

2024 -25 Community Centres Funding Round

Form Preview

Grants SA 2024-25 Community Centres Grant Round

1.1 •Welcome to Grants SA 2024-25 Community Centres Funding Round

Community Centres are organisations that meet community need and support community strengths by running community programs and activities that are based on a community development framework. The programs and activities are often run through partnerships and volunteer involvement, are open and inclusive to all, and focus on supporting community connections, information exchange, mutual support, and community participation.

This funding opportunity offers one-off grants of up to **\$30,000** for Community Centres and Neighbourhood Houses only.

Before commencing this application, please make sure you have read and are familiar with the requirements contained within the Funding [guidelines](#).

Funding is prioritised for projects that support people and/or communities experiencing socioeconomic disadvantage and other vulnerabilities.

Please note:

- If your application is successful there is no guarantee that you will receive the full amount of funding requested.
- Successful organisations will only have one grant awarded within this funding period.

If you have problems completing the form or have questions about the process, including eligibility please contact the Grants SA team on **1300 650 985** or email grantssa@sa.gov.au.

1.2 •Eligibility

The guidelines provide detailed information about the requirements for completing this application, including applicant and project eligibility.

1.2.1 Applicants must:

- Be a community centre or neighbourhood house meeting the definition: *Community Centres are organisations that meet community need and support community strengths by running community programs and activities that are based on a community development framework. The programs and activities are often run through partnerships and volunteer involvement, are open and inclusive to all, and focus on supporting community connections, information exchange, mutual support, and community participation.*
- Eligible for Community Centres and Neighbourhood Houses membership of Community Centres SA, or currently holding Community Centres and Houses membership.
- Not in receipt of current Community and Neighbourhood Development Program Funding awarded through DHS Community Programs and Partnerships program.
- Be based in South Australia

AND

- Be an incorporated not-for-profit organisation / Aboriginal Community-Controlled Organisation or have evidence of a comparable legal status, such as Australian Public

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Company limited by guarantee or Social Enterprise that holds a current certification with by Social Traders

- Owned or managed or operating under the auspice of a local government entity created and operates as described under the Local Government Act 1999 (SA).
- Have a registered Australian Business Number (ABN)
- Be currently operating within South Australia, and delivering the program / service / initiative to residents of South Australia.
- Have an Australian Bank account in the name of the legal entity.

1.2.2 Do you comply with the above eligibility? *

☐ Yes

☐ No - You may not be eligible. Please contact us before submitting this form.

Please review the Grants SA Community Centres Funding Guidelines pages 5-6.

1.2.3 Applications will not be accepted from organisations or sponsored organisations that:

- Have any outstanding contractual or financial obligations (including reports, acquittals, unpaid invoices) for any funded Department of Human Services projects/programs.
- Have licensed gaming machines in their facilities or hold a gaming machine license.
- Are educational institutions or related representative bodies. For example, schools and/ or their parent or student associations, universities, colleges.
- Are family trusts and are not Social Trader certified social enterprises.
- Are individuals, sole traders, or organisations applying on behalf of an individual.
- Are for-profit organisations or private companies and are not Social Trader certified social enterprises.
- Commonwealth or State Government Departments or Agencies
- Organisations that have been operating *for less than 12 months*.

Any eligible organisation or sponsored organisation can be funded for a **maximum of two Grants SA grants per financial year**. There is no limit to the number of times an eligible organisation can sponsor.

2. Applicant Organisation

* indicates a required field

2.1 • ABN

To be completed by the applying organisation and, in the situation where an eligible organisation is sponsoring another community organisation, this section is about the Sponsoring organisation. For more information about sponsoring, refer to page 6 of the Guidelines.

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.

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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	

2.2 • GST Registration

Is your Organisation registered for GST? *

☐ Registered ☐ Not Registered

If you are unsure, please refer to the ABN lookup details above

2.3 • Applicant Organisation Details

Please enter the legal name of your organization exactly as it appears in official documentation (such as with ASIC, ABR, ACNC, ATO) or trading name linked to the ABN; abbreviations like Inc. are not acceptable. If unsure, search for your organization under the 'Organisation & Business names' dropdown on the [ASIC Registers website](#), ensuring it matches the ABN entity name on the ABR. This will be used later for contracting purposes and payment of the funds.

