

Small Grants Program Application Form (Individuals) 2026-2027

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: *

- ☐ A young person aged under 25 years?
- ☐ A person living with disability?
- ☐ Neither of the above

Only young people under 25 years and people living with disability are eligible to apply for this funding.

Do you reside within the Alexandrina Council region? *

- ☐ Yes
- ☐ No

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

Has the activity for which you are applying for funding already occurred? *

- ☐ No
- ☐ Yes - it occurred between 16 February and 31 July 2026
- ☐ Yes - it occurred after 31 July 2026

Requests for retrospective payments are not eligible (except for activities occurring between 16 February and 31 July 2026).

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 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 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.

Have you already received funding through the 2026-2027 Small Grants Program? *

- ☐ Yes
- ☐ No

Only one application per person per financial year will be accepted.

Small Grants Program Application Form (Individuals) 2026-2027

Form Preview

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

Applicant *

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 Date of Birth *

Applicant Age

Are you under 18 years of age? *

- ☐ Yes
☐ No

Parent/Guardian Contact Details

Small Grants Program Application Form (Individuals) 2026-2027

Form Preview

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.

Activity Details

* indicates a required field

What is the name of the event, competition or activity that you are seeking funding for? ***Please provide a brief description of the activity. ***

Word count:

Must be at least 50 words.

Who is the activity organiser?

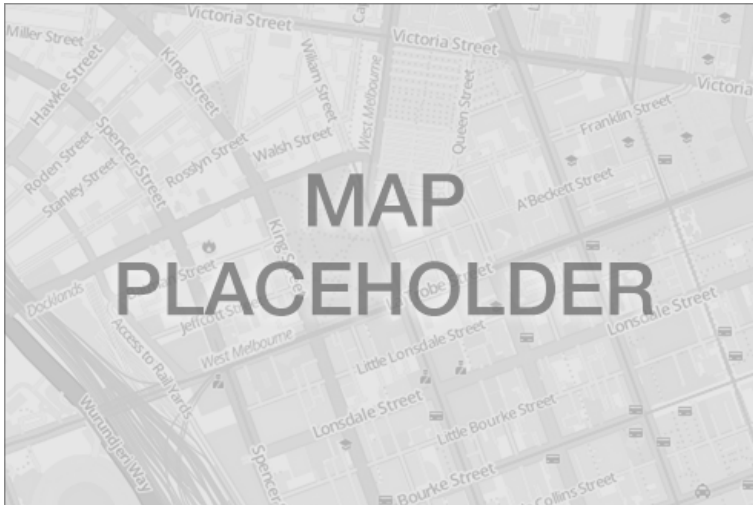
Please provide the name of the organisation that is providing the activity.

Where is the activity being held? *

Address

Small Grants Program Application Form (Individuals) 2026-2027

Form Preview



Please specify the location where the activity is taking place.

Activity Start Date *

Must be a date and between 16/2/2026 and 31/12/2027.

Activities should not commence before submission of grant application (except for activities that took place between 16 February and 31 July 2026).

Activity End Date *

Must be a date and between 16/2/2026 and 31/12/2027.

Projects should be completed within 6 months of funding receipt.

Total Grant Amount Requested *

What is the total financial support you are requesting? The maximum funding request depends on where the activity will be held: \$200 in SA, \$300 elsewhere in Australia, \$400 overseas.

Total Activity Cost *

What is the total cost of participating in your chosen activity?

Please describe the different costs incurred in participating in this activity e.g. participation fees, travel, accommodation etc. *

Assessment Criteria

* indicates a required field

Project Benefit

Small Grants Program Application Form (Individuals) 2026-2027

Form Preview

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

*

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

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

Word count:

Must be at least 50 words.

Supporting Documentation

All applicants are required to attach supporting documentation to assist in assessing applicant eligibility and project merit.

Sport and Recreation Supporting Documentation

Applicants in the Sport and Recreation category must have been selected to participate or compete in the activity. A team or activity selection letter from a relevant peak body or organisation must be attached to this application.

Please attach a team or activity selection letter from a relevant peak body or organisation below. *

Attach a file:

Activity Supporting Documentation

Applicants must be able to demonstrate a strong commitment to their field of endeavour and a firm intention to use the skills and knowledge gained from the activity for the benefit of the Alexandrina community.

Please attach relevant supporting documentation below.

Examples include:

- Letters of recommendation
- Evidence of community projects or leadership activities undertaken
- Brochures outlining development activity for which funding request is being made
- Evidence of previous artworks or productions

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

Attach a file:

Small Grants Program Application Form (Individuals) 2026-2027

Form Preview

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.

Declaration and Privacy Statement

* indicates a required field

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.

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.

Small Grants Program Application Form (Individuals) 2026-2027

Form Preview

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 1/8/2026 and 31/5/2027.

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.
- 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.

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 *

Small Grants Program Application Form (Individuals) 2026-2027

Form Preview

Must be a date and between 1/8/2026 and 31/5/2027.