

26 January Community Event Grant Application Form 2027

Form Preview

26 January Community Event Grant Application

* indicates a required field

Welcome to Adelaide Hills Council's Grants Program

Council provides Community Event Grants in order to support local community groups to run events on or around 26 January.

The amount available under this program is \$1,500 per organisation for any one event. A total funding pool of \$7,500 is available.

The aim of the grant program is to support events which align with Council's strategic objectives, and that focus on community connection and participation, community benefit, civic pride, Australian heritage and history, Reconciliation and/or local identity.

Incomplete applications and/or applications received after the closing date will not be considered.

Grant Guidelines

Before completing this application form, you should have read the 26 January Community Event Grant Application Guidelines via the below link:

[26 January Community Event Grant Application Guidelines](#)

I certify that I have read the Grant Application Guidelines *

☐ Yes

Your Organisation

The following section MUST be completed by the Applicant Organisation.

I am authorised by my group to complete this form and I agree that to the best of my knowledge the statements made in this application are true *

☐ Yes

☐ No

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 within the boundaries of the Adelaide Hills Council or are you able to demonstrate that the event will benefit residents in the region? *

☐ Yes

☐ No

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

☐ Yes ☐ No

Have you met acquittal conditions for previous funding? *

☐ Yes ☐ No ☐ Not Applicable

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 Steph Pongraz, Events and Grants Officer, on 8408 0441 or email spongraz@ahc.sa.gov.au

Your Project

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 (e.g. Annual Insurance Premiums)? *

☐ Yes ☐ No

Is your project for fundraising or sponsorship? *

☐ Yes ☐ No

Is your project a commercial or political activity? *

☐ Yes ☐ No

Is your project a religious activity? *

☐ Yes ☐ No

Are you applying for funds for services or costs that are the funding responsibility of either the State or Federal Government? *

☐ 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 Steph Pongraz, Events and Grants Officer, on 8408 0441 or email spongraz@ahc.sa.gov.au

Council may deem an application ineligible where there are reasonable grounds to believe the applicant or proposed event would undertake activities that are unlawful, discriminatory, exclusionary, or inconsistent with the aim of the grant program.

Contact Details

* indicates a required field

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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**Contact Person ***

Title

First Name

Last Name

In nominating a contact person for your application, ensure that they are available to be contacted during business hours.

Position held in Organisation ***Primary Phone Number ***

Must be an Australian phone number

Primary Email Address *

Must be an email address

Is your Organisation Incorporated? *

☐ Yes

☐ No

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If no, you must be sponsored by an incorporated sponsoring organisation.

IA or ACN Number

Incorporated Association or Australian Corporation Number

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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

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

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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 *

Must be an email address

IA or ACN Number

Incorporated Association or Australian Corporation Number

Does the Auspice Organisation have an ABN Number? *

☐ Yes

☐ No

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Is your Auspice organisation registered for GST

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☐ 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

Bank Details

Bank Account *

Account Name

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.

Event Details

* indicates a required field

Event Title *

Event Date

Funding is available to support local community groups to run events on or around 26 January.

Event Date *

Event Location *

Events must be held within the Adelaide Hills Council area

Event description *

Word count:

Must be between 50 and 200 words.

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Provide a short description of your event. In providing details describe the event as clearly as possible including the intent of the event and the outcomes that you hope to achieve, and how it aligns with Councils Strategic Objectives.

[View Council's Strategic Plan](#)

Please indicate the main category/ies that your event focuses on *

- ☐ Community connection and participation
- ☐ Community benefit
- ☐ Civic pride
- ☐ Australian heritage and history
- ☐ Reconciliation
- ☐ Local identity

Please select one or more categories that best fit your event

Provide detail on how your event focuses on / incorporates these categories *

Word count:

Must be no more than 150 words.

What will the grant funds be used for? *

Word count:

Must be no more than 150 words

How do you see the event benefitting the Adelaide Hills Community? *

Word count:

Must be no more than 150 words

Attach any letters or other evidence of community support for your event

Attach a file:

Provide detail on your organisation's capacity to deliver the event

Word count:

Must be no more than 150 words.

Budget Information

* indicates a required field

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Total Amount Requested

*

\$

What is the total financial support you are requesting in this application? Max \$1,500

Total Project Cost *

\$

What is the total budgeted cost (dollars) of your project?

Budget

Outline your project budget including details of other funding that has been confirmed and applied for. Clear item descriptions must be given (e.g. equipment hire, office supplies, etc)

Examples of income include grant funding and your groups contribution. Expenditure could include event equipment hire, advertising costs, etc.

The budget MUST balance (TOTAL INCOME = TOTAL EXPENDITURE). All figures are GST Exclusive.

Please don't add commas to figures, e.g. write 1000 not as 1,000

Income

Income	\$	Description

Total Income Amount

This number/amount is calculated.

Expenditure

Expenditure	\$	Description

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Total Expenditure Amount

This number/amount is calculated.

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.
This amount must be \$0. If the amount is not \$0 your project budget does not balance, so please review income and expenditure totals to ensure they are equal

Please attach quotes or evidence of costs for those expenditures *

Attach a file:

Maximum 25MB per file attachment. Recommended no more than 5MB per attachment.

Feedback, Review and Submit

* indicates a required field

Certification

This MUST be completed by the applicant organisation.

We agree *

☐ Yes

☐ No

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

The Adelaide Hills Council name, logo and brand is subject to strict guidelines and requirements for use. If you wish to use the Council name or logo in promotional material, please contact a member of Council's Communications team as soon as possible. You must not distribute or

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launch any physical or digital materials containing Council's name or logo without prior permission from the Council's Communications Team: Call 8408 0400 or email comms@ahc.sa.gov.au

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.

Phone Number

Must be an Australian phone number.

2. Authorised Applicant 2 *

Title	First Name	Last Name

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.

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Feedback

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

Were you able to access adequate information and/or support from us to submit your application?

- ☐ Yes ☐ No

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

No more than 100 words

Please indicate where you heard about Adelaide Hills Council's Community Event Grant

- ☐ Social Media
☐ Print Media
☐ Adelaide Hills Council Website
☐ Email / Newsletter
☐ Other

Other