Applicant Organisation Registered Name *

Organisation Name

Organisation Website

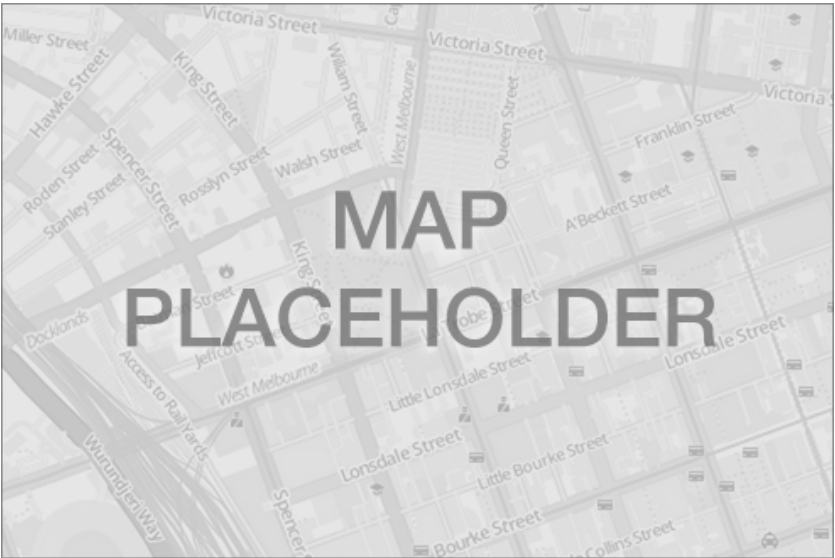
Must be a URL.

Address *

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

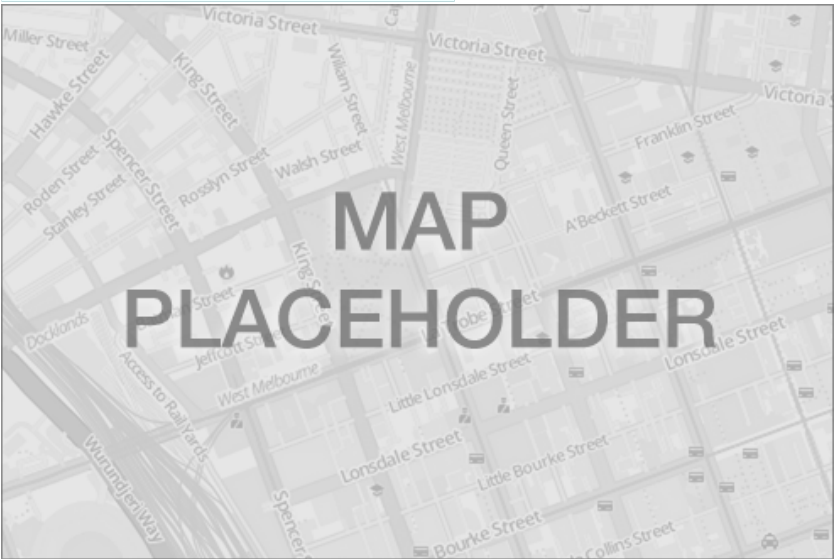
Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Project Address

Address



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2.4 • Applicant Organisation Incorporation

Select the incorporation status of your organisation *

- ☐ incorporated under the Associations Incorporation Act 1985,
- ☐ incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006
- ☐ a comparable legal status
- ☐ Social Traders Certified Social Enterprises

Must be no more than 1 choice selected

- Your **incorporation number** can be found on your Certificate of Incorporation or search the [ASIC website](#)
- You can search [here](#) for your **Indigenous corporation number**.

Incorporation Number

Indigenous Corporation Number (ICN)

If applicable for Indigenous organisations.

2.4.1 • Comparable legal status upload

Please upload a evidence of your comparable legal status for consideration *

Attach a file:

2.5 • Quality System of Management

Is your organisation involved with a quality system of management?

