# 2026-27 R1 Wellbeing and Recreation Grant
Form Preview

## Eligibility and Contact Details

* indicates a required field

### 1. Applicants: please note

**IMPORTANT: Please view the Guidelines for Wellbeing and Recreation Grants before proceeding to ensure your application will be accepted.**

An online application to our grants program is an acceptance that the applicant agrees to the City of West Torrens conditions for any grant approval.

Incomplete applications and/or applications received after the activity/event date will not be considered.

**Have you read the Guidelines for Wellbeing and Recreation Grants 2025-26?** *
☐ Yes ☐ No

### 2. Privacy - Council's use of personal information

Please note that the City of West Torrens is a public authority which is bound by the Local Government Act 1999, and other relevant legislation, to retain information and to make certain information publicly available. In some instances this will require Council to publish personal information such as names and addresses of those whose information it holds. If you have any questions regarding the use of your personal information please contact us on (08) 8416 6333.

### 3. Applicant Details

**Are you applying on behalf of an organisation or as an indivudual?**
○ Organisation - please complete section 4 ○ Individual - please move to section 5 and move to section 6

### 4. Organisation Contact Details

**Organisation Name**
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

**Organisation primary (physical) address**
Address

Suburb State Postcode

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

**Postal address (if different to above)**
Address

Suburb State Postcode

**Organisation website**

If available. Must be a URL

**Primary contact person**
Title First Name Last Name

This is the person we will correspond with about this grant

**Position held in organisation**

e.g. Manager, Board Member, Fundraising Coordinator

**Primary phone number**

**Back-up phone number**

**Primary contact person's email address** *

This is the address we will use to correspond with you about this grant.

## 5. Individual Details

Title First Name Last Name

**Individual Primary Address**
Address

**Address line 2**

Address

**Suburb / Town**

**State**
○ SA ○ VIC ○ NSW ○ QLD ○ TAS ○ NT ○ ACT ○ WA

**Postcode**

Must be a number.

**Phone Number**

Must be an Australian phone number.

**Email**

Must be an email address.

## Organisation Details

* indicates a required field

**Describe why your organisation exists, what does it aim to achieve and how?** *

Word count:
Must be no more than 100 words.

**Does your organisation have an ABN?** *
○ Yes - complete section 6 ○ No - complete section 7

### 6. ABN

**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 | |

Must be an ABN

## 7. No ABN

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO.

**Please upload completed Statement of Supplier Form:**
Attach a file:

Max 25mb

**Is your organisation endorsed as a Deductible Gift Recipient (DGR)?**
○ Yes ○ No

**Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC?)**
○ Yes ○ No

**What is your incorporation number?** *

Incorporated Association or Australian Corporation Number

## 8. Please provide the following organisation details:

**What type of not-for-profit organisation are you?** *
○ Educational institution (includes pre-schools, schools, universities & higher education providers)
○ Religious or faith-based institution
○ Philanthropic organisation
○ Peak body
○ Social enterprise
○ International NGO
○ Professional association
○ Healthcare not-for-profit
○ Community group
○ Political party / lobby group
○ Research body
○ General not-for-profit (i.e. none of the sub-types listed above)
○ Other:

Please choose the option that best applies to your organisation.

**What is your organisation's annual revenue?**

- ○ Less than $50,000
- ○ $50,000 or more, but less than $250,000
- ○ $250,000 or more, but less than $1 million
- ○ $1 million or more, but less than $10 million
- ○ $10 million or more, but less than $100 million
- ○ $100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue

**What is your organisation's legal structure?**

- ○ Unincorporated association
- ○ Incorporated association
- ○ Cooperative
- ○ Company limited by guarantee
- ○ Organisation established through specific legislation
- ○ Trust
- ○ Unknown
- ○ Other:
- ○ Indigenous corporation, association or cooperative

If your organisation is unincorporated it must have an auspice organisation

## Auspice Information

* indicates a required field

**Is your organisation auspiced by another organisation for the purposes of this grant?**

- ○ Yes - please complete section 9
- ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation.

## 9. Auspice Organisation Details

**Name of auspicing organisation** *

Organisation Name

**Auspicing organisation's primary (physical) address** *

Address

Suburb State Postcode

**Auspicing organisation's postal address (if different to above)**
Address

Suburb State Postcode

**Auspicing organisation's website**

**Primary contact person at auspicing organisation** *
Title First Name Last Name

**Position held in organisation**

**Contact person's primary phone number** *

**Contact person's back-up phone number**

**Contact person's email address** *

**Please attach a letter from the auspicing organisation confirming this arrangement is valid and current** *
Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

**ABN of auspicing organisation**

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 | |

Must be an ABN

**What type of not-for-profit organisation are you?**

☐ Educational institution (includes pre-schools, schools, universities and higher education providers)
☐ Religious or faith-based institution
☐ Philanthropic organisation
☐ Peak body
☐ Social enterprise
☐ International NGO
☐ Professional Association
☐ Healthcare not-for-profit
☐ Community group
☐ Political party / lobby group
☐ Research body
☐ General not-for-profit (i.e. none the sub-types listed above)
☐ Other:

