

Environment Grant 2024/25

Form Preview

Eligibility and Contact Details

* indicates a required field

Applicants: please note

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.

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.

Applicant Organisation Details

Applicant organisation name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

Primary (physical) address *

Address

Suburb State Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be an Australian 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

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Suburb State Postcode

Applicant 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.

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 ☐ No

ABN *

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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

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

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

- | | |
|--|---|
| <input type="radio"/> Educational institution (includes pre-schools, schools, universities & higher education providers) | <input type="radio"/> Professional association |
| <input type="radio"/> Religious or faith-based institution | <input type="radio"/> Healthcare not-for-profit |
| <input type="radio"/> Philanthropic organisation | <input type="radio"/> Community group |
| <input type="radio"/> Peak body | <input type="radio"/> Political party / lobby group |
| <input type="radio"/> Social enterprise | <input type="radio"/> Research body |

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☐ International NGO

☐ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

What is your organisation's annual revenue?

☐ Less than \$50,000

☐ \$1 million or more, but less than \$10 million

☐ \$50,000 or more, but less than \$250,000

☐ \$10 million or more, but less than \$100 million

☐ \$250,000 or more, but less than \$1 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:

www.acnc.gov.au/ACNC/Manage/Reporting/SizeRevenue/ACNC/Report/SizeRevenue.aspx

What is your organisation's legal structure?

☐ Unincorporated association

☐ Organisation established through specific legislation

☐ Incorporated association

☐ Trust

☐ Cooperative

☐ Unknown

☐ Company limited by guarantee

☐ 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

☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

Auspicing organisation's primary (physical) address *

Address

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Suburb State Postcode

Auspecting organisation's postal address (if different to above)

Address

Suburb State Postcode

Auspecting organisation's website

Primary contact person at auspecting 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 auspecting 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.

Does the auspecting organisation have an Australian Business Number (ABN)? *

☐ Yes ☐ No

ABN of auspecting 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.

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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	

Must be an ABN

As the auspicing organisation does 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: [Statement by a supplier - ATO form](#)

Please upload a completed Statement of Supplier form

Attach a file:

Project Details

* indicates a required field

Project title: *

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

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

If successful, what do you intend doing with the grant funds? *

Word count:

Must be no more than 150 words.

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How does your project align to the strategic priorities of Council as outlined by the Community Plan? *

Word count:

Must be no more than 150 words.

Refer to the City of West Torrens Community Plan at <https://indd.adobe.com/view/cdf238c2-6408-493c-b378-4e81069d4783>

Does this application respond to one or more of the program priority areas? *

Word count:

Must be no more than 150 words.

For Program Priority areas, refer to Page 2 of the Guidelines for City of West Torrens Grants and Sponsorships.

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

Word count:

Must be no more than 150 words.

How do you plan to engage the groups you are targeting for this project? *

Word count:

Must be no more than 150 words.

Do you have a plan for how your project will be delivered? Does your plan consider risks involved, and how you will work with partner organisations (if applicable)? *

Word count:

Must be no more than 150 words.

Roughly how many volunteer hours will be contributed to this project?

Must be a number.

Reporting your success

How will you know if you have achieved your intended outcomes? *

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Word count:

Must be no more than 150 words.

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

☐ Yes

☐ No

Name of organisation	Contact person	Role/contribution

Partner organisation funding

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

\$

Must be a dollar amount.

What will the grant funds be spent on?

Equipment (specify)	Materials (specify)	Other (specify)

What is the total cost of the proposed purchases? *

\$

Must be a dollar amount.

What is the amount sought from Council? *

\$

Must be a dollar amount.

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

\$

Must be a dollar amount.

Publicity and Promotion

How will you promote your project, initiative or resource? *

☐ Signage

☐ Email distribution

☐ Network Meetings

☐ Official Launch

☐ Flyers

☐ Social Media

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☐ Newsletters

☐ Letterbox Drop

☐ Other:

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

Three quotes for purchases of any items more than \$1000

Attach a file:

Maximum 25mb, recommended size no bigger than 5mb

Previous Grants received from Council

If applicable, please list all grants received from the City of West Torrens in the past three years.

Amount	Date received	Project, initiative or resource

Certification and Feedback

* indicates a required field

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 Grants and Sponsorships](#) 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

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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

Applicant Feedback

You are nearing the end of the application process.

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

This section is not mandatory

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.