Applications for Sports and Community Clubs COVID-19 Recovery Support Package Grant must be received by the 15th of each month to be assessed by the Sport, Recreation and Grants Committee the following month (providing the eligibility criteria is met).

Clubs must be based within the City of Salisbury Council area.

**Mandatory Criteria**

Your organisation must be able to meet the following criteria:

1. **Non Government, Incorporated community organisation or group? (Select 1 or more options)**
   - [ ] Yes
   - [ ] No

2. **Non incorporated organisations endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not for profits Commission. DGR status must be maintained until such time as the Sports and Community Clubs COVID-19 Recovery Support Package grant is acquitted and evidence must be provided with the Sports & Community Clubs COVID-19 Recovery Support Package grant application (Select 1 or more options)**
   - [ ] Yes
   - [ ] No

3. **The group/organisation must be established as a legally constituted incorporated organisation or can demonstrate they are auspiced by an incorporated organisation who will take legal and financial responsibility for any grant monies received from the City of Salisbury. (Select 1 or more options)**
   - [ ] Yes
   - [ ] No

4. **The organisation or group must hold a current bank account in South Australia in its name (i.e. the name of the organisation or group applying for the Sports and Community Clubs COVID-19 Recovery Support Package grant must have their bank account in the same name). (Select 1 or more options)**
   - [ ] Yes
   - [ ] No
A copy of the previous years financial statements and the current financial statements showing any financial impact. (Select 1 or more options)

- Yes
- No

Can provide evidence that the application for grant funding is associated with the club experiencing financial difficulties associated with the impact of COVID-19 through either increased expenditure, inability to reduce a cost, eg rental payments even though revenue has dropped, or loss of revenue, for example cessation of competition that has seen membership fees or canteen/bar revenue drop (Select 1 or more options)

- Yes
- No

Eligibility and Funding Available

What and Who is Not Eligible
- Payment of salaries and/or wages to paid staff
- Purchase of alcohol
- Travel and/or accommodation costs
- Costs or lost revenue incurred prior to 1 March 2020 and not related to COVID-19

Guidelines for what items may be Eligible for funding
- Any operating cost associated with the running of the club
- Costs to replenish any food products used to generate an income for the club that may have been needing to be disposed of
- Equipment to improve hygiene practices
- Equipment required to commence competition or program run by the club
- Funding of programs and or training that support improvement of club member’s wellbeing
- Any other cost that the Sports Recreation and Grants Committee considers has merit but must be associated with the impact of COVID-19

How much is funding is available?

Funding eligibility is based on your Club’s annual revenue as listed below:
- $0 to $5,000 - $500 maximum grant available
- $5,001 to $15,000 - $1,000 maximum grant available
- $15,001 to $25,000 - $2,000 maximum grant available
- $25,001 to $40,000 - $3,000 maximum grant available
- Greater than $40,000 - $5,000 maximum grant available

Applicant Organisation Information

GROUP / ORGANISATION DETAILS

Organisation Name

Required
### Organisation Address

Required

<table>
<thead>
<tr>
<th>Organisation Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Organisation Suburb

Required

<table>
<thead>
<tr>
<th>Organisation Suburb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Organisation Postcode

Required

<table>
<thead>
<tr>
<th>Organisation Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### CONTACT PERSON DETAILS

*(this is the address that all correspondence will be sent to)*

<table>
<thead>
<tr>
<th>Prefix (Select 1 option)</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Mr</td>
<td></td>
</tr>
<tr>
<td>□ Mrs</td>
<td></td>
</tr>
<tr>
<td>□ Ms</td>
<td></td>
</tr>
<tr>
<td>□ Dr</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Contact First Name

Required

<table>
<thead>
<tr>
<th>Contact First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Contact Surname

Required

<table>
<thead>
<tr>
<th>Contact Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Contact Information

<table>
<thead>
<tr>
<th><strong>Contact Title</strong></th>
<th><strong>Role with the group or organisation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contact Address</strong></th>
<th><strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contact Suburb</strong></th>
<th><strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contact Postcode</strong></th>
<th><strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contact Telephone</strong></th>
<th><strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contact Email</strong></th>
<th><strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Responsible Person for the Grant

<table>
<thead>
<tr>
<th><strong>Name of Person Responsible for the Grant</strong></th>
<th><strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Title of Person Responsible for the Grant</strong></th>
<th><strong>Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Role with the group or organisation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
GROUP / ORGANISATION MANAGEMENT DETAILS

How is your group or organisation managed?

a) Is The Organisation Incorporated? (Select 1 or more options)
   - Yes - Go to question (c)
   - No - Go to question (b)

Incorporated Organisation ASIC Registration Number

b) Is The Organisation Operated Under a Parent Organisation? (Select 1 or more options)
   Please state which parent organisation you operate under below AND attach a supporting letter from the organisation via the upload supporting document field at the end
   - Yes - Go to question (c)
   - No - Go to question (c)

Parent Organisation Name

Parent Organisation ASIC Registration Number

c) Is The Organisation Community / Non-Profit (Select 1 or more options)
   - Yes
   - No

Is The Organisation Endorsed With Deductible Gift Recipient (DGR) Status by The Australian Taxation Office or Australian Charities And Not For Profits Commission? (Select 1 or more options)
   - Yes - (evidence must be attached to this application)
   - No
Upload Deductible Gift Recipient Endorsement Evidence Here

Please attach all files to the end of this form before submitting it.

