

Statewide Enhancement Program

State Organisations Support – Stream 1

APPLICATION FORM

The Statewide Enhancement Program, Stream 1 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

State Organisations Support – Stream 1

APPLICATION FORM

SECTION 1 – ORGANISATION DETAILS

1. Eligibility to apply for funding

I have read the Stream 1 Funding Program Guidelines Yes

I declare that the organisation meets the eligibility requirements to apply for funding in this Program. 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:

9. What was the date of your last annual general meeting / board elections?

__ / __ / ____ (day/month/year)

10. When is your organisations financial year? (day/month)

__ / __ to __ / __ (day/month)

11. Are you a State Sport Organisation for People with a Disability (SSOD)?

Yes No

Statewide Enhancement Program

State Organisations Support – Stream 1

APPLICATION FORM

SECTION 2 – GENERAL INFORMATION

12. Your organisation is a? Please tick appropriate box
- Peak Industry Representative Body
- State Sporting Organisation
- State Active Recreation Organisation

13. Is your organisation affiliated with a National Peak Body? Yes No

If yes, name the National Peak Body:

SECTION 3 – FINANCE

Information you provide must be South Australian specific

- | | |
|---|--------|
| 14. Please state the total income/revenue from all sources that your organisation received in the last financial year. | \$.00 |
| 15. What is your projected annual income / revenue from all sources for the current financial year? | \$.00 |
| 16. What is the total amount of government (state and federal) funding your organisation received in the last financial year? | \$.00 |

SECTION 4 – STAFFING

Information you provide must be South Australian specific

17. In the table below please provide the number of paid staff currently employed by your organisation

Staff Category	Male	Female	TOTAL
Full Time <i>Employed to work on a full-time weekly basis</i>			
Part Time <i>Employed to work on a part-time weekly basis</i>			
Casual <i>Employed to work on a casual hourly basis as needed</i>			

Statewide Enhancement Program

State Organisations Support – Stream 1

APPLICATION FORM

SECTION 5 – COUNTRY / REGIONAL SERVICE PROVISION

18. From the list below indicate which country/regional areas your organisation operates in:

'Operate' means that there is a formal link (eg current paid up affiliated club/organisation).

<p>Adelaide Hills <i>Local Government Authorities:</i> Adelaide Hills, Mount Barker</p>	<input type="checkbox"/>	<p>Barossa <i>Local Government Authorities:</i> Light, Barossa, Mallala, Gawler</p>	<input type="checkbox"/>
<p>Far North <i>Local Government Authorities:</i> Flinders Ranges, Port Augusta, Coober Pedy, Roxby Downs</p>	<input type="checkbox"/>	<p>Fleurieu and Kangaroo Island <i>Local Government Authorities:</i> Alexandrina, Victor Harbor, Yankalilla, Kangaroo Island</p>	<input type="checkbox"/>
<p>Murray and Mallee <i>Local Government Authorities:</i> Mid Murray, Loxton Waikerie, Berri & Barmera, Renmark Paringa, Southern Mallee, Coorong, Karoonda East Murray, Murray Bridge</p>	<input type="checkbox"/>	<p>Yorke and Mid North <i>Local Government Authorities:</i> Orroroo/Carrieton, Mount Remarkable, Peterborough, Northern Areas, Port Pirie, Goyder, Barunga West, Yorke Peninsula, Wakefield, Clare and Gilbert Valleys, Copper Coast</p>	<input type="checkbox"/>
<p>Eyre and Western <i>Local Government Authorities:</i> Geduna, Streaky Bay, Le Hunte, Kimba, Whyalla, Franklin Harbor, Cleve, Elliston, Lower Eyre Peninsula, Tumby Bay, Port Lincoln</p>	<input type="checkbox"/>	<p>Limestone Coast <i>Local Government Authorities:</i> Tatiara, Lacedpede, Robe, Naracoorte and Lucindale, Wattle range, Grant, Mount Gambier</p>	<input type="checkbox"/>

19. List the main programs and services you delivered to the above region/s in the last 12-months?

Region	Programs / Services delivered (last 12-months)

20. Briefly outline what programs or services are available/delivered to regional non-affiliated organisations, if any?

Statewide Enhancement Program

State Organisations Support – Stream 1

APPLICATION FORM

SECTION 6 – CAPACITY TO DELIVER SERVICES / PROGRAMS

Information you provide must be South Australian specific

21. Summarise the 5 main programs/services your organisation intends to deliver to your members over the next 12-months.

Program / Service	Strategic Plan reference

22. Identify the training programs that were conducted by your organisation in the last 12-months (eg coaching/officiating courses, volunteer/administration training etc)

Type of Training Program	Location	Number of Participants

23. Please provide a breakdown of current accredited coaches/officials/trainers etc numbers in South Australia

Coaches	Male	Female	TOTAL
NCAS Level 1			
NCAS Level II			
NCAS Level III			
Other (Specify): _____			

