

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 Council's Strategic Plan. The maximum grant available under this program is 50% of the project cost up to \$300 per occasion.

Minor Grant funds will be released in two allocations being for the January to June and July to December periods. Grants will be available until the allocated budget is exhausted. Groups may be awarded a Minor Grant every second year.

Minor Grant Guidelines

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

[Minor Grants Application Guidelines](#)

I certify that I have read the Minor Grants Application 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

Minor Grants 2025 - 26

Form Preview

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 (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 please contact Steph Pongraz on 8408 0441 or email spongraz@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

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Suburb State Postcode

Applicant Website

Contact Person *

Title First Name Last Name

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

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

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ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location
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 *

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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

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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

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

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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.

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 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 *

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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.

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:

