

2023-24 Community Training and Development Grant

Form Preview

Before you start

* indicates a required field

Only persons 18 years of age or over can declare this application.

1. Have you read the Community Training and Development grant guidelines? *

☐ Yes ☐ No

We recommend you stop here and save your application and read the grant guidelines on our website. ([Link](#))

2. Is your group/organisation Not-for-Profit? *

☐ Yes ☐ No

We recommend you stop here and save your application and contact the grants officer, Jacquie Meynell on 8301 7387 or email jacquie.meynell@onkaparinga.sa.gov.au to discuss your organisation's eligibility.

3. Have you contacted the grants officer to discuss your training? *

☐ Yes ☐ No

We recommend you stop here and save your application and contact the grants officer, Jacquie Meynell on 8301 7387 or email jacquie.meynell@onkaparinga.sa.gov.au to discuss your organisation's eligibility.

All training must take place between 1 July 2023 and 30 June 2024

4. Will your training take place during the dates above? *

☐ Yes ☐ No

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5. Has your group/organisation received funding for this grant this financial year? *

☐ Yes

☐ No

Only one successful application is permitted per organisation in each funding round

6. Does your group/organisation receive any other Council funding to support volunteer training and development? *

☐ Yes

☐ No

Organisation Information

* indicates a required field

Applicant Details

7. Name of group/organisation *

Organisation Name

8. Is your group/organisation's main office located within the City of Onkaparinga? *

☐ Yes

☐ No

We recommend you stop here and save your application and contact the grants officer, Jacquie Meynell on 8301 7387 or email jacquie.meynell@onkaparinga.sa.gov.au to discuss your organisation's eligibility.

8a) Where is your group/organisation's main office located? *

9. Contact Information

If the grants officer requires clarification or further information this is who we will contact.

Contact person *

Title

First Name

Last Name

Please note: elected members and employees of the City of Onkaparinga are not eligible to sign or be listed on any grant application

Position within organisation *

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What is your position or title within the organisation?

Phone number *

Email (preferably an organisation email) *

ABN if applicable

To find your ABN visit [The Australian Business Register](#), then enter the number below and click 'lookup' to automatically populate the fields.

10. Applicant 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.

| Information from the Australian Business Register | |
|---------------------------------------------------|----------------------------------|
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main business location | |

Incorporation Details

11. Is your group/organisation incorporated? *

☐ Yes

☐ No

☐ Pending

Must be registered on the ASIC register. To check your incorporation number please use [ASIC Register](#).

11a) What is your incorporation number? *

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11b) Please explain why your incorporation status is pending.

Auspice Details

You are completing this section as your group/organisation is not an incorporated body and require Auspicing. Please download [Auspice form](#) (located at the bottom of page on our website) and have it signed by the Auspicing body. For the application to be eligible this form must be uploaded on page 8.

11c) Auspicing Organisation *

Organisation Name

Auspice Organisation Primary Contact Person *

Title First Name Last Name

Please note: elected members and employees of the City of Onkaparinga are not eligible to sign or be listed on any grant application

Auspice Organisation Postal Address *

Address

Suburb/Town, State/Province, Postcode, and Country are required.

- If using a PO Box please click on 'cant find your address' and fill in the address lines

Auspice Organisation Primary Email *

Auspice Organisation ABN details

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register | |
|---------------------------------------------------|----------------------------------|
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |

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Tax Concessions

Main business location

Must be an ABN.

Training Activity Details

* indicates a required field

Onkaparinga 2030 Vision - Strong Vibrant Community.

Our themes (People, Place and Prosperity) help us organise our plan and support strategic planning processes.

This grant provides funding opportunities that aim to foster community participation in a range of initiatives which build capacity, connectedness, and wellbeing. The grants encourage and celebrate community and cultural life, leisure participation, and improve community inclusion and wellbeing.

12. Name/type of training *

13. Do you know the dates for your training? *

☐ Yes ☐ No

Must be between 1 July 2023 and 30 June 2024

13a) Estimated date of training? (e.g. month) *

Must be between 1 July 2023 and 30 June 2024

Please consider "[GO SOUTH - go local](#)" when sourcing training providers.

Together we can help our economy recover, assist our business community to grow and showcase the amazing products and services available in our region.

14. Name of organisation providing the training? *

15. Where will the training be held? *

Training location or online

Grant Objectives and alignment

* indicates a required field

The Community Training and Development grant contributes to increasing:

- the skills and knowledge of volunteer community group leaders
- opportunities for community group leaders to learn from, share knowledge and make connections with other community group leaders
- the skills, knowledge and leadership capability within our local communities.

16. Please provide a brief description of the training and how have you identified the need? *

Word count:

Must be no more than 500 words.

