

Eligibility Criteria

To be eligible

- Applications are required to be from incorporated, not-for-profit organisations and groups.
- Applications must include completed financial information and necessary quotations.
- NOTE: Groups that are not incorporated need an incorporated body willing to accept the funds on your behalf and accept responsibility for the funding of the activity (auspiced by an incorporated body).
- Activity or Project must demonstrate that at minimum 50% participants/beneficiaries are City of Marion residents and/or community group members.

The following will make an application ineligible

- Funding for individual, private, political or commercial enterprises or activities.
- Fundraising or sponsorship.
- Ongoing operational costs, core business, salaries or costs not directly related to activity delivery.
- Payment for facilitators/instructors (unless it is clearly demonstrated that required expertise cannot be sourced internally).
- If applicants have already applied within other City of Marion grant streams for the same activity within the same round.
- Activities implemented outside of the City of Marion council boundaries (unless the activity clearly demonstrates significant benefits to the participants, being City of Marion residents).
- The activity has commenced or retrospective funding (money spent before a grant is approved).
- Funding for academic research or conference costs, interstate or overseas travel.
- Funding for once off events.
- Activities that duplicate a community need that is already being met.
- Schools are not eligible to apply. External organisations conducting activities within schools, during school hours, are also ineligible.
- The organisation has an outstanding acquittal or debt owing to Council. Please note this does not apply to organisations that have a loan with Council and are complying with the repayment terms.

Ineligible applications will not progress to the assessment stage.

Funding and additional criteria

- Each funding round may include one grant up to \$10,000.
- The remaining funding pool has a \$5,000 limit per application.
- Applicants must declare any current and/or ongoing in-kind or financial support received from the City of Marion eg subsidised rent, funding agreements.
- Only one application per community group/organisation per round will be accepted.
- Where relevant, applications may be approved subject to additional criteria being met (eg: subject to development approval, landlord approval etc).
- Grants should generally not be used for site improvements on private property.

CG Application 2627 R1

Form Preview

Please Note:

Before completing this Community Grant application form please read the guidelines:

[Community Grant Guidelines](#)

The timeline for Council's final decision making to award funding is approximately 5 months from the grant round closing date. Applicants should consider this timeline when making their application for their proposed activities. Given this timeframe, it is essential that activities seeking funding have flexible start dates and implementation schedules to accommodate potential delays in the approval process.

If you have any questions about your eligibility, please contact Ashley Lambourne, Grants Officer on (08) 8375 6600 or email ashley.lambourne@marion.sa.gov.au

Confidential Section

* indicates a required field

Please note this section includes sensitive information. Relative sensitive information will remain confidential.

Organisation Details

Organisation name *

Organisation Name

Please use your organisation's full name as registered in the Australian Business Register.

Organisation postal address *

Address

Organisation postal address *

Address

Please write "as above" if this is the same

Contact Details

Primary contact person *

First Name

Last Name

CG Application 2627 R1

Form Preview

This is the person we will correspond with about this grant application. Must be an appropriately authorised person.

Position held in organisation *

E.g. Committee Member

Primary contact person's email address *

This is the address we will use to correspond with you about this grant. Organisational email addresses preferred

Primary phone number *

Alternative phone number

Secondary contact person *

This person will be contacted in the event the primary contact is unavailable or leaves organisation

Secondary contact person's position *

Secondary contact person's email address *

Secondary contact phone number *

ABN Details

Your organisation's ABN (If you are being auspiced by another organisation, please leave this blank)

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

CG Application 2627 R1

Form Preview

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN

Bank details

For applicants that are not incorporated, we require the bank account details of the auspicing organisation, not the applicant.

If your application is successful, funds will be deposited via EFT.

Bank Account *

Account Name

BSB Number Account Number

Auspice Arrangement

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you are not incorporated and not auspiced you are not eligible to apply for this grant.

