



# APPLICATION FORM

## ACTIVE CLUB PROGRAM - ROUND 43

### Facility Development Funding Application

#### BEFORE YOU START

Please read the Active Club Program, Facility 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 club 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)

#### 1. Is your organisation a holder of 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)?

- YES (provide number):
- NO

#### 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 main sport or activity?

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 Recreation SA).

Please identify the gender and age group that the facility will benefit (select all that apply).

Please ensure this postal address is checked weekly. Notification regarding outcomes will be posted out to applicants once decisions have been made.

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 - please ensure your email settings allow these emails to be received to your inbox.

We will use this name on all correspondence. Please use 10 words or less (for example Madone Oval Lighting Project).

Please only provide one physical address.

For example:

Adelaide Oval, War Memorial Drive, North Adelaide 5006

Funding is only available for projects that commence once a grant agreement has been finalised – August 2017.

8. What is your total membership?

9. Are you affiliated with your peak body?

YES Name:

NO

10. Who will the facility be utilised by?

Male

Female

0-4

5-12

13-18

19-25

26-54

55+

11. Postal address of organisation

Address:	
Suburb/Town:	
Postcode:	

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

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

13. Project title:

14. What is the physical address where the project will occur?

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

15. Our project will commence after 31/07/2017

YES

NO

**Advice Notes**

Please select what type of funding you are applying for.

See the Facility Guidelines for eligibility criteria.

Briefly describe what the project entails/what are you going to do?

Provide an overview of the reason/s why this project is needed. For example; it is needed due to OH&S reasons, increased facility usage, no such facility currently exists etc.

Where applicable, attach photos or other information to support your reason/s.

Provide a list of all groups (internal to your organisation and external users) that will benefit from the project.

Provide a letter of support for the project from each of the groups listed.

If your organisation is not the landowner, the landowner must complete the Landowner Consent Form.

**16. What funding option are you applying for?**

**75% Total project cost for all facility development**

**100% Total project cost for strategic projects** (Please select which strategic project below.)

Solar Panels

Water saving initiatives

Universal access change room refurbishments

Resurfacing

**17. What does your project involve?**

**18. Why is the project needed?**

**19. What user groups will benefit from the project?** (If more space is required, please attach a separate sheet using the same headings as below)

User Group	How often do/will they use the facility per week	Number of participants that will benefit
e.g. Madone Badminton Club	Use facility 2xwk	Club has 50 members

**20. Who is the owner of the land where the project is to be located?**

**Your organisation** (attach a copy of your Certificate of Title)

**Local Council** (attach the completed Landowner Consent Form)

**Other** (attach the completed Landowner Consent Form)

## Advice Notes

Refer Child Protection Act and Facility Design section of the Guidelines.

Please note if you ticked no and your project is successful, you may be required to undertake a child safe risk assessment on your project as a condition of your grant agreement.

The amount of funding you are requesting cannot be more than 75% of the total project cost.

Please note priority may be given to applicants that have secured their portion of the project cost.

**Quotes to support the cost of the project are to be provided with your application.**

You should be aware that some landowners do not allow unlicensed tradespersons/unskilled volunteers to work on building projects; and it is your responsibility to clarify this before lodging your application.

If you have donations, please provide signed letters of commitment from donors.

In-kind qualified professional labour costing should be based on a 'reasonable' commercial rate.

Confirmation of support in the form of quotes/letters must be provided.

Non-qualified volunteer labour should be based on a rate of approximately \$20/hr.

## 21. Have you undertaken a child safe risk assessment for the project?

- Yes** (complete question below)
- No**
- Not applicable to this project**

**If yes, please list the key risks identified and what design feature you will include in the project to address the risk** (If more space is required, please attach a separate sheet using the same headings as below)

Risk	Design feature to address risk

## 22. Using the headings in the table below, outline the cost of your project

- **Do not include cents** – round up to the next dollar
- If your organisation **is GST registered** costs are to be **GST exclusive**.
- If your organisation **is not GST registered** cost are to be **GST inclusive**
- It is strongly recommended that applicants seek independent legal and financial advice to determine all taxation obligations before submitting an application.
- Costs are to be separated into cash items (A), and the total of in-kind support (B)
- If more space is required, attach a separate sheet using the same headings as below.

What are your project costs?			
	Amount	Quote / evidence used	Appendix number
<b>Total Project Cost</b>	\$		
<b>Our organisations cash contribution</b>	\$		
<b>Our organisations in kind contribution</b>	\$		
<b>Amount of ORS funding requested</b>	\$		

## APPLICANT DECLARATION

### Final checklist before submitting your application

- We have completed all relevant sections of this application form
- We have attached all supporting material requested in 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 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, Peak Bodies, 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
6. The project will not benefit any organisation that holds a Gaming Machine License issued under the *Gaming Machines Act, 1992*
7. Where required, our project will comply with all the relevant building codes, standards and applicable legislation including, but not limited to, the *Disability Discrimination Act* and the *Children's Protection Act 1993*.

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 5:00pm 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**



**Are there any conditions attached to this support?** (please list e.g. funding is subject to following years budget being approved etc)

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**As landowner we have the following requirements for any work undertaken** (please list e.g. only licensed tradespersons will be permitted to undertake work on this site, owner will project manage works undertaken, etc)

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**Other comments** (e.g. the project has been identified by the owner as a high priority )

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**Authorisation**

I am authorised to complete this document on behalf of the landowner

**Signed:**

**Name of signatory:**

**Position held:**

**Contact Number:**

**Phone (wk):**

**(mb):**