



## COMMUNITY SUPPORT FUNDING APPLICATION

Closing Date 5:00pm Friday 14 March 2025

### APPLICATION / REGISTRATION INFORMATION

**Please submit your completed form to:**

District Council of Loxton Waikerie  
PO Box 409  
35 Bookpurnong Terrace, Loxton SA 5333  
Email: council@lwdc.sa.gov.au

**For enquiries, please contact:**

Sue Schultz  
Community Development Officer  
Phone: 08 8584 8000  
Email: council@lwdc.sa.gov.au

Please complete in full and attach relevant documents to support your application

### SECTION 1 – APPLICANT DETAILS

Organisation Name									
Postal Address									
Contact Name					Position				
Email					Phone				
Total Adult Members			Male			Female			
Total Junior Members			Male			Female			
Is your organisation Incorporated?	Yes	<input type="checkbox"/>	If yes, provide incorporation number						
	No	<input type="checkbox"/>	If no, you will need an incorporated sponsor organisation						
If no, you will need to seek an incorporated organisation to sponsor your project who will manage any funding if your application is successful	Name of sponsor body								
	Sponsor body incorporation number								
	Contact Person				Phone				
	Email								
	<i>A letter from your sponsor body must be supplied, agreeing to ensure the project achieves the stated outcomes and monies spent will be in accordance with the application.</i>								
Public Liability Insurance? (please attach with application)						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Things to consider prior to making an application – applicants are required to seek the advice and assistance of Council staff if any of the following applies prior to the grant application being made.</i>									
Any building or septic tank works, including alterations, additions, signage etc that may require development / planning approval.						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the project on a Council owned facility and/or Council owned land?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a lease or licence held with Council?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## SECTION 2 – PROJECT/EVENT DETAILS

Project / Event Title						
Is this Project / Event new or recurring?	New	<input type="checkbox"/>	Recurring	<input type="checkbox"/>		
2024/25 amount requested from Council	How many funding years are you requesting?	1 year	<input type="checkbox"/>	2 years	<input type="checkbox"/>	
	Cash amount requested from Council? <i>Excluding GST</i>	\$				
	Provide details of funding					
	Is an additional amount requested for Council staff assistance? Excluding GST	\$				
	Provide details of additional assistance					
Your organisations Funding Commitment	Your Cash Contribution \$	Your In Kind Support \$				
<p style="color: red;">Any project to receive funding will require the successful applicant to show a high degree of commitment by providing at least a contribution equal to 50% of the total project cost (<i>this may be made up of matching contribution, voluntary labour and goods in kind</i>).</p>						
Total cost of your Project/Event?			\$			
Please attach evidence of your group's consultation and endorsement of your project/event						
Identify any Council funding (cash or additional support) your organisation has received in the last 3 years.	2024/25 Funding		\$			
	2023/24 Funding		\$			
	2022/23 Funding		\$			
What other grants, funding and sponsorship sources have you researched and/or applied for? What have been the outcomes of these applications and requests?						
Tick all target boxes that are relevant to the project	Arts, Culture & Heritage		<input type="checkbox"/>	Building Club/Group Capacity		<input type="checkbox"/>
	Club Development		<input type="checkbox"/>	Club Improvements		<input type="checkbox"/>
	Community Capacity Building		<input type="checkbox"/>	Cultural		<input type="checkbox"/>
	Days/Weeks/Months of recognition or celebration		<input type="checkbox"/>	Disability Access and Inclusion		<input type="checkbox"/>
	Environment		<input type="checkbox"/>	Health & Wellbeing		<input type="checkbox"/>
	First Nations		<input type="checkbox"/>	Public Safety & Wellbeing		<input type="checkbox"/>
	Recreation/Sport/Leisure		<input type="checkbox"/>	Seniors		<input type="checkbox"/>
	Volunteer Recognition		<input type="checkbox"/>	Youth & Families		<input type="checkbox"/>
	Other (specify)					

Project Summary / or Description: <i>Overview of the project: Objectives &amp; Aims; How does it meet the need of the community?</i>					
What is the Project/Events expected benefit? <i>How many people will benefit? What is the projected economic benefit to our district?</i>					
Anticipated Start Date		Anticipated End Date			
Will Council's financial contribution be acknowledged?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Please indicate method(s) of acknowledgement using the check boxes below. Provide dates advertised and monetary amount spent per acknowledgement.</i>					
Media Release	<input type="checkbox"/>	Details / Dates:			
Television	<input type="checkbox"/>	Details / Dates:			
Newspaper	<input type="checkbox"/>	Details / Dates:			
Radio	<input type="checkbox"/>	Details / Dates:			
Website / Facebook	<input type="checkbox"/>	Details / Dates:			
Direct mailings	<input type="checkbox"/>	Details / Dates:			
Other	<input type="checkbox"/>	Details / Dates:			
<i>Will you register and provide information of your event and organisation to the following organisations?</i>					
Destination Riverland - <a href="#">Visit Riverland   Riverland, South Australia</a>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
SA Community - <a href="#">SA Directory of Community Services   SAcommunity - Connecting Up Australia</a>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Australian Tourism Data Warehouse - <a href="#">Australian Tourism Data Warehouse (ATDW)</a>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will your event be free or ticketed?		Free	<input type="checkbox"/>	Ticketed	<input type="checkbox"/>
Admission Fee (if ticketed)	\$	Expected Income (if ticketed)	\$		

### SECTION 3 – FINANCIAL MANAGEMENT

Written quotes must be supplied, and they must be current and accurately detailed.	<input type="checkbox"/>
Copy of project financial statement that identifies the income and expenditure must be provided	<input type="checkbox"/>

## SECTION 4 – CERTIFICATION

I hereby certify that I have been authorised to prepare and submit this application on behalf of the above-mentioned group/organisation and that the information contained is a true and correct record to the best of my knowledge. On behalf of the above-mentioned group/organisation, I agree, if successful to accept funding in accordance with the following conditions:

- To provide the District Council of Loxton Waikerie with a written acquittal within 30 days of completion of your project/event/program.
- That the funds received from the District Council of Loxton Waikerie will be expended by 30 June
- Any unspent funds will be returned to the District Council of Loxton Waikerie
- Any funds spent outside of the project will be returned to the District Council of Loxton Waikerie
- To acknowledge the District Council of Loxton Waikerie as a sponsor of the project/event/program

Requested Funding Value	\$
Organisation	
1 <sup>st</sup> Authorised Representative Name	
Position	
Signature	
Name	
Date	

2nd Authorised Representative Name	
Position	
Signature	
Name	
Date	

## SECTION 5 – FINAL CHECKLIST AND SUPPORTING DOCUMENTATION

*The processing of this application is subject to the applicant answering all the questions in this application. The following checklist and supporting documents are required to be included with your application.*

Provide your organisations last financial statement	<input type="checkbox"/>
Provide copies of documentation, quotations or estimates which supports your application	<input type="checkbox"/>
Provide a copy of your event/project projected financial statement	<input type="checkbox"/>
That your community group has been registered and is listed on the SA Community online database	<input type="checkbox"/>
All questions answered in full	<input type="checkbox"/>
A copy of this application has been retained for your records	<input type="checkbox"/>
Provide evidence of your organisation's consultation and endorsement for your event/project	<input type="checkbox"/>