Will your group or organisation be auspiced for the purposes of this grant? *

Yes

No

Auspice organisation details

Name of auspicing organisation *

Organisation Name

As it appears in the Australian Business Register

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

CG Application 2627 R1

Form Preview

Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location

Must be an ABN

Auspecting organisation's website

Must be an URL

Primary contact person at auspecting organisation *

First Name Last Name

We may contact this person to verify that this auspecting arrangement is valid and current.

Auspice postal address *

Address

Contact person's phone number *

Contact person's email address *

Please attach a letter from the auspecting organisation confirming this arrangement. *

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.

Profit and Loss statement

Please attach a copy of your organisation's most recent Profit and Loss statement. If you are being auspected, please supply the Profit and Loss Statement of your auspecting organisation *

Attach a file:

Activity details

* indicates a required field

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

- Community group
- General not-for-profit
- Volunteer association
- Religious or faith-based institution
- Philanthropic organisation
- Charity
- Sports/Recreation Club
- Other:

Please choose the option that best applies to your organisation.

What is your organisation's purpose or vision? *

Word count:

Must be no more than 100 words.

Has your organisation received any financial contributions or in-kind support from the City of Marion in the past 2 financial years? e.g. may include subsidised rent, funding agreements, one off support payments. *

- Yes No

Please explain the type of contribution or support *

Please supply the actual or estimated dollar value of this support *

Activity title: *

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

Total funds being requested from the City of Marion *

This number/amount is calculated.

This is calculated from budget section - no input required

Is there a participant fee for your activity? *

CG Application 2627 R1

Form Preview

Yes

No

What is the participant fee per person? *

Must be a dollar amount.

Additional information regarding participant fee:

Anticipated start date *

Anticipated end date

Must be a date.

The timeline for Council's final decision making to award funding is approximately 5 months from the grant round closing date.. Applicants should consider this timeline. Please enter a date, even if unconfirmed.

Please note that applications for once-off events are not eligible under the City of Marion's Community Grants. To apply for funding for events, please make an application under the [Community Event Fund](#).

Please provide a brief summary of your activity. Be descriptive, but succinct. Include a brief summary of who this activity will benefit, what you will do e.g. the activities you will perform, what outcomes are expected, number of workshops, expected number of attendees, potential venue etc. *

Word count:

Must be no more than 200 words.

Benefit to City of Marion Residents (25%)

What percentage of your activities participants will be residents of the City of Marion? *

- 80% or above
- 70% - 79%
- 50% - 69%
- 49% or less

At least 1 choice and no more than 1 choice may be selected.

Consider and explain how you will identify this percentage of participants that are City of Marion residents and/or members of local clubs/organisations participating within your activity. e.g. Utilising information from registration forms, postcodes recorded, using existing participant membership details etc. The percentage of City of Marion residents will need to be evidenced in your post activity report/acquittal. *

Word count:

Must be no more than 200 words.

Please note that if your project does not intend to prioritise City of Marion residents (as 50% or more of your participants), your grant application will not be eligible. If you would like to discuss this further, please contact our Grants Officer at ashley.lambourne@marion.sa.gov.au.

Community Connection (20%)

Refer to the [City of Marion Strategic Plan 2024-2034](#).

Describe how your activity increases community connection and participation, neighbourhood and/or intergenerational connection and/or reduces social isolation. *

Word count:

Must be no more than 150 words.

Skill Development (20%)

What opportunities does your activity offer participants for skill development? e.g. employment, leadership and/or life skills? *

Word count:

Must be no more than 150 words.

Inclusivity (15%)

Is your activity accessible to the broader community? Does it encourage cultural harmony? Demonstrate how your activity creates safe and welcoming spaces for inclusivity eg. reducing stigmas and barriers, activity is as inclusive as possible (Council recognises particular activities may be implemented to support vulnerable populations and/or specific demographic groups). *

Word count:
Must be no more than 150 words.

