

**Before proceeding with your application please complete this checklist to ensure eligibility:**

## **1 About your Organisation:**

- 1.1 Is your organisation incorporated under the Associations Incorporations Act of South Australia?**  Yes  No  
*If yes, please provide a copy of the certificate.*
- 1.2 Is it a company limited by guarantee formed under Corporations Law, or some other comparable legal status, such as incorporation by Act of Parliament?**  Yes  No  
*If Yes, please provide a copy of the Company Constitution*
- 1.3 Is this application being auspiced by one of the above**  Yes  No

**If you have answered NO to all of the above questions in section 1, you are not eligible for funding and should not proceed with the application.**

## **2 About Your Organisation**

- 2.1 Does it hold or is it affiliated with an organisation that holds a gaming machines licence?**  Yes  No
- 2.2 Does it have unacquitted grants outstanding?**  Yes  No  
(If yes this must be acquitted before lodging this application form.)
- 2.3 Does the project for which you seek funding commence prior to date of application**  Yes  No

**If you have answered YES to any of the above questions in section 2, you are not eligible for funding.**

# **APPLICATION FORM**

**Round, Closes: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Application for one-off project grants up to \$ \_\_\_\_\_**

Please read the application guidelines and frequently asked questions before completing this form and complete the checklist to ensure you are eligible for the fund.

1. APPLICANT DETAILS		
<b>1.1 Applicant/Auspicing Organisation:</b>		
<i>Please note that all correspondence from FoPOSA will be sent to this organisation, addressed to the person listed in 1.3</i>		
Name of Applicant Organisation (as registered on the Certificate of Incorporation)		
Location address:		
Postal address (if different from above):		
ABN	GST registered? <i>(please circle)</i> YES / NO	
<b>1.2 Organisation Contact Person:</b>		
<i>eg President or Administrator, who has authority to action behalf of, and can answer questions about the organisation.</i>		
Mr / Mrs / Ms		
First name:		
Last name:	Phone:	
Position		
Email:	Mobile:	
<b>1.3 Project Contact Person:</b>		
Mr / Mrs / Ms		
First name:		
Last name:		
Position:	Phone:	
Email:	Mobile:	

Please note if you are applying for funds on behalf of an unincorporated organisation, YOUR organisation will be responsible for the funds and reporting to the Federation of Polish Organisation in SA Inc., as per the Grant Agreement.

<b>1.4 Auspiced Organisation:</b>		
<i>Use <u>only if not incorporated and different</u> from the Organisation</i>		
Name of Unincorporated Organisation:		
Location address:		
Postal address:		
ABN	GST registered? <i>(Please circle)</i> YES / NO	

## 2. ORGANISATION DETAILS

<b>2.1</b>	<b>What are the aims of your organisation?</b> <i>What were you set up to do? Please also <u>attach a copy of your constitution</u></i>
<b>2.2</b>	<b>What are your organisation's current activities?</b> <i>List any activities/services provided in the last 12 months</i>
<b>2.3</b>	<b>How many full-time equivalent staff members does your organisation have?</b> Number of Paid Staff: _____ Number of Volunteer Staff: _____

<b>2.4</b>	<b>If your organisation is currently receiving funding from other State, Federal, Local Government or other sources:</b> <i>Please provide details and amounts.</i>
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Funding Body	Year	Project	Amount

<b>2.5</b>	<b>If your organisation has applied for, but not yet received, funding from any State, Federal, Local Government or other body</b> <i>please provide details and amounts.</i>
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Funding Body	Year	Project	Amount

**3. PROJECT DETAILS cont.**

**3.1 Project Name**

**3.2 Project Description and Outcomes** *Describe the type of project, what activities will be involved, how it will be implemented, what will be the benefits / outcomes of this project*


**3.3 Similar Projects**

*List any similar projects/services operating in your area, run by other organisations, and how your project differs.*


**3.4 Please state how the project fulfills the objectives of the granting body**


**3.5 When will your project be implemented?**

*Include approximate start and finish dates.  
Please note successful project must be completed within 12 months from receipt of the funding.*

<b>Start date:</b>	<b>End date:</b>

**3.6 Where will your project be implemented?** *Building Name and Location Address*

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**3.7 Who owns this building (referred to in 3.5)?** *If your organisation is leasing the building, state the owner's name and the date that the lease will expire.*

