

# Minor Grant Application

## Form Preview

### Minor Grant Application

\* indicates a required field

Council provides Minor Grants in order to deliver once-off, low level support outside of other grant funding programs, for projects that benefit the community and align with Councils strategic plan. The maximum grant available under this program is 50% of the project cost up to \$300 per occasion and this grant is open for application year round.

### Minor Grant Guidelines

Before completing this application form, you should have read the Minor Grants Program Guidelines available at the below link

[COUNCIL-GRANT-Comm-Dev-Guidelines\\_2021-22.pdf](#)

**I certify that I have read the Minor Grants Guidelines \***

☐ Yes

### Your Organisation

The following section MUST be completed by the Applicant Organisation:

**Is your organisation a not-for-profit? \***

☐ Yes

☐ No

**Are you an incorporated legal entity or auspiced by an incorporated entity? \***

☐ Yes

☐ No

**Does your organisation operate in the Adelaide Hills or are you able to demonstrate that the program will benefit residents in region? \***

☐ Yes

☐ No

**Are you able to demonstrate that you have no debt to Adelaide Hills Council or have entered into scheduled payment arrangements that are being adhered to? \***

☐ Yes

☐ No

**Has it been over 12 months since you last received a Minor Grant? \***

☐ Yes

☐ No

**If you answered no to any of the above Eligibility questions you should not proceed with this application. If you have any questions in regards to this please speak to Julie Wilhelm on 8408 0515 or email [jwilhelm@ahc.sa.gov.au](mailto:jwilhelm@ahc.sa.gov.au)**

### Your Project

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**Are you applying for a grant for funds already spent or to be spent prior to notification of the outcome of your application?**

☐ Yes

☐ No

**Are you applying for funds to cover a recurrent cost or one that may lead to a dependence on Council funds (eg: Annual Insurance Premiums) ?**

☐ Yes

☐ No

**Is your project for fundraising or sponsorship?**

☐ Yes

☐ No

**Is your project a commercial activity?**

☐ Yes

☐ No

**If you answered yes to any of the above eligibility questions you should not proceed with this application. If you have any questions in regards to this please speak to Julie Wilhelm on 8408 0515 or email [jwilhelm@ahc.sa.gov.au](mailto:jwilhelm@ahc.sa.gov.au)**

## Contact Details

**\* indicates a required field**

### Applicant Organisation Details

**Applicant Organisation Name \***

Organisation Name

**Primary (Physical) Address \***

Address

  

Suburb    State    Postcode

        

**Postal Address (if different from above)**

Address

  

Suburb    State    Postcode

        

**Applicant Website**

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**Contact Person \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position held in Organisation \***

**Primary Phone Number \***

Must be an Australian phone number

**Contact Mobile Phone Number**

Must be an Australian phone number

**Applicant Admin Contact Primary Email \***

Must be an email address

**Is your Organisation Incorporated?**

☐ Yes ☐ No

**IA or ACN Number**

Incorporated Association or Australian Corporation Number.  
If no, you must be sponsored by an incorporated Sponsoring organisation. See Page 2 Community Development application guidelines "Sponsoring Organisation"

**Does your Organisation have an ABN? \***

☐ Yes ☐ No

**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)	

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DGR Endorsed  
ATO Charity Type  
ACNC Registration  
Tax Concessions  
Main business location

[More information](#)

Must be an ABN

**Are you registered for GST**

☐ Yes

☐ No

### Auspice Organisation Details

**Auspice Organisation Name \***

Organisation Name

**Auspice Primary Address \***

Address

  

Suburb State Postcode

Must be an Australian post code

**Auspice Postal Address (if different from above)**

Address

  

Suburb State Postcode

**Auspice Project Contact \***

Title First Name Last Name

**Auspice Project Contact Position \***

**Auspice Project Contact Primary Phone Number \***

Must be an Australian phone number

**Auspice Project Contact Primary Email \***

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Must be an email address

### IA or ACN Number

Incorporated Association or Australian Corporation Number. If no, you must be sponsored by an incorporated Sponsoring organisation. See Page 2 Community Development application guidelines "Sponsoring Organisation"

### Does the Auspice Organisation have an ABN Number? \*

☐ Yes

☐ No

### Please attach signed certification letter by Office Bearer of Auspice Organisation \*

Attach a file:

President, Chair, Secretary or Treasurer. Letter must include, name, position, signature and date. Max 25mb

### Auspice 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

### Is your Auspice organisation registered for GST

☐ Yes

☐ No

### Bank Details

#### Bank Account

Account Name

# Minor Grant Application

## Form Preview

BSB Number

Account Number

If your application is successful your funding will be paid directly into your organisation's bank account. Please provide details above

## Project Details

\* indicates a required field

**Project Title \***

**Project Start Date \***

**Project End Date \***

**Brief project description \***

Word count:

Provide a short description of your project - what are you out to do? (Maximum 150 words)

**What will the grant funds be used for? \***

Word count:

Must be no more than 150 words.

**Who will benefit from the project and how? \***

Word count:

Must be no more than 150 words

**Attach any letters or other evidence of community support for your project**

Attach a file:

**Total cost of the project.**

\$

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Must be a dollar amount.

**Total amount requested. (The maximum grant available under this program is 50% of the project cost up to \$300 per occasion.)**

\$

Must be a dollar amount.

(50% of total cost max of \$300.00)

## Feedback, Review and Submit

**\* indicates a required field**

### Certification

This **MUST** be completed by the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if Adelaide Hills Council approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application, policy and/or letter of approval.

**We agree \***

☐ Yes

☐ No

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**We agree \***

☐ Yes

☐ No

Certification must be agreed to by two representatives of the Applicant Organisation

**1. Authorised applicant**

**1. \***

Title

First Name

Last Name

**Position \***

**Email**

Must be an email address.

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**Phone Number**

Must be an Australian phone number.

**2. Authorised applicant**  
**2. \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**Email**

Must be an email address.

**Phone Number**

Must be an Australian phone number.

**Date \***

## Privacy Notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in Adelaide Hills Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles Adelaide Hills Council's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online grants application process.

**Please indicate how you found the online application process:**

☐ Very easy    ☐ Easy    ☐ Neither    ☐ Difficult    ☐ Very difficult

**Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:**