

# community fund grants

## application form: individual



### Individuals (all ages) can apply for:

- ☐ A grant to participate in sporting, musical, artistic or other competitions/activities/programs at a State, National or International level where the applicant is required to travel to participate and is a resident or ratepayer of the Town of Walkerville.

Prior to submitting this form, applicants are required to read the Community Fund Program Policy (available on Council's website or printed copies on request).

### applicant details

Name of applicant: \_\_\_\_\_

☐ Male ☐ Female Age: \_\_\_\_\_

If under 18, name of person completing this application

Name: \_\_\_\_\_

Relationship to applicant: ☐ Parent ☐ Guardian ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### details of the competition / event

Title: \_\_\_\_\_

Date: from \_\_\_\_\_ Postcode: \_\_\_\_\_

Location: (Town or City and State) \_\_\_\_\_ to \_\_\_\_\_

1. What type of competition / activity / program will you be participating in (i.e. Netball, Soccer) and what is the structure of the competition /event (i.e. will you be competing against teams from other states for a title / trophy)?

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## details of the competition / event continued

2. Is the competition ☐ Amateur ☐ Professional

3. What best describes the purpose of participating in this competition/activity/program

☐ Professional development ☐ Skill development ☐ Showcase talent for scouting  
☐ Recruitment purposes ☐ Social ☐ Other: \_\_\_\_\_

4. How will participation in this activity benefit the individual and the community?

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5. Will the individual still participate if this funding application is unsuccessful? If not, please explain why:

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## previous applications

6. Have you received funding from Council in the past from this fund?

☐ Yes ☐ No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_

## payment

If you are successful, how would you like the funding to be paid?

☐ EFT ☐ Cheque

If you select EFT please complete the details below. Please note bank details will be stored electronically in a confidential file used by Finance Staff only.

Account name: \_\_\_\_\_

BSB number: \_\_\_\_\_

Account number: \_\_\_\_\_



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## conditions of the funding

I, being the authorised person making the declaration, confirm and agree to the following:

- The information given in this application, including any attachments hereto is true and correct in every particular;
- That monies received from the Town of Walkerville will be spent on the approved activity and as outlined in the project fund application. The Town of Walkerville must approve any changes to the project;
- Any monies not expended on completion of the project will be returned to the Town of Walkerville;
- That Council's funding of the project will be acknowledged in publicity or promotions associated with this funding.
- To provide the Town of Walkerville with a completed acquittal report form and brief financial statement detailing that monies have been expended in accordance with this funding application and subsequent Council approval, by 30 June of the second half of the financial year or 30 days after the event has finished.
- That failure to comply with these conditions may preclude our organisation from accessing further funds in the future;
- To indemnify and to keep indemnified and to hold harmless the Council, its servants and agents and each of them from and against all actions, costs, claims, charges, expenses and damages whatsoever which may be brought or made or claimed against them or any of them arising out of or in relation to a community project, program or activity.
- That permission is automatically granted by the successful application for the Council to publish and promote its support of this application in Council's own publications and published materials.

We further understand that any variation from the above conditions will require negotiation with the Town of Walkerville.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(To be signed by the parent/guardian if applicant is under 18 years of age)

Details of parent / guardian:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

***Please forward application to:***

Manager, Community Development & Engagement  
Community Fund  
Town of Walkerville, PO Box 55, Walkerville SA 5081  
Fax: 8269 7820  
Email: [cfund@walkerville.sa.gov.au](mailto:cfund@walkerville.sa.gov.au)



## Supporting our community