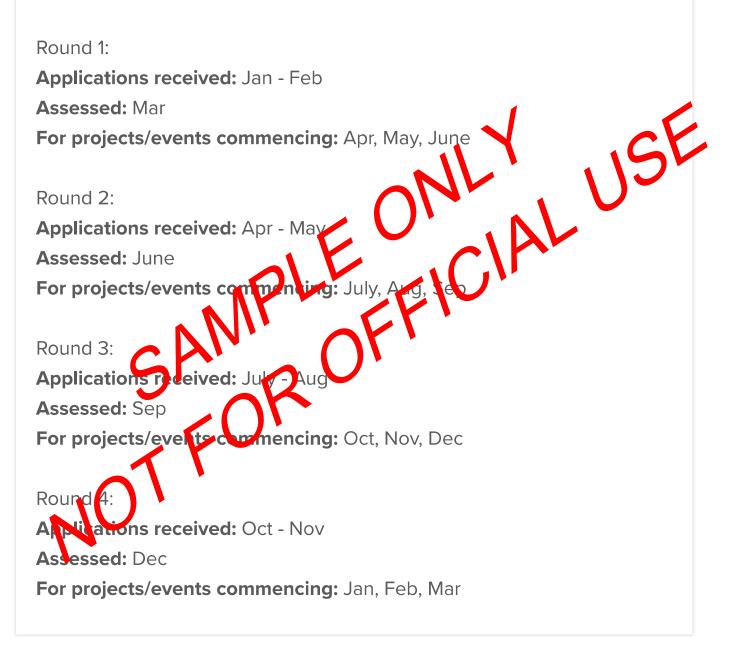


Please note the Community Assistance Funding Rounds below





DOES YOUR ORGANISATION QUALIFY?

Is your Organisation not-for-profit? Required
Not for profit organisations can be looked up here: <u>Home ACNC</u>
O Yes
O No
Is your Organisation based within the Pert Price Regional Council local
government area? Required
O Yes
O N₀
Do you have surrent Public Liability Insurance of \$20 million? Required
To qualify for Community Assistance funcing you will need to have Public Liability
Insurance of at least \$20 million.
This will not prevent you tubnitiong this application but please be aware this insurance will be needed prior to funding.
O Yes
Is your Organisation an incorporated entity under the Associations Act
(or any other Act)? Required
O Yes
O No
Place use the 'Ceptinus' butten to make through each page

Please use the 'Continue' button to move through each page. You can also 'Save' your request. This will prompt you for an email address where you will be sent a link to resume later.



ORGANISATION DETAILS Name of Organisation Required **Physical Address of** Address Line 1 Required Address Line 2 Suburb Required Required

Is the physical address different to the postal address? Required

O Yes

O No

Primary Contact Person First Name Required

Primary Contact Person Last Name Required	
Position Required	
	~
Contact number Required	
Email address Required	E
Confirm email address	
Does your Organization (or auspice) have an ABN? Required	
O Yes	
O No	
Is your Organisation registered with a club development program?	
C Yes O No	
Aims, objectives and major activities of the Organisation Required	
	٦
Maximum 250 characters (250 remaining)	

L

No. of paid members in your Organisation? Required

Γ

No. of u	npaid members in your Org	anisation? Required
No. of v	olunteers in your Organisati	ON? Required
Has you	ır Organisation previously re	eceived Community Assistance
unding	g in the past 2 financial years	5? Required
O Yes		NLY 15
You	can also 'Save' your request	con to move through each page. This will prompt you for an email r sent a link to resume later.
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PROJECT / EVENT DETAILS Project / Event Name Required Physical Address of Project or Event Estimated Start Date Required As per funding rounds information lister at the beginning of form: April-May, between Julv or September events or projects must commence ••• Estimated End ate Requir As per the CAP Policy Guidennes, projects and events must be completed within 6 months, unless otherwise agreed in writing. ••• Required /s ••••

Description of the project/event Required

Maximum 500 characters (500 remaining)

Where Required Members Participants Visitors Spectators Community Other
How many people are expected to attend/be involved your event/project? *as an estimation Required
Who is the owner of the land where the project or event is to be located? Required Your Organisation Port Pirie Regional Council Other Does your project/event require traffic management, waste
management, facility hire, on the cinternal costs incurred by the Council for a community project/ovent? Required
 Yes No Does the project/event require any further approvals such as planning or
development approval? Required Ves No
*If unsure about any of the above, please speak to the Council for

*If unsure about any of the above, please speak to the Council for advice before submitting this application

Please use the 'Continue' button to move through each page.



ASSESSMENT CRITERIA

Which goals and strategies from the Port Pirie Regional Council Community Plan 2020-2025 does your project/event relate to the most?