- ☐ Not currently involved with a quality system of management
- ☐ Implementing ASES Recognition Level 1 (formerly STARSservice) or equivalent
- ☐ Recognised in ASES Recognition Level 1 (formerly STARSservice) or equivalent
- ☐ Implementing ASES or equivalent
- ☐ Accredited in ASES or equivalent
- ☐ Long term accreditation in ASES (min 3 years continuous)

3. Sponsorship

* indicates a required field

3.1 • Sponsorship

Please refer to page 6 of the Funding Guidelines for further information on sponsorship.

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Are you sponsoring this application on behalf of another organisation? *

☐ Yes

☐ No

3.1.1 • Sponsored Organisation

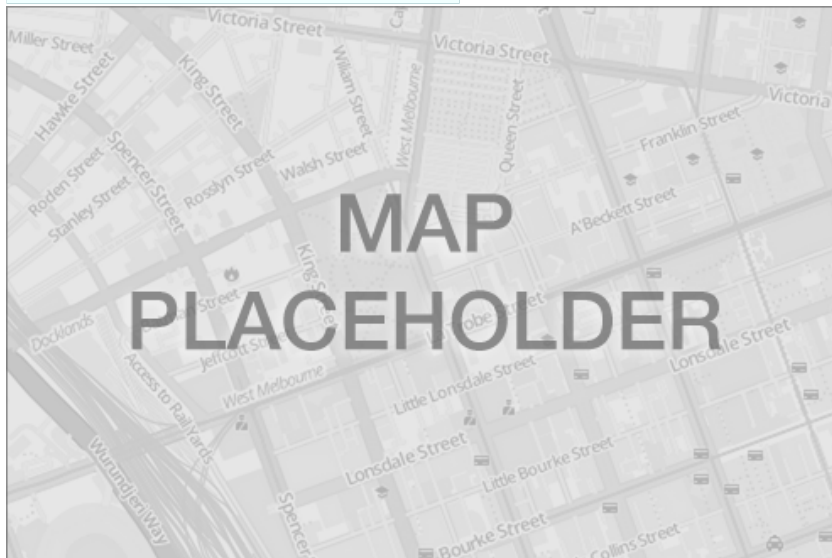
Details of the the Organisation you are sponsoring:

Name *

Organisation Name

Sponsored organisation Office Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Sponsored Organisation Contact Person *

Title

First Name

Last Name

Sponsored Organisation Contact Person Position *

Sponsored Organisation Contact Person Phone Number *

Must be an Australian phone number.

Sponsored Organisation Contact Person Primary Email *

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Must be an email address.

Sponsored Organisation Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Sponsorship Agreement *

Attach a file:

Please download the template, fill out and upload a signed copy of the sponsorship agreement signed by Sponsoring (Auspicing) Organisation. A copy of the template can be found [here](#)

3.1.2 • Sponsored organisation ABN

Sponsored Organisation 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	

4. The Proposal for Grants SA 2024-25 Community Centres Round.

* indicates a required field

4.1 • Project Title

The "Project Title" will be used to refer to this project in all future correspondence. If successful, it will also appear publicly on the DHS website.

Project Title *

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Which funding opportunity are you applying for?

- ☐ Community Programs
- ☐ Governance and Compliance
- ☐ Combination

If this is a combined proposal please outline funding focus.

Word count:

Must be no more than 100 characters.

4.2 • Brief Project Description

Please briefly describe your proposed project. *

Word count:

Must be no more than 150 words.

What do you want to do? How will you do it?

4.3 • Existing Services

Briefly summarise your organisation's purpose and current activities. *

Word count:

Must be no more than 150 words.

Please briefly describe the composition of your Board or Committee. *

Must be no more than 100 characters.

How many full time staff work within your organisation? *

Must be a number.

How many part time staff work within your organisation? *

Must be a number.

How many volunteers work within your organisation? *

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Must be a number.

4.4 • Immediate need of your organisation

What is your organisation trying to achieve with this funding? Why is this project important to your community? *

Word count:

Must be no more than 250 words.

Has your organisation conducted consultation to determine the need? E.g survey, community feedback, peer reviewed research etc

4.5 • Organisation Impact or Benefit

How will this project sustain or expand your organisation's current operations? *

Word count:

Must be no more than 150 words.

What to you think the impact or benefit to the community will this project have? *

Word count:

Must be no more than 150 words.

