Before you start

your organisation's eligibility.

| * indicates a required field                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Only persons 18 years of age or over can declare this application.                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                         |
| <ul><li>1. Have you read the Community Training and Development grant guidelines? *</li><li>○ Yes</li><li>○ No</li></ul>                                                                                                                                                |
| We recommend you stop here and save your application and read the grant guidelines on our website. (Link)                                                                                                                                                               |
| <ul><li>2. Is your group/organisation Not-for-Profit *</li><li>Yes</li><li>No</li></ul>                                                                                                                                                                                 |
| We recommend you stop here and save your application and contact the grants officer, Jacquie Meynell on 8301 7387 or email <u>jacquie.meynell@onkaparinga.sa.gov.au</u> to discuss your organisation's eligibility.                                                     |
|                                                                                                                                                                                                                                                                         |
| <ul><li>3. Have you contacted the grants officer to discuss your training? *</li><li>○ Yes</li><li>○ No</li></ul>                                                                                                                                                       |
| We recommend you stop here and save your application and contact the grants officer, Jacquie Meynell on 8301 7387 or email <a href="mailto:jacquie.meynell@onkaparinga.sa.gov.au">jacquie.meynell@onkaparinga.sa.gov.au</a> to discuss your organisation's eligibility. |
| All training must take place between 1 July 2023 and 30 June 2024                                                                                                                                                                                                       |
| <ul><li>4. Will your training take place during the dates above? *</li><li>Yes</li><li>No</li></ul>                                                                                                                                                                     |

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We recommend you stop here and save your application and contact the grants officer, Jacquie Meynell on 8301 7387 or email <u>jacquie.meynell@onkaparinga.sa.gov.au</u> to discuss

| *                                                                                             | eceived funding for this grant this infancial year:                                                       |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| O Yes Only one successful application is permit                                               | O No sted per organisation in each funding round                                                          |
| <ul><li>6. Does your group/organisation volunteer training and developm</li><li>Yes</li></ul> | receive any other Council funding to support ent? *  ○ No                                                 |
| Organisation Information                                                                      |                                                                                                           |
| * indicates a required field                                                                  |                                                                                                           |
| Applicant Details                                                                             |                                                                                                           |
| 7. Name of group/organisation * Organisation Name                                             |                                                                                                           |
|                                                                                               |                                                                                                           |
|                                                                                               |                                                                                                           |
| 8. Is your group/organisation's m                                                             | nain office located within the City of Onkaparinga?                                                       |
| ○ Yes                                                                                         | ○ No                                                                                                      |
|                                                                                               | ave your application and contact the grants officer, ail jacquie.meynell@onkaparinga.sa.gov.au to discuss |
| 8a) Where is your group/organis                                                               | ation's main office located? *                                                                            |
| 9. Contact Information                                                                        |                                                                                                           |
| If the grants officer requires clar<br>contact.                                               | rification or further information this is who we will                                                     |
| Contact person *  Title First Name Last Name  Please note: elected members and emple          | ne  oyees of the City of Onkaparinga are not eligible to sign or be                                       |
| listed on any grant application  Position within organisation *                               |                                                                                                           |

| What is your position or title with                          | hin the organisation | ?                 |                       |
|--------------------------------------------------------------|----------------------|-------------------|-----------------------|
| Phone number *                                               |                      |                   |                       |
|                                                              |                      |                   |                       |
| Email (preferably an orga                                    | nisation email) *    | •                 |                       |
|                                                              |                      |                   |                       |
| ABN if applicable                                            |                      |                   |                       |
| To find your ABN visit The Auclick 'lookup' to automatically |                      |                   | the number below and  |
| 10. Applicant ABN                                            |                      |                   |                       |
| The ABN provided will be use check that you have entered     |                      |                   | Click Lookup above to |
| Information from the Australian                              | Business Register    |                   |                       |
| ABN                                                          |                      |                   |                       |
| Entity name                                                  |                      |                   |                       |
| ABN status                                                   |                      |                   |                       |
| Entity type                                                  |                      |                   |                       |
| Goods & Services Tax (GST)                                   |                      |                   |                       |
| DGR Endorsed                                                 |                      |                   |                       |
| ATO Charity Type                                             | More informati       | <u>on</u>         |                       |
| ACNC Registration                                            |                      |                   |                       |
| Tax Concessions                                              |                      |                   |                       |
| Main business location                                       |                      |                   |                       |
| Incorporation Details                                        |                      |                   |                       |
| 11. Is your group/organisa                                   | ation incorporate    |                   |                       |
| ○ Yes                                                        | ○ No                 | ○ Pe              | ending                |
| Must be registered on the please use <u>ASIC Register.</u>   | e ASIC register. 1   | o check your inco | rporation number      |
| 11a) What is your incorpo                                    | ration number?       | *                 |                       |
|                                                              |                      |                   |                       |

