



# APPLICATION FORM

## ACTIVE CLUB PROGRAM – Round 43

### Program and Equipment Application

#### BEFORE YOU START

**Please read the Active Club Program, Program and Equipment Guidelines before commencing this application form.**

If you have any questions about the Guidelines or Application please contact the Office for Recreation and Sport prior to submitting an application. Phone: 1300 714 990 or E-mail: [ORSGrants@sa.gov.au](mailto:ORSGrants@sa.gov.au)

#### Advice Notes

Please ensure that your organisation is eligible to apply. See the Guidelines for eligibility criteria.

Total Equity equals the value of your Assets less the value of your Liabilities (ie the net result of your balance sheet).

If your organisation does not keep a balance sheet; Assets include items such as Cash, Accounts Receivable, Property, Plant, Equipment etc. Liabilities include Debt, Loans, Accounts Payable etc.

Please ensure your organisation name is entered as it appears on your Certificate of Incorporation

If you are unsure of your ABN, please visit the Australian Business Register at [www.abr.business.gov.au/](http://www.abr.business.gov.au/)

If you are unsure, please call the Australian Taxation Office on 13 72 26.

The Child Safe Environment Compliance Statement acknowledges that your organisation meets the obligations of the Children's Protection Act 1993.

Further information available at [http://www.ors.sa.gov.au/data/assets/pdf\\_file/0010/272773/ChildSafeFactsheet.pdf](http://www.ors.sa.gov.au/data/assets/pdf_file/0010/272773/ChildSafeFactsheet.pdf)

The main sport or activity that your organisation provides (eg Australian Rules Football)

Membership to include all PAID memberships (associate, social, life membership etc).

Your State Sport Association or recreational equivalent (e.g. Netball SA, FFSA, SACA or

#### 1. Does your organisation hold a Gaming Machine Licence?

- YES (if yes, you are **NOT** eligible to apply. Please **DO NOT** continue)
- NO (please continue)

#### 2. Does your organisation have positive Total Equity?

- YES  NO

(if you answered 'No' to this question please contact a Funding Consultant on 1300 714 990 prior to completing the application form)

#### 3. Name of Organisation:

#### 4. Does your organisation have an Australian Business Number (ABN)? If yes please provide below:

#### 5. Is your organisation GST registered?

- YES  NO (see Guidelines for information on Grants and GST)

#### 6. If the organisation wholly or partly provides services to members or participants under 18 years does it or its governing body hold a Child Safe Environment Compliance Statement?

- YES  NO

- Not Applicable

We do not provide services wholly or partly to members or participants under 18 years

#### 7. What is your primary sport or activity?

#### 8. What is your total membership?

#### 9. Are you affiliated with your peak body?

- YES Name:

Recreation SA).

NO

EXAMPLE ONLY

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The STARCLUB club development program can be accessed at [www.ors.sa.gov.au](http://www.ors.sa.gov.au)

Please ensure this postal address is checked weekly.

All application correspondence will be directed to the person via the postal/email address provided.

Please use an email address that will be checked at least weekly as this will be the main source of correspondence.

Emails will be sent from [ORSgrants@sa.gov.au](mailto:ORSgrants@sa.gov.au) - please ensure your email settings allow these emails to be received to your inbox.

Please only provide one physical address.

Projects occurring across multiple locations are required to supply the physical address of the most frequently used location, for example:

Adelaide Oval, War Memorial Drive, North Adelaide 5006

Please identify the gender and age group that the project will target (select all that apply).

There is no need to provide details in the application on what the funding will go towards as long as it meets the Program objectives and is not considered an ineligible cost as detailed below or in the Guidelines.

Please note: if you are successful

**10. Have you registered for the STARCLUB club development program?**

YES  NO

**11. Postal address of organisation**

Postal Address:	
Suburb/Town:	
Postcode:	

**12. Name and details of contact person for this application:**

Title: eg: Mr	
First Name:	
Surname:	
Position:	
Phone: (b/hours)	(08)
Mobile:	
Email:	

**13. What is the physical address where the project will occur?**

Facility Name:	
Street Address:	
Suburb/Town:	
Postcode:	

**14. Who will the project target?**

Male  Female   
0-4  5-12  13-18  19-25  26-54  55+

**15. Please provide an amount up to \$5,000 to be spent on club development initiatives (programs and equipment)**

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Examples of eligible projects

you will need to provide details of expenditure on the project.

**Examples of ineligible projects**

- Costs which occur before the grant agreement
- Facility projects or capital works
- Food and catering costs
- Operating costs
- Purchasing of motor vehicles, white goods, furniture, prizes and trophies
- Travel and accommodation costs NOT associated with professional development
- Costs to send teams / individuals to participate in competitions
- Playing, coaching, instructing or honorarium wages (e.g. paid coaches)

- Club Promotion
- Club Development and Planning / Program
- Coach / Official Training and Development
- Equipment for Ground Maintenance (e.g. lawn mowers, line markers, grounds keeping tools, Smart Water or Electricity Meters etc.)
- Hardship Subsidies
- Medical Training and Equipment
- Sporting Equipment
- Uniforms
- Volunteer Management and Training

**Final checklist before submitting your application:**

- Attach most recent 12 month Statement of Financial Performance (Income and Expenditure Statement) and/or Statement of Financial Position (Balance Sheet)**  
Statements to be either certified (signed by Treasurer) or audited (see Active Club Program Guidelines)  
**BANK STATEMENTS AND BANK RECONCILIATION REPORTS WILL NOT BE ACCEPTED**
- We have completed all relevant sections of this application form

**Instructions**

1. The declaration below must be read and signed by two authorised representatives of your organisation
2. At least one representative must be a member of the Board / Management Committee.

**Declaration by authorised persons**

I make the following declaration:

1. I am duly authorised by the organisation to prepare and submit this application
2. This organisation is eligible to apply for funding in accordance with the eligibility criteria in the Active Club Program Funding Guidelines
3. The responses in this application and all supporting documents provided are to the best of my knowledge true and correct
4. I understand that the Office for Recreation and Sport may disclose the information provided in this application to other Government agencies, Local Government, reviewers and staff assisting with the administration or promotion of State Government Grant Schemes
5. I understand that information contained within this application may be made public. Please refer to the program guidelines for more information.

It is an offence to knowingly make a false or misleading statement under the *Gaming Machines Act, 1992*.

<b>Signature 1:</b>		<b>Signature 2:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Position:</b>		<b>Position:</b>	

**Please forward this completed application and all attachments to:**

**BY POST:**

Applications post marked on or before Monday  
10 April 2017 will be accepted.

Active Club Program  
Office for Recreation and Sport  
PO Box 219  
BROOKLYN PARK SA 5032

**IN PERSON:**

Hand delivered applications must be received  
by 5pm Monday 10 April 2017.

Active Club Program  
Office for Recreation and Sport  
27 Valetta Road  
KIDMAN PARK SA 5025

**LATE APPLICATIONS WILL NOT BE ELIGIBLE FOR FUNDING CONSIDERATION**

**Applications close 5pm Monday 10 April 2017**

EXAMPLE ONLY