4.6 • Priority Groups

Who are the priority groups that will benefit as a result of the project? *

Word count:

Must be no more than 50 words.

People and /or communities experiencing vulnerability or disadvantage are the core target for this funding

How many people will directly engage with your project within the funding period (up to 12 months)? i.e., participate in program/service or visit facility in a year. *

Must be a number.

Type a number only, for example: 200. Note: This number is not to include indirect beneficiaries eg. family or wider community

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Please explain how you calculated this number *

Word count:

Must be no more than 150 words.

4.7 • Photo Upload

If photos would assist in explaining your proposal, please upload here:

Attach a file:

A maximum of 5 files may be attached.

4.8 • Geographic Area of proposed project

What main geographic area will you deliver your project? *

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Adelaide Hills | <input type="checkbox"/> Southern Adelaide | <input type="checkbox"/> Yorke and Mid North | <input type="checkbox"/> Fleurieu and Kangaroo Island |
| <input type="checkbox"/> Northern Adelaide | <input type="checkbox"/> Western Adelaide | <input type="checkbox"/> Eyre and Western | <input type="checkbox"/> Murray and Mallee |
| <input type="checkbox"/> Eastern Adelaide | <input type="checkbox"/> Far North | <input type="checkbox"/> Barossa, Light and Lower North | <input type="checkbox"/> Limestone Coast |

4.8.1 • Specific area of service

Are there specific suburbs or towns within the Geographic Area (above) that will benefit the most from your project? Please list the primary suburbs or towns that will receive the greatest benefit from your services. (e.g. Port Augusta West, SA, 5700, Australia)

Address

APY Lands?

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

☐ Yes

4.9 • Additional information

If there is anything else that you would like to add to support your application, please add it here

Any further supporting material for your application can be uploaded here

Attach a file:

5. The Funding Request

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* indicates a required field

5.1.1 • Itemised Funding Request

List all items you wish to receive funding for in separate rows in the table below. Use the + and - buttons at the right hand side to add and remove rows.

You must attach a quote or evidence of costs for ALL items/budget lines.

If the quote provides a total amount including GST (e.g., \$110) without listing the GST amount separately, calculate the GST-exclusive amount by dividing the total by 1.1 (i.e., $\$110 \div 1.1 = \100). To calculate the GST, multiply the GST-exclusive amount by 10% or 0.1 (i.e., $\$100 \times 0.1 = \10). Therefore, the total amount of \$110 includes \$10 as GST.

Reminder:

- Ensure budget items align with your project description.
- For **Project wages**, include the Award, level, hourly rate, weekly hours and length of employment.
- If your application is successful there is no guarantee that you will receive the full amount of funding requested.
- If successful, this budget information forms the basis of the funding contract between your organisation and Grants SA.

Tip: If you have many similar items, group them into categories such as office equipment or tools. For multiple quantities of an item on a quote, please specify in the description (e.g., 5 tables).

Description	Amount (excl GST) (\$)	GST (\$)	Total Amount (Incl GST) (\$)	Quote or evidence
	\$	\$	\$	

5.1.2 Estimated Total

Amount (Ex-GST)

This number/amount is calculated.

Amount (Incl-GST)

This number/amount is calculated.

5.1.3 Estimated Total

Amount (Ex-GST)

This number/amount is calculated.

Amount (Incl-GST)

This number/amount is calculated.

5.2 • Total Funding Amount Requested

Total Funding Amount Requested

Total financial support you are requesting in this application

5.2.1 • Budget Comments

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This is a space to make budget comments if you feel the assessors would benefit from further clarification of what you have written in your budget table above.

5.3 • Itemised Financial Contribution

Do you have other confirmed contributions to this project? *

☐ Yes

☐ No

5.3.1 • Financial Contribution

Please list any other financial or in kind contributions for your project and the source of the funds. Use the + and - buttons at the right hand side to add and remove rows.

Financial Contributions may be from:

- Your organisations funds or members contributions
- Other grants
- Business sponsor or project partners
- Philanthropy

Contribution Description (including source)	Contribution value (\$)	Funding Status
	Must be whole Australian Dollars	Are the funds confirmed or unconfirmed
	\$	

5.3.2 • Total Financial Contributions

Total Financial Contributions

\$

This number/amount is calculated.

