

### Eligibility Criteria

The purpose of the City of Marion Youth Grants is to support not-for-profit groups and service organisations to deliver well-managed and relevant projects and programs whilst strengthening connections for young people between the ages of 12-25 in our community.

#### **To be eligible:**

- Applications are encouraged from incorporated not-for-profit organisations and groups. 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 project.
- Applications must include completed financial information and necessary quotations.
- The timing of the program must not conflict with target participants school attendance requirement.
- Schools/educational institutions are eligible to apply, provided they can demonstrate:- The project is delivered outside of normal school hours, this also applies to external facilitators conducting programs and activities within schools.- The project is meeting an identified need that is not limited to the school environment and demonstrates how the project will have benefits to the wider youth population.

#### **The following will make an application ineligible:**

- The project forms part of the core business of the Department for Education.
- Alternative funding sources for the project are available from the Department for Education.
- Funding for individual, private, political or commercial enterprise or activities.
- Fundraising or sponsorship.
- Ongoing operational costs, core business, salaries or costs not directly related to project delivery.
- Projects implemented outside of the City of Marion council boundaries (unless the activity clearly demonstrates significant benefits to the participants, being City of Marion's young people).
- If applicants have already applied within other City of Marion grant streams for the same project within the same round.
- The project 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.
- Projects that duplicate a community need that is already being met.
- 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**

- Applicants may apply for funding up to \$10,000.
- Applicants may apply for more than one grant by submitting a separate application for each project, demonstrating clear distinctions between the projects.

# YG Application 2627 R1

## Form Preview

- Applicants must declare any current and/or ongoing in-kind or financial support received from the City of Marion eg subsidised rent, funding agreements.

### Please Note:

Before completing this Youth Grant application form please read the guidelines: [Youth 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 the 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](mailto: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 address \***

Address

  

#### **Organisation postal address \***

Address

  

### Contact Details

#### **Primary contact person \***

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## Form Preview

First Name

Last Name

This is the person we will correspond with about this grant application

**Position held in organisation \***

e.g. Committee Member

**Primary phone number \***

**Alternative phone number**

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

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

**Secondary contact person \***

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

**Secondary persons position in organisation \***

**Secondary contact phone number \***

**Secondary persons email \***

## 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

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## Form Preview

Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

**If your organisation does not have an ABN, please supply your Incorporation Number (If you are being auspiced by another organisation, please leave this blank).**

### Bank details

If your application is successful, funds will be deposited via EFT. We require your organisations bank account details.

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

#### **Bank Account \***

Account Name

BSB Number      Account Number

      

Must be a valid Australian bank account format.

### 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**

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## Form Preview

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

### Auspecting organisation's website

Must be a 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 organisations most recent annual Profit and Loss statement (if you are being auspiced, the Profit and Loss Statement of your auspicing organisation is required to be uploaded here). \* \***

Attach a file:

Statements will need to show data over one full financial year.

## 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
- Educational 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.

## Organisation/Club Fee

**Does your organisation charge a fee for membership? \***

- Yes
- No

**If yes, please state amount charged for memberships, how often they are charged and any applicable descriptions.**

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## Form Preview

**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, if it is once-off or ongoing. \***

**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.

**Grant funds being requested from City of Marion (automatically calculated from Budget table on page 4). \***

This number/amount is calculated.

**Is there a participant fee for your activity? \***

Yes

No

**What is the participant fee for your activity or project per person? (If not applicable please enter \$0) \***

Must be a dollar amount.

**Additional information regarding participant fee:**

**Anticipated start date \***

Must be a date and no earlier than 1/7/2026.

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.

**Anticipated end 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 Marions Youth 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 etc. \***

Word count:

Must be no more than 200 words.

**Where will your activity or program take place (even if unconfirmed at this stage) and at what times?**

Please note that projects and activities must be delivered outside of normal school hours.

**Benefits to City of Marion Young People (25%)**

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

- 80% or above
- 70% - 79%
- 50% - 69%
- Less than 50%

**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](mailto:ashley.lambourne@marion.sa.gov.au).**

## Youth Specific Provider (20%)

**Does your organisation have experience delivering youth specific activities aimed at young people between the ages of 12-25 years to address a current need? e.g. examples of previous youth activities delivered. How is your intended activity addressing a current youth need? \***

Word count:

Must be no more than 150 words.

## Community Connection (15%)

Refer to the [City of Marion's 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.

## Inclusivity (15%)

**Does your activity create a safe space for young people from diverse backgrounds, cultures and beliefs? Is your activity as inclusive as possible for young people? e.g. reducing stigmas and barriers, activity is as inclusive as possible (Council recognises particular activities may be implemented to support vulnerable young people and/or specific youth demographics). \***

Word count:

Must be no more than 150 words.

## Enables Youth Engagement (15%)

**Does your activity encourage opportunities for young people to lead or co-design phases within the activity? e.g. demonstrate opportunities for young people to be involved in planning and delivery. \***

Word count:

Must be no more than 150 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 relating to the budget you would like to include?**

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

This number/amount is calculated.

#### In-kind Support and/or Financial Contribution (5%)

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. (Volunteer hours calculated at \$47.38) Will this activity receive funding from any other sources e.g. donations, other grants.

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



**In-kind support and/or financial contribution Total (automatically calculated from table above).**

This number/amount is calculated.

**Overall Activity Cost (automatically calculated).**

This number/amount is calculated.

## Quotes

**Please supply 2 quotes for all costs over \$1000. Please note that this includes the purchase of multiple single items where the total comes to over \$1000. We may contact you to provide quotes for items under \$1000 at our discretion.**

\*

Attach a file:

Attach/upload all required quotes here.

## 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. \***

## Further information

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

Attach a file:

Eg; marketing information, photos,

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.
- 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.
- We advise applicants to acquit their project within one month of project completion, acquittals must be received by City of Marion within 13 months of distribution of grant funding.
- 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 the commencement of the activity.
- 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.

# YG Application 2627 R1

## Form Preview

- 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](http://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 and/or additions to the application process/form that we can consider. Include any barriers or challenges you have experienced.**