

## Organisation Details

<b>Name of Organisation:</b> (As it appears on certificate of incorporation)			
<b>Postal Address:</b>			
<b>Phone Number:</b>			
<b>Fax:</b>			
<b>Email:</b>			
<b>Website:</b>			
<b>Is the Organisation Incorporated Under the Association Incorporation Act?</b> (Please include a photocopy of the certificate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Is the Organisation Registered For GST?</b> (If unsure please call the Australian Taxation Office on 132 866)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Organisation's ABN:</b> (If applicable)			
<b>Is the Organisation Affiliated With a State or National Sporting Association or Recreation Peak Body?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, please state name:		
<b>Is the Organisation Registered with a Recognised Club Development Program?</b> (eg STARCLUB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, please state name:		
<b>Has The Organisation Applied For Council Grants In The Past Five Years?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, please complete the table below.		
	<b>Grant Type:</b>	<b>Year:</b>	<b>Completed:</b>
	<b>Community Grant</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Small Wins Grant</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Sport &amp; Recreation Grant</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Application Contact Details</b>			
<b>Contact Name:</b>			
<b>Position Title:</b>			
<b>Postal Address:</b>			
<b>Phone Number:</b>			
<b>Email:</b>			

## Organisation Membership

Number of Club Members	Junior:	Senior:	Veteran:
Male:			
Female:			
Totals:			

## Project Details

Please provide a description of project details:

<b>Project Title:</b>	
<b>Physical Address of Project:</b>	
<b>Who Is Your Specific Target Group?</b>	
<b>How Many People Are Expected To Benefit From This Project?</b>	
<b>When Will The Project Start And Finish (Dates)?</b>	

## 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 influenced by availability of funds and the number of applications. All applications will also be assessed against the following criteria.

Please note that your project may 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:**



## Essential Documentation

Please tick boxes that indicate attachments.

<b>A Photocopy of the Organisation's Incorporation Certificate or Other Legal Status.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>A Photocopy of the Organisation's Most Recently Audited/Certified Financial Statements.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>A Photocopy of Quotes and/or Project Costs.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>A Copy of Plans of the Proposed Works.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Written Support For the Project From Project Partners (if applicable) Including Level Of Support (eg. in kind support).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Letter Of Support.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Written Endorsement from the State Association or Peak Body (if applicable).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>A Copy of the Constitution of the Club/Organisation.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>A Copy of the Landowner Consent (if not the Council).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Evidence of Financial Contributions From Other Sources (if applicable).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>I Have Completed The Electronic Funds Transfer Information Requested.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

## Terms and Conditions of RCMB Sport and Recreational Facilities Grant Funding

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.

## 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.

## Applicant One's Signature

<b>Name:</b>			
<b>Position:</b>			
<b>Signature:</b>		<b>Date:</b>	

## Applicant Two's Signature

<b>Name:</b>			
<b>Position:</b>			
<b>Signature:</b>		<b>Date:</b>	

## Application Submission

Please forward this completed application and all attachments to:

Rural City of Murray Bridge  
Attn: Team Leader Youth Sport and Recreation  
PO Box 421  
MURRAY BRIDGE SA 5253  
or: [k.heyndyk@murraybridge.sa.gov.au](mailto:k.heyndyk@murraybridge.sa.gov.au)

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.

Applications must be received a minimum two weeks before a meeting to be considered.

For further information please contact:

Kevin Heyndyk  
08 8539 1127  
or: [k.heyndyk@murraybridge.sa.gov.au](mailto:k.heyndyk@murraybridge.sa.gov.au)

## 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.

<b>ABN:</b>	
<b>Organisation Name:</b>	
<b>Postal Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Fax Number:</b>	
<b>Name of Financial Institution:</b>	
<b>Address of Financial Institution:</b>	
<b>BSB Number:</b>	
<b>Account Number:</b>	

## 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.

<b>Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

## 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.

## 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.

## Applicant Details

<b>Name of Organisation:</b>	
<b>Postal Address:</b>	
<b>Person Completing Form:</b>	
<b>Daytime Telephone Number:</b>	

## Project Costs

<b>Total Actual Cost of Project (include amounts contributed "in-kind"):</b>	\$	
<b>Amount Received From Council:</b>	\$	<b>Date:</b>

## Project Outcomes

**Please Describe How Council's Contribution To Your Project Was Used And How The Project Has Benefitted Your Target Group:**

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## Project Completion Evidence

<b>Please Indicate The Documentation Attached:</b>	<input type="checkbox"/> Photographs	<input type="checkbox"/> Articles in group/organisation newsletter
	<input type="checkbox"/> Newspaper article	<input type="checkbox"/> Other

Please note: if you have an outstanding completion record for a project you may still apply for an event grant or vice versa.

## Statement of Project Income and Expenditure

Please attach statement showing all income and expenditure for project for which funding was received.

## Certification

I confirm the Community Project Donation received from the Rural City of Murray Bridge was fully expended for the purpose for which it was received.

<b>Name:</b>	
<b>Signature:</b>	<b>Date:</b>

## Lodgement

Please forward this completed form and all attachments to:

Rural City of Murray Bridge  
Attn: Team Leader Youth Sport and Recreation  
PO Box 421  
MURRAY BRIDGE SA 5253  
or: [k.heyndyk@murraybridge.sa.gov.au](mailto:k.heyndyk@murraybridge.sa.gov.au)