5.4 •Funding period

If successful, will your organisation seek this funding, to a maximum of \$30,000 over one or two years?

☐ One Year

☐ Two Years

Maximum funded amount over either length of time is \$30,000.

6. Contacts, Feedback, Declaration and Submission

* indicates a required field

6.1 • Applicant First Office Bearer

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Please provide the details of your organisation's President or Chairperson

(Must be different to the Second Office Bearer listed below)

* This person should be authorised to enter into legal contracts on behalf of the applicant organisation . Please note, if the application is successful the First Office Bearer will receive the contract by the electronic contract management system DocuSign AU, to sign the contract electronically.

First Officer Bearer *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Please include prefix

Email *

Must be an email address.

6.1.1 • Is this person Treasurer or Finance Manager? *

☐ Yes

☐ No

6.2 • Applicant Organisation Second Office Bearer Details

Executive Board Member (Treasurer, Secretary) or Chief Executive Officer.

(Must be different to the First Officer Bearer listed above) This person will be required to confirm the Organisational Bank Account details should the application be successful.

Second Office Bearer *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Office Position *

Phone Number *

Please include prefix

Email *

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Must be an email address.

6.2.1 • Is this person Treasurer or Finance Manager? *

- ☐ Yes ☐ No

6.3 • Treasurer

Treasurer / Finance Manager *

Title First Name Last Name

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Position

Primary Phone Number *

Primary Email

Must be an email address.

6.4 • Application Feedback

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How many hours (approx.) in total did it take to complete this application?

Please indicate how you found the online application process:

- ☐ Very easy ☐ Ok ☐ Very Difficult
☐ Easy ☐ Difficult

Your feedback is highly valued, and we encourage your suggestions for enhancing or expanding the application process/form. Additionally, we appreciate any insights or essential considerations you may have that could better meet applicants' needs and further improve the overall experience.

How did you hear about this grant round?

- ☐ Previous grant applicant ☐ Referral/word of mouth ☐ DHS Website ☐ Other:
- ☐ Social Media(Facebook, X etc) ☐ Internet search ☐ Email from Grants SA

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Did you receive any assistance in completing this form?

☐ No ☐ Yes

If 'Yes', please provide details (e.g., Grant Writer, Friend, Family, etc.).

Word count:

Did you attend the Community Centres Funding Round Online Information Session?

☐ Yes ☐ No

6.5 • Grant Application SmartyGrants user Details

Person submitting this application (through SmartyGrants), who will be Grants SA contact for the grant.

SmartyGrants user Contact *

Title First Name Last Name

SmartyGrants user Position held in Organisation *

Eg Project Manager, Secretary, Grants Officer

SmartyGrants user Phone Number *

SmartyGrants user Primary Email *

Must be an email address.

SmartyGrants user Mobile Number *

Must be an Australian phone number.

6.6 Declaration terms

By submitting this application I declare that:

- › All information supplied in this application form, its schedules and any accompanying documents is complete and accurate, and is not false or misleading, as at the date it is submitted to Department of Human Services (Grants SA);
- › The Applicant Contact Person, Registered Public Officer and/or the Applicant Organisation have/will not partake in and have never committed and/or are being investigated for any fraud or dishonesty offences;
- › All information in the application and its schedules is capable of substantiation for the amount and purposes of expenses;

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- › I have made all necessary inquiries to satisfy myself that expenses in the this application meet the eligibility requirements;
- › All documents that may be relevant to this application will be made available (upon request) to The Department of Human Services (Grants SA); and
- › I am authorised to submit this grant application and to agree to this declaration on behalf of the applicant organisation.

I understand that:

- › Giving false or misleading information is a serious offence. It is a criminal offence to attempt to obtain a grant or increase the amount of a grant through deceit, false or misleading representation or other unlawful means;
- › The submission of an application does not guarantee funding and if successful does not involve any ongoing government funding commitment;
- › If successful in obtaining a grant, the Applicant Organisation will enter into a binding agreement which includes grant terms and conditions relating to the approved expenditure of grant funds and specific reporting and compliance requirements.

I agree *

☐ Yes

Date of Declaration *

Date of submission (can not be any prior date)