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<b>4.0 Indicate the number of people who will benefit from this project:</b>			
<b>Within the organisation</b>		<b>Within the community</b>	

**5. PROJECT COSTS**  
*The following information is about the costs related to the project, including existing and proposed funding*

**5.1 Project Expenditure:**  
*i) List each item requiring funding in order of priority and include quotes for items of \$500 or greater – total must not exceed **\$10k (excluding GST)***

Priority	Item/Activity	Amount (inc GST)	Amount (exc GST)
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
7		\$	\$
8		\$	\$
<b>(A) Total cost of items</b>			

**5.2 Other costs associated with the project** *(including provision of equipment, hire of facilities. If in-kind please stipulate.)*

<b>(B) Total</b>	<b>\$</b>

<b>5.3 Total costs associated with the project</b> <i>(A + B)</i>	<b>TOTAL</b>	<b>\$</b>

**5.4 Project Income:**

Contributions from your organisation	\$
Contributions from other sources <i>(please list, including any other sources of funding)</i>	\$
	\$
	\$
	\$
<b>TOTAL</b>	<b>\$</b>

<b>5.5 How much are you seeking?</b>	<b>\$</b>
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**5.6 If this project has received or is receiving funding from other State, Federal, Local Government or other sources please provide details and amounts.**

<b>Funding Body</b>	<b>Year</b>	<b>Project</b>	<b>Amount</b>

**5.7 If your organisation has applied for, but not yet received, funding for this project from any State, Federal or Local Government body please provide details and amounts.**

<b>Funding Body</b>	<b>Year</b>	<b>Project</b>	<b>Amount</b>

## 6. DOCUMENTATION CHECKLIST.

**Before submitting your application, please check that you have:**

6.1 Had the application **signed** by the Chairperson (or equivalent) **AND** the Treasurer (or equivalent) at Section 7

6.2 Answered all the questions in the Application Form

6.3 included A letter from your Financial Institution, as proof of security for the grant.

*(This must be addressed to FoPOSA advising that your organisation holds an account in its own name and that TWO (2) or more signatories are required to sign co-jointly to operate the account. Please note an account statement is not sufficient).*

6.4 Your organisation's most recent audited/certified financial statement covering the *last financial year*.

6.5 A copy of your:

**Certificate of Incorporation.** (If you are registered under the Associations Incorporation Act 1985 )

6.6 A copy of your:

**Committee Constitution/Terms of Reference/Rules;**

6.7 A copy of your

**Company Constitution** (if you are a Company Limited by Guarantee) See Question 2.1 for further information.

6.8 Copies of **quotes for all items over \$500** listed in the itemised budget at Question 5.1

**PLEASE NOTE:** If you have not ticked **all 8 boxes** above, you have not completed and attached the required information, your application will be **deemed as incomplete** and therefore ineligible for funding.

I confirm that I have read the guidelines and checklists and completed this application in accordance with them. *(To be completed by the applicant)*

**2.4 Signature** \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 7. DECLARATION

### 7.1 Declaration by applicant organisation

*Please have two authorised signatories from your organisation complete the information below i.e., President/Chairperson of Management Committee and Treasurer/Secretary.*

We declare that:

the Application Form has been accurately completed in accordance with the Application Guidelines and all essential documentation is attached.

we have been duly authorised by the applicant organisation to prepare and submit this application for funding to be used as outlined in the application.

the applicant organisation does not hold, nor is affiliated with an organisation that holds, a Gaming Machine Licence issued under the Gaming Machines Act, 1992.

we will keep a copy of this application for our own records.

we are aware that if successful, we must enter into an Agreement in order to receive funding, and we are required to fulfil obligations associated with that Agreement;

the information supplied is true and accurate to the best of our knowledge;

and also acknowledge that this one-off project does not involve ongoing Government funding.

**We accept that this application will be deemed ineligible if any information is missing or questions are not answered. We understand that the application cannot be accepted if either of the required original signatures below are missing.**

Name \_\_\_\_\_

Position \_\_\_\_\_

Signature and Date \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Signature and Date \_\_\_\_\_