Inclusivity & Diversity

Goal: An active community that is connected anothes exportunities to participate in community life

- 1.1.1 Leadership in the community is value, ancouraged and supported
- 1.1.2 Volunteering is fostered for its contribution to the community and personal wellbeing
 - 1.1.3 Community facilities and strvices are welcoming and accessible
- 1.1.4 The strong identity on culturally rich community is celebrated
 - 1.1.5 Cultural and treative based organisations and activities are supported

Wellbeing

Goal: A Community that is physically and mentally healthy

- 1.3.1 wite range of sporting and recreational opportunities are available
 - Community facilities are vibrant and increasingly multi use
- 1.3.3 Community wellbeing is enhanced through positive health outcomes
- 1.3.4 Coordinated initiatives and activities reduce lead exposure in the community
- 1.3.5 Open spaces are enhanced through well maintained and attractive landscaping providing opportunity for increased community activity
- 1.3.6 Our townships and areas of significance are recognised by a strong sense of place that engenders community pride

Resilience

Goal: A community that is able to unite and deal with adversity

1.2.1 Our community is supported through events that enhance community connectedness and
build community pride
1.2.2 Our community is prepared for and able to respond to emergency situations
1.2.3 Lifelong learning underpins our mental wellbeing
1.2.4 Our community feels safe
Tourism Goal: The natural beauty, unique history and attractions of our region and towns
provide memorable experiences for increasing numbers of guests
2.3.1 Increasing visitation leads to new and expanded tourism attractions and experiences
2.3.2 Our region is increasingly recognised for its events and cultural experiences
How will the project/event benefit the community? Required
Maximum 500 characters (500 remaining
How will your Organisation promote this project/event to the wider
community? Required
Social Media i e. Lacebook
Local Paper
Radio
TV Ad/Classifieds
Physical Panners around town
Council website
Local School Newsletter
Local emergency services
Community Notice Boards
Emailing List
Flyer/Letter drop to businesses
Flyers at Visitor Information Centre or Shopping Centres

Information stall

L



Other

What outcomes is your Organisation hoping to achieve from this project/event? Required

Maximum 500 characters (500 remaining)

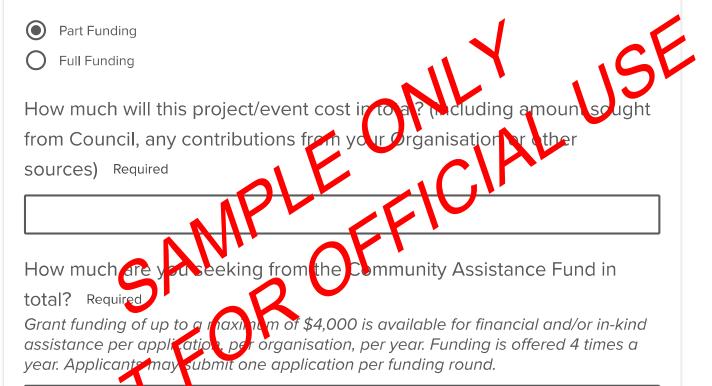
What method will your Organisation use to record your successes and shortcoming of the project/event? Required

S
Maximum 500 characters (500 remaining)
How will your project/event cately for needs of people with disability?
Required
Think about if your event cooloject includes discoility accessibility such as disabled toilets, parking, wheelcheir access etc
Srippi
Maximum 500 characters (500 remaining)
Please use the 'Continue' button to move through each page. You can also 'Save' your request. This will prompt you for an email address where you will be sent a link to resume later.



PROJECT / EVENT BUDGET

Is the Community Assistance Fund covering part or full funding for your event / project? Required



Please use the 'Continue' button to move through each page. You can also 'Save' your request. This will prompt you for an email address where you will be sent a link to resume later.





