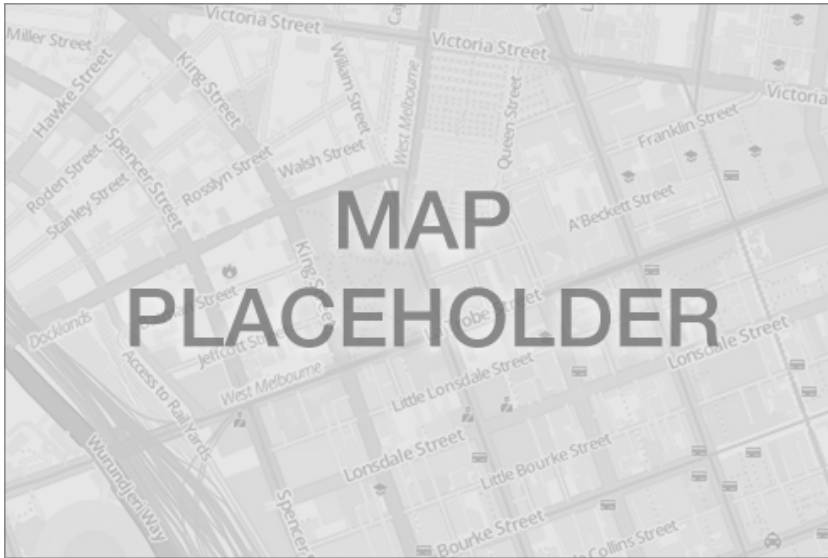
Provide a short description of your project - what do you intend to do?

Project or Activity 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:

Project or Activity Start Date *

Must be a date and between 28/10/2024 and 31/10/2025.

Projects should not commence before submission of grant application.

Project or Activity End Date *

Must be a date and between 28/10/2024 and 31/12/2025.

Projects should be completed within 6 months of funding receipt.

Total Amount Requested *

\$

What is the total financial support you are requesting in this application? Maximum request for individuals is \$250. Maximum request for community groups is \$1,000.

Total Project or Activity Cost *

\$

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

Capacity to Deliver Project

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

Word count:

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Must be at least 50 words.

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

Project or Activity Budget

* indicates a required field

Budget Information

Please provide expected expenditure for the project or activity below.

Community Groups: If your organisation 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).

Budget: Expenditure

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

	\$
	\$
	\$
	\$
	\$

Budget Totals

Total Project Expenditure *

\$

This number/amount is calculated.

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).

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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 you or your organisation 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)	\$
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Budget Totals

Total Other In-kind Contributions

\$

This number/amount is calculated.

Budget Documents

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:

Public Liability Insurance

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

Attach a file:

Assessment Criteria

* indicates a required field

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Strategic Alignment: Community Group Applications

The primary objective of the Small Grants Program is to support community-led projects that contribute towards creating a Liveable, Green and Connected Alexandrina and support our communities to thrive.

Applications are invited from community groups to support projects, events or activities that align with objectives identified in any of the following Council plans:

[A2040-FourYearPlan.pdf \(alexandrina.sa.gov.au\)](#)

[Community Wellbeing Action Plan 2022-26 \(alexandrina.sa.gov.au\)](#)

[Environmental Action Plan 2030 \(alexandrina.sa.gov.au\)](#)

[Heritage Strategy and Action Plan 2023-2030 \(alexandrina.sa.gov.au\)](#)

Which of the following objectives does your project help to achieve? You may select more than one option. *

- A2040: Liveable Alexandrina
- A2040: Green Alexandrina
- A2040: Connected Alexandrina
- Community Wellbeing Action Plan: Encourage an active and healthy community
- Community Wellbeing Action Plan: Foster a connected and inclusive community
- Community Wellbeing Action Plan: Develop a vibrant and artistic community
- Community Wellbeing Action Plan: Enrich our places and spaces
- Environmental Action Plan: Biodiversity
- Environmental Action Plan: Waters
- Environmental Action Plan: Community
- Heritage Strategy and Action Plan: Identify and Understand
- Heritage Strategy and Action Plan: Value and Protect
- Heritage Strategy and Action Plan: Partnerships and Education
- Heritage Strategy and Action Plan: Leadership and Promotion

How does your project help to achieve the objectives selected above? What benefits are expected for the Alexandrina region from the delivery of your project? *

Word count:

Must be at least 100 words.

Which of the following objectives does your project MOST help to achieve? You may select only one option. *

- A2040: Liveable Alexandrina
- A2040: Green Alexandrina
- A2040: Connected Alexandrina
- Community Wellbeing Action Plan: Encourage an active and healthy community
- Community Wellbeing Action Plan: Foster a connected and inclusive community
- Community Wellbeing Action Plan: Develop a vibrant and artistic community
- Community Wellbeing Action Plan: Enrich our places and spaces
- Environmental Action Plan: Biodiversity

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- Environmental Action Plan: Waters
- Environmental Action Plan: Community
- Heritage Strategy and Action Plan: Identify and Understand
- Heritage Strategy and Action Plan: Value and Protect
- Heritage Strategy and Action Plan: Partnerships and Education
- Heritage Strategy and Action Plan: Leaderships and Promotion

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

Strategic Alignment: Individual Applications

Which of the following four categories does your development activity focus on? *

- Arts, Culture, Music and Dance
- Sport and Recreation
- Community Participation and Leadership
- Education and Training

What benefits are expected for yourself and the Alexandrina community from your participation in your chosen development activity? *

Word count:

Must be at least 100 words.

Please attach any relevant additional documentation here to support your application.

Attach a file:

Examples include:

- Letters of recommendation
- Selection letters
- Activity brochures
- Examples of previous work

Process Evaluation

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* 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.

Declaration and Privacy Statement

* indicates a required field

Pre-submission Checklist

I have discussed my project idea with Council's Grants 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.

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8.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. *

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.
- 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.

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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

Position *

Date of Declaration *

Parent/Guardian Declaration

Declaration and Privacy Statement

I, the parent/guardian of the applicant, 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 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.
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I confirm that I accept the above Declaration and Privacy Statement. *

Yes

Name *

First Name

Last Name

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Date of Declaration *

Must be a date and between 28/10/2024 and 30/4/2025.