Volunteers (10%)

Does your activity utilise or give opportunities to engage volunteers? e.g. our club or organisation is run by volunteers, the activity is delivered by volunteers, we are engaging new volunteers. *

Must be no more than 100 words.

Budget

* indicates a required field

Budget (Section 3)

This table must only include the amounts and items you are requesting from the City of Marion for the purposes of this grant.

Your budget must include GST if your organisation is registered for GST.

Expenditure item description	Expenditure item type	Amount (\$)	Any additional information
What is the grant being spent on		Must be a whole dollar amount (no cents).	

Any additional information.

Word count:
Must be no more than 100 words.

Funds requested from the City of Marion (automatically calculated from the table above).

This number/amount is calculated.

CG Application 2627 R1

Form Preview

This amount must match the requested amount on page 3.

In-kind Support and/or Financial Contribution (10%)

What, if any, additional in-kind or financial contribution to the overall activity cost will your organisation provide? e.g. provide facilitators, volunteers, program venues, printing, marketing, resources, equipment etc. (Note: Volunteer hours should be calculated at a rate of \$47.38 per hour) Will this activity receive funding from any other sources eg donations, other grants?

Type of in-kind support or financial contribution	Amount (can be estimated)	Any additional information

In-Kind Support & Financial Contribution Total (automatically calculated from table above).

This number/amount is calculated.

Overall Activity Cost (automatically calculated).

This number/amount is calculated.

Quotes

For the application to be eligible, any costs over \$1000 requires two quotes. *

Attach a file:

We may contact you to provide quotes for items under \$1000 at our discretion.

Partial funding

Could your activity proceed with partial funding? *

Yes

No

Note: If you select 'No', you will not be considered for partial funding.

If partially funded, what is the minimum amount of funding from the City of Marion that would allow your activity to proceed? *

Must be a dollar amount.

How would this change the delivery of your activity? Please note if an amount is not provided above, you will not be considered for partial funding. *

Must be no more than 100 words.

Further information

Attach any additional information that may be relevant to your application.

Attach a file:

or

Any further information that may be relevant to your application.

Declaration and Feedback

* indicates a required field

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

Terms and conditions of funding are as follows:

- The funds provided will be used only for the approved activities as detailed in the grant application. If this condition is not met, you will be required to return total funding received to the City of Marion.
- Applicant will seek council's written approval to progress if there are any changes to the activities.
- Complete the activity within twelve months of receiving the funding.
- Applicants will be required to complete an acquittal form online. The form is due within one month of the completion of the activity.
- Evidence of expenditure is required – **all receipts must be attached to the acquittal.**
- Unspent funds are required to be returned to the City of Marion.

CG Application 2627 R1

Form Preview

- Applicants will be responsible for obtaining any relevant approvals including, use of council land, road closures, development consents/building approval and/or permissions from land property owners before disbursement of funds.
- Meet and adhere to all relevant screening and insurance requirements set by state and commonwealth legislation.
- Acknowledge the City of Marion in all promotional matters relating to the funded activity. The City of Marion will also have the right to independently promote the activities/events.
- It is the responsibility of the applicant/sponsoring body to indemnify and keep indemnified the City of Marion, its employees and agents, against all actions, costs and claims.
- Successful City of Marion grant recipients are required to adhere to the current SA Government's Single-use and Other Plastic Products (Waste Avoidance) Act 2020. For further information, please visit replacethewaste.sa.gov.au.

I declare the statements made within this application are true and correct, and I understand that if this funding is approved, we will be required to accept the terms and conditions of the grant as outlined above.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Must be an appropriately authorised person

Position *

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

Contact phone number *

Contact Email *

Date *

Applicant Feedback

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

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

How did you find out about this grant program

Previous applicant

Social media

Visiting City of Marion venue

Word of mouth

Coast FM ad

Other:

Please provide us with your suggestions about any improvements to the application process form.

