

Safer Suburbs Grant Program



Application Form

Section 1: Applicant Details		
Full Name / Organisation Name		
Contact Person (if applicable)		
Residential / Business Address		
Email Address		
Phone Number		
Please tick which is applicable	☐ Town of Walkerville ratepayer	
	☐ Resident (attach written approval from property owner/landlord)	
	☐ Not-for-profit organisation / community group	
	☐ Local business (must have ABN and public liability insurance)	
Section 2: Project Overview		
Type of Equipment Purchased / Proposed	☐ CCTV camera	
	☐ Home security doorbell	
	☐ Other (please specify):	
Date of Purchase (must be within 30 days of application)		
Location of Installation (address)		
Purpose of Installation: <i>(Briefly describe how this equipment will improve safety or reduce risks in your area)</i>		
Section 3: Eligibility & Prioritisation		
Do you live within 200 metres of a housing trust complex?	☐ Yes	☐ No
Are you a single occupant or pensioner?	☐ Yes	☐ No
Do you consider your location a safety hotspot? If yes, why?	☐ Yes	☐ No
Have you received a Safer Suburbs Grant in the past three financial years?	☐ Yes	☐ No

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Section 4: Budget & Documentation

Total Cost of Equipment (AUD)	\$
Amount Requested (AUD)	☐ Up to \$100 (residential)
	☐ Up to \$200 (priority resident)
	☐ Up to \$500 (business / community group)
Confirm you have attached the following documents:	☐ Receipt for purchased equipment
	☐ Supporting information (e.g. crime reports, safety data)
	☐ Written approval from property owner/landlord (if applicable)
	☐ Proof of ABN and insurance (for businesses)

Section 5: Consent & Declaration

- I consent to the location of installed equipment being recorded in Council's private register accessible to SAPOL for community safety purposes. - I understand that funding is retrospective and will be paid via EFT. - I declare that the information provided is true and correct. - I confirm that I have read and understood the Safer Suburbs Grants Policy.
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Signature	
Date	

Bank Details for EFT Payment:

Account Name		
BSB		
Account Number		

Office use only

Date application received	
Meets eligibility criteria (attached checklist)	☐ Yes
	☐ No
Assessed by Name:	Signature:
Notes	

Return form via email to walkerville@walkerville.sa.gov.au or

via post to PO Box 55, Walkerville SA 5081