

Local Government Centre 2 Seventh Street Murray Bridge SA 5253 Phone 08 8539 1100 Fax 08 8532 2766 council@murraybridge.sa.gov.au www.murraybridge.sa.gov.au

Organisation Details			
Name of Organisation:			
(As it appears on certificate of incorporation)			
Postal Address:			
Phone Number:			
Fax:			
Email:			
Website:	,		
Is the Organisation Incorporated Under the Association Incorporation Act?	Yes U No U		
(Please include a photocopy			
of the certificate)			
Is the Organisation Registered For GST?	Yes No No		
(If unsure please call the Australian Taxation Office on 132 866)			
Organisation's ABN:			
(If applicable)			
Is the Organisation Affiliated	Yes No		
With a State or National Sporting Association or	If yes, please state name:		
Recreation Peak Body?			
Is the Organisation Registered	Yes No No		
with a Recognised Club	If yes, please state name:		
Development Program? (eg STARCLUB)			
Has The Organisation Applied	Yes No		
For Council Grants In The Past	If yes, please complete the	table below.	
Five Years?	Grant Type:	Year:	Completed:
	Community Grant		Yes No
	Small Wins Grant		Yes No
	Sport & Recreation Grant		Yes No
Application Contact Details			
Contact Name:			
Position Title:			
Postal Address:			
Phone Number:			
Email:			
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Organisation Membership						
Number of Club Members	Junior:	Senior:	Veteran:			
Male:						
Female:						
Female:						
Totals:						
Project Details						
Please provide a descripti	on of project details:					
riedse provide a descripti	on or project details.					
Project Title:						
Physical Address of Projec	t:					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Who Is Your Specific To	araet					
Group?	uigei					
-						
How Many People	Are					
Expected To Benefit From Project?	1 INIS					
i iojeci:						
When Will The Project Star	ł And					
Finish (Dates)?						



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Project Outcomes

All applications will be assessed against Council's Sport and Recreation Management Guideline eligibility criteria. However, satisfying these criteria alone does not guarantee the receipt of a grant. The success of your application is influence by availability of funds and the number of applications. All applications will also be assessed against the following criteria.

Please note that your project mo	ay not address all the criteria below.
Please State How This Project Will Increase and Improve Participation:	
Please State How This Project Will Improve Access To Recreation and Sport Opportunities:	
Please State How This Project Will Improve the Quality/Standard of Facilities and Performance of Participants:	
Please State How This Project Will Increase Safety of Participants and/or the General Community:	
Please State How This Project Will Foster Co-ordination and Collaboration Amongst Stakeholder:	
Please State How This Project Will Meet Demonstrated Community Need and Provide Details of Other Organisations That Will benefit From The Project:	



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Project Finances

Project Expenses If necessary, attach a separate project budget and ensure all associated costs are detailed. For Facility projects please list materials, labour, an estimate of voluntary labour, donation/in kind support and all other associated items and costs of the project. Ex. GST.

Item:	Amount: Ex. GST.
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Cost (A)	\$

Project Revenue Please include all financial support, volunteer labour and any in-kind support for the project. All items should be reflected in the project expenses. Please attach evidence confirming the support listed in this section.

Item:	Amount: Ex. GST.
Grant Requested From Council	\$
Your Club's Financial Contribution	\$
Voluntary Labour	\$
(Please attach calculation of value ie. hours, rate etc)	
Other Government Financial Support	\$
(State and Federal – please attach evidence such as letter confirming support)	
Other Financial Contributions	\$
(Please state source and provide documentary evidence)	
In Kind (Please attach evidence such as a letter confirming the support)	\$
Donations of Equipment/Material	\$
Other Club's Contribution	\$
Other Support (Please attach evidence)	\$
Other Support (Please attach evidence)	\$
Other Support (Please attach evidence)	\$
Other Support (Please attach evidence)	\$
Total Cost (B)	\$
Please note: A must equal B	



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Essential Documentation	
Please tick boxes that indicate attachments.	
A Photocopy of the Organisation's Incorporation Certificate or Other Legal Status.	Yes No N/A
A Photocopy of the Organisation's Most Recently Audited/Certified Financial Statements.	Yes No N/A
A Photocopy of Quotes and/or Project Costs.	Yes No N/A
A Copy of Plans of the Proposed Works.	Yes 🗌 No 🗌 N/A 🗌
Written Support For the Project From Project Partners (if applicable) Including Level Of Support (eg. in kind support).	Yes No N/A
Letter Of Support.	Yes 🗌 No 🗌 N/A 🗌
Written Endorsement from the State Association or Peak Body (if applicable).	Yes 🗌 No 🗌 N/A 🗌
A Copy of the Constitution of the Club/Organisation.	Yes No N/A
A Copy of the Landowner Consent (if not the Council).	Yes No N/A
Evidence of Financial Contributions From Other Sources (if applicable).	Yes 🗌 No 🗌 N/A 🗌
I Have Completed The Electronic Funds Transfer Information Requested.	Yes 🗌 No 🗌 N/A 🗌
Terms and Conditions of RCMB Sport and Recreational Facilities Grant Fund	ding

