

Statewide Enhancement Program

State Sport Active Recreation Projects – Stream 2

APPLICATION FORM

The Statewide Enhancement Program, Stream 2 guidelines should be referred to when completing this application form. Submission of this application indicates acceptance of the terms and conditions outlined in the guidelines.

How to complete this form

Before entering any information into this form:

- Save the application form as a 'Word' document with your organisations name as the title eg **OrganisationName.doc**.
- **Please note:** this form has been designed for MS Word 2000 or later. If you have problems completing the form contact the Office for Recreation and Sport on the number below.

To enter information into the form:

- Use the tab key to move from field to field, or click with your mouse into the relevant field. A black highlight will appear indicating where you start entering your information. The fields will expand to accommodate the amount of information you wish to enter.
- Fill tick boxes by clicking on the relevant box to insert an X. To unmark a tick box, click on the X you want to unmark.
- To go backwards, click your mouse into the relevant field or hold down the shift key and press tab.
- Please complete all sections of the form. All requested information must be provided for your application to be considered.

Once completed:

- Have the Declaration section of the Application Form signed by two authorised representatives of your organisation. Please note, at least one representative must be a member of the organisation Board/Management Committee.
- Post or personally deliver the completed application form with all of the essential supporting documentation to the Office for Recreation and Sport (ORS) (details on back of application form) by the closing date.

Applications close 5:15pm, Monday 2 March 2009
Telephone: 7424 7708 Web: www.recsport.sa.gov.au

Statewide Enhancement Program

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SECTION 1 – INFORMATION ABOUT THE ORGANISATION

1. Eligibility to apply for funding

I have read the Stream 2 Funding Program Guidelines

Yes

I declare that the Organisation meets all the eligibility requirements to apply for

Yes

2. Name of your Organisation:

(As it appears on the Certificate of Incorporation)

3. Incorporation Certificate number:

4. ABN (if applicable)

5. Is your organisation registered for GST:

If you are unsure, call the Australian Taxation Office on 13 72 26

Yes

No

6. What is your organisation's registered address?

Street Address:

Suburb:

Postcode:

Phone Number:

Fax Number:

7. Postal Address:

(if different to above). Please use an address that will be checked weekly

Postal Address:

Suburb:

Postcode:

8. Who is the preferred contact for this application?

All application correspondence will be directed to this person at the address above.

Title:

Mr / Mrs / Ms / Dr

First Name:

Surname:

Position:

Phone

(business hours):

Mobile:

Email:

Statewide Enhancement Program

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APPLICATION FORM

SECTION 2 – ABOUT YOUR PROJECT

9. Project Title:

10. Brief description of the Project (what are you planning to do?)

11. Where will the project occur (what location/s)?

12. Did you receive Office for Recreation and Sport funding for this project in 2008-2009?

(If yes, please provide with this application a brief on what the project has achieved)

Yes

No

SECTION 3 – PROJECT OUTCOMES

13. Project Outcomes (what do you hope to achieve from this project?)

14. How will you evaluate whether the project has met its outcomes?

15. Explain why your project is important to your organisation (how does it fill a gap, meet a demonstrated need)

SECTION 4 – PROJECT MANAGEMENT

16. Briefly outline how you will implement the project:

(a) How will the project be promoted?

(b) Who will deliver the project and what skills / experience do they have?

Statewide Enhancement Program

State Sport Active Recreation Projects – Stream 2

APPLICATION FORM

SECTION 5 – PROJECT COSTS

17. What is the total cost of the project? \$

Note: Please attach a more detailed budget for the proposed project
 Costs are to be **GST inclusive**
 Organisations can apply for 1-year funding

REVENUE

Please complete the table below:

	Source	Amount	Details
ORS Grant Requested		\$.00	
Your contribution (if applicable)		\$.00	
Funding from other organisations (if applicable)	Funding Body	\$.00	<input type="checkbox"/> Approved (evidence attached) <input type="checkbox"/> Awaiting approval
	Funding Body	\$.00	<input type="checkbox"/> Approved (evidence attached) <input type="checkbox"/> Awaiting approval
	Funding Body	\$.00	<input type="checkbox"/> Approved (evidence attached) <input type="checkbox"/> Awaiting approval
Contribution from any other sources (if applicable)	Source	\$.00	<input type="checkbox"/> Approved (evidence attached) <input type="checkbox"/> Awaiting approval
	Source	\$.00	<input type="checkbox"/> Approved (evidence attached) <input type="checkbox"/> Awaiting approval
	Source	\$.00	<input type="checkbox"/> Approved (evidence attached) <input type="checkbox"/> Awaiting approval
*Total:		\$.00	*Must equal the total in Q17

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SECTION 6– CHECK AND SUBMIT YOUR APPLICATION

Complete the following checklist.

Please note:

- All of the essential documentation listed below must be submitted with your application
- Applications received without this information may be deemed ineligible and not assessed

ITEM	Checked (cross box)
All of the questions in this application have been answered	<input type="checkbox"/>
The following essential documentation is attached:	
<ul style="list-style-type: none"> ▪ Copy of the organisation's last financial year audited or certified (signed off by President /Treasurer) financial statement 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Copy of a detailed budget for the proposed project 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Evidence of funding support for the project from other funding bodies (where applicable, refer Q17) 	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Brief project outcome report (where applicable, refer Q12) 	<input type="checkbox"/>
The following non-essential documentation is attached:	
<ul style="list-style-type: none"> ▪ Letters of support for the project from project partners (if applicable) 	<input type="checkbox"/>

Contact us

Contact us if you need to discuss any aspect of this Application.

Business hours: 8:30 – 5:15 (Monday to Friday)

Phone: 7424 7708

Email: ORS.grants@sau.gov.sa.gov.au

Website: www.recsport.sa.gov.au

Statewide Enhancement Program

State Sport Active Recreation Projects – Stream 2

APPLICATION FORM

SECTION 7 – APPLICATION DECLARATION

Instructions

The declaration below must be read and signed by two authorised representatives of your organisation. At least one representative must be a member of the Board/Management Committee.

It is an offence to knowingly make a false or misleading statement.

- I am duly authorised by the organisation to prepare and submit this application.
- This organisation is eligible to apply for funding in accordance with the eligibility criteria in the Funding Guidelines.
- All supporting documentation supplied with this application is true and correct.
- I understand that the ORS may disclose the information provided in this application to other Government agencies, Local Government, and personnel assisting with the assessment, administration and coordination of Government Grant Schemes.
- I understand that if approved for funding, ORS may publish the names of successful applicants and information about their projects

<p>Signature 1: _____</p> <p>Date: _____</p> <p>Name: _____</p> <p>Position: _____</p>	<p>Signature 2: _____</p> <p>Date: _____</p> <p>Name: _____</p> <p>Position: _____</p>
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Please forward this completed application and all attachments to:

BY POST:

Applications post marked on or before the closing date will be accepted.

Statewide Enhancement Program

Office for Recreation and Sport
PO Box 219
BROOKLYN PARK SA 5032

HAND DELIVERED:

Hand delivered applications must be received by 5:15pm Monday 2 March 2009.

Statewide Enhancement Program

Office for Recreation and Sport
27 Valetta Road
KIDMAN PARK SA 5025

Applications close 5:15pm, Monday 2 March 2009

Telephone: 7424 7708

Web: www.recsport.sa.gov.au

It is anticipated that organisations will be notified of the outcome in June 2009