17. How will this training support your group/organisation and what skills will your volunteers obtain? *

Word count:

Must be no more than 500 words.

How does the training support your work and how will it enable the group to expand or improve what it does (e.g. leadership, project management, specialist skills etc).

18. How will you know if the training has been successful and how will you measure this success? *

Word count:

Must be no more than 500 words.

Build community capacity and volunteer skills etc.

Community Benefit

19. How many people will benefit from this training and how have you calculated this figure? *

Word count:

Must be no more than 200 words.

20. How will the learning be shared within your group/organisation and benefit the wider community? *

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Word count:
Must be no more than 200 words.

Participants

* indicates a required field

21. Are any volunteers participating in the training under 18 years of age? *

☐ Yes ☐ No

21a) Describe the supervision arrangements for participants under 18 years of age whilst attending the training? *

Parent/guardian disclaimer (if applicable)

21b) You must upload [this disclaimer form](#) signed by parent/guardian for every participant under 18 years of age.

*

Attach a file:

22. Please list all participants

| Full name | Under 18 years of age? | Please describe your/ their role in the group/ organisation? |
|-----------|------------------------|--------------------------------------------------------------------|
| | | |
| | | |

Training Costs

* indicates a required field

Funding of up to \$1500

The maximum grant available for training/conferences within South Australia is \$375 per person, with a maximum of \$750 per group (i.e. one person = \$375 max, two or more people = \$750 max, in-house/group training = \$750 max).

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The maximum grant available for international or interstate training/conferences (outside South Australia) is \$750 per person, with a maximum of \$1500 per group (i.e. one person = \$750 max, two or more people = \$1500 max).

Please contact Jacquie Meynell on 8301 7387 or email jacquie.meynell@onkaparinga.sa.gov.au if you have any questions with your budget.

Please use the + button to add more lines if required

23. Training expenses - All quotes must be attached (any items without an uploaded quote may be deemed ineligible for funding).

List cash expenditure below as individual items. (e.g. travel, accommodation, registration fees etc.)

Please attach a copy of quote(s) to show the costing for your training to the value of the amount requested. Quotes must include GST.

| Description of Expense (please include all items) | Cost | Quotes must be uploaded here |
|------------------------------------------------------|--------------------------|---------------------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | Must be a dollar amount. | |

Total Training Expenses

\$

This number/amount is calculated

24. What is the amount you are requesting from council? *

\$

Organisation's Contribution

This number/amount is calculated.

Attachments and supporting documents

* indicates a required field

Upload your Auspicing Form *

Attach a file:

Please note: elected members and employees of the City of Onkaparinga are not eligible to sign or be listed on any grant application

Supporting documentation

Upload any additional relevant documents and/or images to support your application. This can include, but is not limited to, examples of work, sketches, letters of support etc.

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Attachment title:

Attach a file:

Please remember to cite the source of images etc.

Additional information

25. Do you have any further information that is relevant to your application?

Word count:

Terms & Conditions

* indicates a required field

1. Certify that the statements and information provided (including attachments) in this application are true and correct.
2. Confirm that I have read and understood the [Grants Guidelines](#) and agree to abide by all terms and conditions as outlined therein.
3. The funds provided must be used for the approved program/activity as detailed in the grant application.
4. Any changes to the program/activity that would result in funding being expended other than as detailed in the application must not be undertaken without prior written approval by the City of Onkaparinga.
5. You must comply with all relevant and applicable Legislation and all lawful conditions, requirements, notices and directives issued or applicable under any such Legislation or by any Statutory Authorities.
6. It is the responsibility of the applicant/sponsoring body to obtain all necessary insurances and the City of Onkaparinga will not be held liable for any matter arising out of this grant.
7. The City of Onkaparinga be given written or printed acknowledgement of the funding in correspondence, media releases, invitations and any advertising or promotional material in relation to this program/activity.
8. The City of Onkaparinga will keep your personal information confidential and will only disclose it with your consent. Please note that we may need to release your personal information where:
 - - City of Onkaparinga are required and authorised by law to do so, or
 - City of Onkaparinga have received a freedom of Information application about the application, in which case we will consult with you before releasing your personal information, or
 - it is necessary to information share for promoting safety and well-being.

For more information please refer to Councils [Privacy Statement](#) which is available on the website.

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Declaration

I, the applicant (on behalf of an organisation), declare that the information provided in this application is true and correct. I have understood the Terms and Conditions of the grant as outlined above and am duly authorised to prepare and submit this application.

I declare *

☐ Yes

Successful applicants will be required to sign detailed Conditions of Funding tailored to their individual program/activity.

Declared by *

Title

First Name

Last Name

Please note: persons declaring this application must be 18 years or over and elected members and employees of the City of Onkaparinga are not eligible to sign or be listed on any grant application

Position held

Secretary, committee member etc.