| 11b) Pl                   | ease explain wh                             | y your incorporat                             | ion status is pendin                            | g.                            |
|---------------------------|---------------------------------------------|-----------------------------------------------|-------------------------------------------------|-------------------------------|
| Auspid                    | ce Details                                  |                                               |                                                 |                               |
| body a                    | nd require Auspi<br>of page on our          | cing. Please dow<br>website) and hav          | nload <u>Auspice form</u>                       | uspicing body. For the        |
|                           | uspicing Organisa<br>ation Name             | ation *                                       |                                                 |                               |
|                           |                                             |                                               |                                                 |                               |
| <b>Auspic</b><br>Title    | e Organisation P<br>First Name              | rimary Contact Po                             | erson *                                         |                               |
| TICIC                     | Thise Name                                  | Last Name                                     |                                                 |                               |
|                           | ote: elected member<br>any grant applicatio |                                               | he City of Onkaparinga a                        | re not eligible to sign or be |
| <b>Auspice</b><br>Address | e Organisation P                            | ostal Address *                               |                                                 |                               |
|                           |                                             |                                               |                                                 |                               |
|                           |                                             |                                               |                                                 |                               |
|                           |                                             | Postcode, and Count<br>click on 'cant find yo | ry are required.<br>ur address' and fill in the | address lines                 |
| Auspic                    | e Organisation P                            | rimary Email *                                |                                                 |                               |
|                           |                                             |                                               |                                                 |                               |
| Auspic                    | e Organisation A                            | BN details                                    |                                                 |                               |
|                           |                                             |                                               | following information.                          | Click Lookup above to         |
|                           | -                                           | ed the ABN correct ian Business Register      |                                                 | l                             |
| ABN                       | don nom the Austral                         | ian business Register                         |                                                 |                               |
| Entity na                 | ame                                         |                                               |                                                 |                               |
| ABN sta                   |                                             |                                               |                                                 |                               |
| Entity ty                 | /pe                                         |                                               |                                                 |                               |
| Goods &                   | Services Tax (GST)                          |                                               |                                                 |                               |
| DGR End                   | dorsed                                      |                                               |                                                 |                               |
| ATO Cha                   | arity Type                                  | More informa                                  | <u>ation</u>                                    |                               |
| ACNO B                    | agistration                                 |                                               |                                                 |                               |

| 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 wider community? \*

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:<br>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 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? *                                                                        |
|                                                                                                                                                                       |
|                                                                                                                                                                       |

20. How will the learning be shared within your group/organisation and benefit

| Word count:<br>Must be no more than 200 words.            |                                    |                                                                    |
|-----------------------------------------------------------|------------------------------------|--------------------------------------------------------------------|
| Participants                                              |                                    |                                                                    |
| * indicates a required field                              |                                    |                                                                    |
| <ul><li>21. Are any volunteers part</li><li>Yes</li></ul> | icipating in the training un<br>No | der 18 years of age? *                                             |
| 21a) Describe the supervisi age whilst attending the tra  |                                    | ipants under 18 years of                                           |
|                                                           |                                    |                                                                    |
| Parent/guardian disclair                                  | ner (if applicable)                |                                                                    |
| 21b) You must upload this disc<br>under 18 years of age.  | laimer form signed by parent/g     | guardian for every participant                                     |
| * Attach a file:                                          |                                    |                                                                    |
|                                                           |                                    |                                                                    |
| 22. Please list all partici                               | pants                              |                                                                    |
| Full name                                                 | Under 18 years of age?             | Please describe your/<br>their role in the group/<br>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).

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<br>here |
|---------------------------------------------------|--------------------------|---------------------------------|
|                                                   | \$                       |                                 |
|                                                   | \$                       |                                 |
|                                                   | \$                       |                                 |
|                                                   | \$                       |                                 |
|                                                   | \$                       |                                 |
|                                                   | Must be a dollar amount. |                                 |

| Total Training Expenses     | 24. What is the amount you are requesting | Organisation's Contribution |  |
|-----------------------------|-------------------------------------------|-----------------------------|--|
| \$                          | from council? *                           |                             |  |
|                             | \$                                        |                             |  |
| This number/amount is calcu | lated                                     | 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 or work, sketches, letters of support etc.

| 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 <u>Grants Guidelines</u> 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 <u>Privacy Statement</u> which is available on the website.

#### 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 * O Yes Successful applicants will be recoprogram/activity.  Declared by * | quired to sign deta | iled Conditions of Funding | g tailored to their individual |
|--------------------------------------------------------------------------------------|---------------------|----------------------------|--------------------------------|
|                                                                                      | Last Name           |                            |                                |
|                                                                                      |                     |                            |                                |
| Please note: persons declaring employees of the City of Onkap                        |                     |                            |                                |
| Position held                                                                        |                     |                            |                                |
|                                                                                      |                     |                            |                                |
| Secretary, committee member                                                          | etc.                |                            |                                |