---

d) Is The Organisation Government Funded (Select 1 or more options)

If Yes, please list funding source/s and purpose in part e and f

☐ Yes - Go to question (e) and (f)

☐ No

---

e) Organisation Funding Source/s

---

f) Organisation Purpose

---

Evidence must be provided by way of meeting minutes that the Group / Organisation’s Committee has endorsed submission of the Sports & Community Clubs COVID-19 Recovery Support Package Grant Application. Please upload here

Required

Please attach all files to the end of this form before submitting it.

---

Please provide a copy of the previous years financial statements and the current financial statements showing any financial impact. Please upload here

Required

Please attach all files to the end of this form before submitting it.
Please provide the Annual revenue of your Group / Organisation

Please provide evidence that the application for grant funding is associated with the club experiencing financial difficulties associated with the impact of COVID-19 through either increased expenditure, inability to reduce a cost, eg rental payments, loss of revenue, etc. Please upload here

Please attach all files to the end of this form before submitting it.

BANKING INFORMATION

Your organisation must have its own Bank / Credit Union Account or similar

Full Bank / Credit Union Account Name

Do not provide account or BSB numbers

Financial Institution Name

Financial Institution Branch Location

GST Declaration

I agree upon signing of this document that I will provide Council with the following information in regards to my Australian Business Number and Goods and Services Tax registration status.

Is Your Group / Organisation Registered For GST? (Select 1 or more options)

Yes
No

NB: GST Registration

If your group IS registered for GST you are required to provide a Tax Invoice to Council before an approved grant amount can be provided to your organisation. The invoice must clearly state the words TAX INVOICE, Business Name, ABN and the approved grant amount including GST.
Does The Group Organisation Have an ABN? (Select 1 or more options)

- Yes - Please quote the ABN below
- No - Please complete the declaration below

If Your Organisation Has an ABN Enter it Here

Declaration Where No Australian Business Number is Required

I hereby certify that I am not required under the New Taxation System to hold an Australian Business Number (ABN), as I am not carrying out an enterprise under the New Tax System definition.

I am providing my services as a private recreational pursuit or hobby (Select 1 or more options)

- Yes
- No

I am providing my services as an individual without a reasonable expectation of profit or gain (Select 1 or more options)

- Yes
- No

As such the Council is not obliged to withhold 48.5% from payments made to me.

I confirm that the above declaration is valid for all payments made by Council to our organisation. Should the situation change and I am required to hold an Australian Business Number, I will notify Council immediately.

Group / Organisation

Name / Position
Which Category Best Describes What You Are Applying For? (Select 1 or more options) 
Required
Please check all that apply
- Any operating cost associated with the running of the club
- Costs to replenish any food products used to generate an income for the club that may have been needing to be disposed of
- Equipment to improve hygiene practices
- Equipment required to commence competition or program run by the club
- Funding of programs and or training that support improvement of club member’s wellbeing
- Any other cost associated with the impact of COVID-19

Further Details

Group / Organisation Information

Number of Members 
Required

Percent of Membership That Reside in The City of Salisbury 
Required

Itemised Breakdown of Costs:
An itemised breakdown of costs must be provided. Please upload a separate sheet if there is insufficient space in the quote upload section.

Item Cost 1 - Name And Amount ($) 

Item Cost 2 - Name And Amount ($) 

Item Cost 3 - Name And Amount ($) 

Item Cost 13 - Name And Amount ($)  

Item Cost 14 - Name And Amount ($)  

Item Cost 15 - Name And Amount ($)  

Itemised Cost TOTAL (Including GST) ($)  

Quote Upload (If Applicable)  

Please attach all files to the end of this form before submitting it.

Application Declaration

Please note that this declaration must be signed by two current senior office holders of the group/organisation (ie President, Secretary, Treasurer)

Please read, tick the Signer 1 and Signer 2 boxes and sign:

I acknowledge that I am authorised to make this application on behalf of the Organisation. (Select 1 or more options)  

- [ ] Signer 1 Required  
- [ ] Signer 2 Required  

I acknowledge that the information provided in this application is true and correct. (Select 1 or more options)  

- [ ] Signer 1 Required  
- [ ] Signer 2 Required
I acknowledge that our Organisation may be required to supply further information prior to consideration of this application by the City of Salisbury. (Select 1 or more options)

Required

Signer 1

Required

Signer 2

Required

I acknowledge that, should this Application be successful in obtaining Sports & Community Clubs COVID-19 Recovery Support Package Grant funding, our Organisation will complete an acquittal if requested, as set out in the Acceptance of Sports & Community Grant. (Select 1 or more options)

Required

Signer 1

Required

Signer 2

Required

I acknowledge that any changes in circumstances with regard to this Application must be notified in writing and the City of Salisbury may request further information. (Select 1 or more options)

Required

Signer 1

Required

Signer 2

Required

On behalf of

Required

Group / Organisation

Signer 1 Name / Position

Required

Signer 1 Signature

Required

Signer 1 Signature Date

Required

D D M M Y Y Y Y
Both signatories will be contacted to verify the application - a contact phone number must be provided for each. Your application will not be submitted for consideration until contact and verification has occurred, **no exception.**

End of form

*Don't forget to attach all files before submitting this form*