Officials	Male	Female	TOTAL
Referees			
Officials			
Other (Specify): _____			

Others	Male	Female	TOTAL
Instructors			
Trainers			
Medical Persons			
Other (Specify): _____			

Statewide Enhancement Program

State Organisations Support – Stream 1

APPLICATION FORM

SECTION 7 – MEMBERSHIP / PARTICIPATION BASE
Information you provide must be South Australian specific

24. PARTICIPANT MEMBERSHIP - Please provide a breakdown of current paid up registered members.

Membership Type	Junior	Senior, Masters, Veterans
Male		
Female		
Associate and/or Social Members		
Other (Specify): _____		
TOTAL		

25. CLUB / ORGANISATION MEMBERSHIP - Please provide a breakdown of current paid-up affiliated clubs/organisations

Membership Type	Number of Affiliates
Metropolitan Affiliated Clubs / Organisations	
Country Affiliated Clubs / Organisations	
Other (Specify): _____	
TOTAL	

26. How has the above information been calculated? (eg membership database)

27. What strategies does your organisation have in place to broaden / increase its membership base over the next 12-months?

Strategy / Program	Strategic Plan reference

Statewide Enhancement Program

State Organisations Support – Stream 1

APPLICATION FORM

STATE SPORT ORGANISATIONS ONLY TO COMPLETE QUESTIONS 28 - 31

SECTION 8 – CAPACITY FOR ELITE DEVELOPMENT

28. Does your sport have an endorsed and documented Elite Athlete Pathway?

Yes No

29. Provide details of significant South Australian representation and results at National and International events over the past 3 years (this includes athletes, coaches and officials).

Event Detail	Role	Individual / Team Results
<i>Example: Senior National Championships</i>	<i>SA Representative Team</i>	<i>1st Place</i>

30. Does your sport have a regular calendar of State / Territory & National Championships?

Yes No

If yes, please attach a calendar of events that SA athletes will be competing in over the next 12 months.

31. Does your sport have a regular calendar of World Championship events?

Yes No

If yes, complete the following table

	Junior World Championships	Senior / Open World Championships	Other (Specify)
Date of next event			
Location of next event			
How many SA representatives do you expect will be competing?			

Statewide Enhancement Program

State Organisations Support – Stream 1

APPLICATION FORM

ACTIVE RECREATION ORGANISATIONS ONLY TO COMPLETE QUESTIONS 32 - 34

SECTION 9 – ACTIVITY PROFILE

32. How many centres / branches does your organisation have providing services across South Australia?

Please attach a list of centres / branches

33. Do these centres / branches only provide your programs / services?

Yes

No

34. Does your organisation have the authority to enforce centres / branches to comply with state marketing/sponsorship programs?

Yes

No

PEAK INDUSTRY BODIES ONLY TO COMPLETE QUESTIONS 35

SECTION 10 – ACTIVITY PROFILE

35. Briefly outline the primary purpose / role of your organisation.

Statewide Enhancement Program

State Organisations Support – Stream 1

APPLICATION FORM

SECTION 11 – 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

Essential documentation that must be supplied with your application:	Is enclosed with application	Has already been provided
1. Copy of the organisation's last financial year audited or certified (signed off by President / Treasurer) financial statement	<input type="checkbox"/>	<input type="checkbox"/>
2. List of current paid up affiliated clubs/organisations	<input type="checkbox"/>	<input type="checkbox"/>
3. If not already provided to ORS, a copy of the organisation's <u>current</u> Constitution and By-Laws	<input type="checkbox"/>	<input type="checkbox"/>
4. If not already provided to ORS, a copy of the organisation's <u>current</u> organisational chart showing paid and volunteer staff roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
5. If not already provided to ORS, a copy of the organisation's <u>current</u> Strategic Plan (plan must cover till 2010)	<input type="checkbox"/>	<input type="checkbox"/>
6. If not already provided to ORS, a copy of the organisation's <u>current</u> Harassment Free / Member Protection Policy	<input type="checkbox"/>	<input type="checkbox"/>

In addition to the above State Sport and Active Recreation Organisation's must also provide (where applicable):	Is enclosed with application	Has already been provided	Not Applicable
7. If not already provided to ORS, a copy of your organisation's <u>current</u> Elite Athlete Pathway Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If not already provided to ORS, a copy of your organisation's <u>current</u> Anti-Doping Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If not already provided to ORS, a calendar of State/Territory and National events that SA athletes will be competing in over the next 12-months	<input type="checkbox"/>	<input type="checkbox"/>	<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 Organisations Support – Stream 1

APPLICATION FORM

SECTION 12– APPLICATION DECLARATION

Instructions

1. The declaration below must be read and signed by two authorised representatives of your organisation.
2. 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

Signature 1:

Date:

Name:

Position:

Signature 2:

Date:

Name:

Position:

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