**What is your organisation's annual revenue?**

☐ Less than $50,000
☐ $50,000 or more, but less than $250,000
☐ $250,000 or more, but less than $1 million
☐ $1 million or more, but less than $10 million
☐ $10 million or more, but less than $100 million
☐ $100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue

## Partner Organisation Funding

**Will the program be carried out in partnership with other relevant organisations?** *

☐ Yes
☐ No. Please move to Project Details Section

**Has your partner organisation applied for a grant from West Torrens Council in the past financial year?**

☐ Yes
☐ No

**What is the amount to be funded by your partner organisation for this program (if applicable)?**

$

Must be a dollar amount.

## Program Details

* indicates a required field

**Program title:** *

Provide a name for your project/program/initiative. Your title should be short but descriptive

**Commence date** *

Must be a date.

**End Date if applicable**

Must be a date.

**Where the program will be delivered?** *

Location: venue and suburb

## 10. Cost and funding

**What is the total cost of the proposed program?** *

$

Must be a dollar amount.

**Please specify the amount requested from Council.** *

$

Must be a dollar amount and no more than 4000.

**What is the amount to be funded by your organisation/s?** *

$

Must be a dollar amount.

**Have you or your auspice or partner organisation applied for any funding from State Government or any other funding body for this program?**

☐ No - please proceed to section 11
☐ Yes - please complete the following questions

**Name or type of grant**

**Organisation or Government Department providing the grant**

**Amount requested or received.**

Must be a dollar amount.

**Date received or expecting the outcome of application**

Must be a date.

## 11. Previous Grants received from West Torrens Council

**If applicable, please list all grants you or your organisation or/and your auspice organisation received from the City of West Torrens in the past three years.**

| Amount | Date received | Type of Grant |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## 12. Program Details

**How will the program enhance community health and engagement?** *

This grant aims to fund initiatives that: promote physical

**Does the program include any of the following initiatives:**

☐ Foster Healthy Eating: Supporting better nutrition and dietary habits within the community.
☐ Promote Physical Activity: Encouraging residents to engage in regular exercise and movement.
☐ Support Ageing in Place: Assisting older adults to live independently in their homes.
☐ Facilitate Skill Development: Providing opportunities for learning and personal growth.
☐ Enhance Health and Safety: Improving overall well-being and ensuring a safe environment for all residents.

**If successful with this application, how will the grant funding be spent?** *

Word count:
Must be no more than 150 words.
Please attach respective quotes at the end.

**Please attach respective and current quotes.** *
Attach a file:

**How does your program align to the strategic priorities of Council as outlined by the City of West Torrens Community Plan 2034** *

☐ Community Life
☐ Built Environment
☐ Prosperity
☐ Environment and Sustainability
☐ Organisational Strength

Please refer to the City of West Torrens Community Plan 2034 available online: https://www.westtorrens.sa.gov.au/Council/Plans-and-Reports/Community-Plan

**How does your program demonstrate inclusion? Is there evidence and/or a clear reason for why it has been developed?** *

Word count:
Must be no more than 150 words.

**Who are the groups you are targeting for this program? And how will you do this?** *

Word count:
Must be no more than 150 words.

**How many individuals are expected to participate in or benefit from the proposed activities?**

**Has this program been delivered before? If yes, provide the number of participants for each of the past three years?**

**Do you have a Risk Management Plan for your program?** *

○ Yes
○ No
○ Other:

**Please attach the Risk Management Plan.**
Attach a file:

**Do you have a current certificate of currency for your public liability insurance** *

☐ Yes
☐ No
☐ Other:

**Please attach your current certificate of currency for your public liability insurance**
Attach a file:

## 13. Publicity and Promotion

**How will you promote the program, initiative or activity?** *

| | | |
|---|---|---|
| ☐ Signage | ☐ Email distribution | ☐ Network Meetings |
| ☐ Official Launch | ☐ Flyers | ☐ Social Media |
| ☐ Newsletters | ☐ Letterbox Drop | ☐ Other: |

**Please attach marketing material.**
Attach a file:

## 14. Documentation checklist and further information

**Attached is:**

**Supporting documents that may be appropriate (maximum of two pages)**
Attach a file:

Maximum 25mb, recommended size no bigger than 5mb

# Certification

* indicates a required field

## 15. Certification

I certify that to the best of my knowledge the statements made within this application are true and correct.

I also confirm that I have read and understood the conditions for funding as outlined in the Guidelines for City of West Torrens Wellbeing and Recreation Grants and accept and agree to abide by the conditions therein.

I also accept and agree to abide by any additional conditions outlined in any approval letter.

**I agree** * ○ Yes ○ No

**Name of authorised person** *

Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position** *

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number** *

Must be an Australian phone number.

**Mobile number**

**Contact Email** *

Must be an email address.

**Date** *

Must be a date