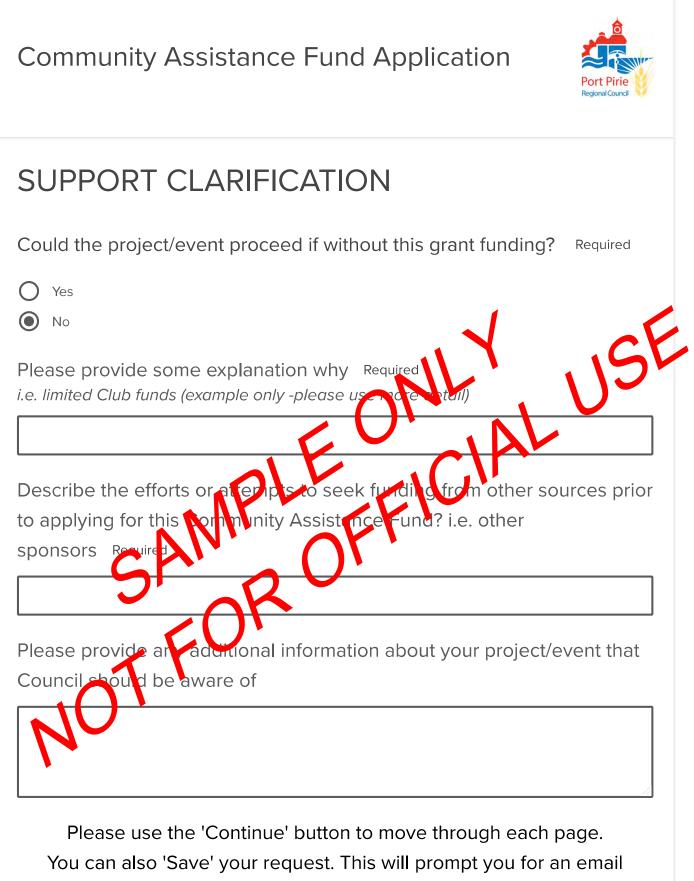
Amount of the 3rd cost

Description of the 4th cost

Amount of the 4th cost

Where is the remainder of your funding coming from to complete your project/event? Required

Total Cost of Event/Project (grant funding + g funding) This total must equal to the total amount of your e vrant fu ot contributions combined. \$0.00 ntinue' button to nove through each page. Please use the You can also 'save' your request. This will prompt you for an email address where you will be sent a link to resume later. Powered by Open



address where you will be sent a link to resume later.



SUPPORTING DOCUMENTS

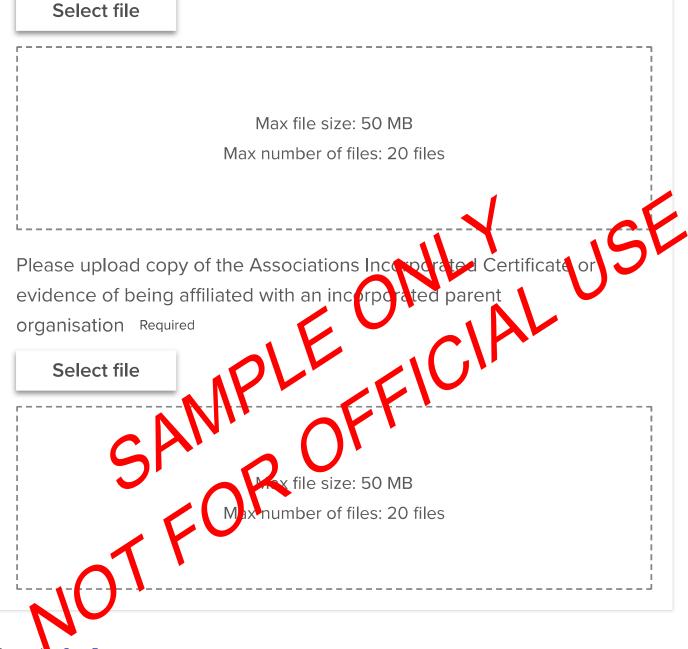
Please upload relevant quotes as evidence showing your costs are true

and correct Required

Current and legitimate written quotes are required. If quotes are unable to be sourced i.e only aware of advertised costs but a business cannot provide formal quotes, any evidence in writing is acceptable i.e. email/catalogue. Council in-kind works must also be included.



Please upload copy of the organisations (or auspice body) current Public Liability Insurance Indemnity Policy which provides the applicant organisation, the event or project activity, cover of at least \$20 million Required





FINAL CHECK LIST AND CERTIFICATION

Before submitting your application, please ensure you have included and attached the following documentation Required

All relevant sections of this application form have been completed Required

Any relevant quotes uploaded Required

Copy of the most recent certified (signed by club Treasurer) or audited Statement of Financian Performance (Income and Expenditure Statement) and/on Statement of Financial Position (Balance Sheet) Required

Copy of the organisations (or auspice boily) current rublic Liability Insurance Indemnity Policy which provides the applicant organisation, the event or project activity obver of at least \$20 million Required

Copy of the Associations Incorporated Certificate or evidence of being affiliated with an incorporated pareneorganisation; Required

Relevant leerne ind approvals i.e. se of facility, development approval, have been included (if applicable)

I certify that to the best of my knowledge, the information contained within this application is true and correct and that my Organisation (or auspice Organisation) had duly authorised me to be making this suprication on its behalf.

I declare that I have read and understood the conditions of the funding guidelines and have sought advice regarding any necessary approvals or permissions required from other areas of Council to undertake this project or event.

I understand that an Evaluation/Acquittal report with supporting documentation will be submitted to the Council within two months of the completion of the project/event.

First Name Required
Last Name Required
Signature Required
Draw signature below O Upload photo of signature
NL 154
NEED ADVICE?
If you have any questions regarding the funding, eligibility of your project/event or how to apply, please contact the Post Pirie Regional
Council on (08) 8633 9717 or enail events@priv.sz.gov.au
Please use the 'Continue' button to move through each page.
You can also 'Save' your request. This will prompt you for an email
address where you will be sent a link to resume later.
Please complete the following:
m not a robot