- 1. Supervise the administration of the Grant.
- 2. Use the funds provided ONLY for the approved project.
- 3. Obtain any required Development Consent and/or Building Approvals and/or permission from the
 - Land and/property owner or regulatory bodies or organisations (if applicable) before commencing the project.
- 4. Seek Council's written approval to continue with the project if there is any change in the project.
- 5. Acknowledge the Rural City of Murray Bridge on all printed material relating to the funded project and provide evidence of such.
- 6. An appropriate acknowledgment of Council's funding must be given by the recipient in all promotional material and reports of the project available to the public.
- 7. Complete the acquittal process contained herein at the end of the project and forward a copy to the contact information below.
- 8. Invite a Council member to the project opening and/or event.
- 9. I/We understand that it is my/our responsibility to obtain all necessary insurances and that the Rural City of Murray Bridge will not be held liable for any matter arising out of this grant.
- 10.I/We agree to indemnify and keep indemnified the Rural City of Murray Bridge, its employees and agents from and against all actions, costs, claims, charges and expenses whatsoever which may be brought or made to claim against them out of or in relation to the project.
- 11. Provide a photograph of the completed project including permission for Council to use the photograph for promotional purposes.



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Applicant's Declaration

Two members of the applicant organisations board or management committee must complete the following declaration.

We declare that:

- 1. We have been authorised by the applicant organisation to prepare and submit this application for financial assistance.
- 2. The application form has been completed accurately and in accordance with the guidelines and that all supporting documentation is attached.
- 3. We certify to the best of our knowledge that the statements made in the application are true.
- 4. We have read the Rural City of Murray Bridge Sport and Recreation Facilities Grant Management Guidelines.
- 5. We understand that we will be required to accept the Terms and Conditions relating to the funding received from The Rural City of Murray Bridge.

Note: If essential documentation listed above is not attached, the application may not be considered

11016.11 6336	simal accomeniation isted above is not anached, the app	iicanon may nor c	de considered.	
Applicant	One's Signature			
Name:				
Position:				
Signature:		Date:		
Applicant 7	Two's Signature			
Name:				
Position:				
Signature:		Date:		
Applicatio	n Submission			
Please forw	ard this completed application and all attachments to:			
Rural City of	Murray Bridge			
Attn: Team	Leader Youth Sport and Recreation			
PO Box 421				
	IDGE SA 5253			
or: <u>k.heyndy</u>	<u>/k@murraybridge.sa.gov.au</u>			
Applications can be submitted at any time but will be considered by Council's Sport & Recreation Advisory Group at meetings scheduled about every three months or when required.				
Application	s must be received a minimum two weeks before a meeting	g to be considere	d.	
For further in	nformation please contact:			
Kevin Heyno	dyk			
08 8539 112	7			
or: <u>k.heyndy</u>	<u>/k@murraybridge.sa.gov.au</u>			



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Electronic Funds Transfer Information

If successful, your grant payment will be made via Electronic Funds Transfer (EFT) to your nominated bank, credit union or building society account.

Please complete the details below to ensure swift payment of funds.

ABN:

Organisation Name:

Postal Address:

Phone Number:

Email Address:

Fax Number:

Name of Financial Institution:

Address of Financial Institution:

BSB Number:

Account Number:

EFT Authorisation

I hereby verify that the information provided is correct and request that all payments be made by direct deposit to the above account. I have authorisation to provide this information on behalf of the organisation named above.

Name:		
Signature:	Date:	

EFT Conditions

- 1. The Rural City of Murray Bridge is under no obligation to verify the above bank details. Any changes must be made in writing.
- 2. The Rural City of Murray Bridge will not be responsible for any delays outside our control e.g. delays or errors in the banking system or errors in account details supplied.
- 3. The Recipient agrees to repay The Rural City of Murray Bridge any payments credited to the Recipient in error.
- 4. The Rural City of Murray Bridge has the right to accept the authority of the undersigned as conclusive evidence of the person's authority to execute this direct credit application on behalf of the Recipient.



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Acquittal/Project Completion Record

It is a requirement of receiving a contribution for your project from the Rural City of Murray Bridge that you complete this form and return it to the address given below.

The information you include on this form and the items you attach to demonstrate the completion of your project are our record of council funding use.

There is no time limit on returning this form but your organisation will be ineligible for any further contributions from Council for your projects until this project has been recorded as completed.

	ns from Council for	your projects	until this pro	ject has k	oeen recorded as	completed.
Applicant	Details					
Name of Or	ganisation:					
Postal Addre	ess:					
Person Com	pleting Form:					
Daytime Tel	ephone Number:					
Project Co	sts					
Total Actual contributed	Cost of Project (incluing the control of the contro	ude amounts	\$			
Amount Red	ceived From Council:		\$		Date:	
Project Ou	tcomes					
Please Desc Your Target	cribe How Council's (Group:	Contribution To	Your Project \	Was Used .	And How The Proj	ect Has Benefitted
Project Co	mpletion Evidence					
Please Indic	ado Tho	Dhataarar		A altala	in araun larania	
	tion Attached:	☐ Photograp		☐ Afficies	s in group/organis	ation newsletter
Documenta	tion Attached: e: if you have an outs	☐ Newspap	er article	Other		
Please note grant or vice	tion Attached: e: if you have an outs	☐ Newspaperstanding comp	er article bletion record	Other		
Please note grant or vice Statement	tion Attached: e: if you have an outs e versa.	Newspaperstanding compand Expendite	er article oletion record	Other	ect you may still c	apply for an event
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