

Quick Wins - Community Halls Grant Program

Form Preview

Quick Wins - Community Halls Support Grant

* indicates a required field

The Quick Win - Community Owned Hall Building Insurance grant stream provides up to \$2000 per financial year to assist with the payment of building insurance premiums by supporting Not for Profit volunteer Committees that own and manage community halls that benefit the wider community.

Please note: This application form can be completed **after** building insurance premium has been paid in order to reimburse the applicant for up to \$2000. Payment evidence is required to be uploaded as part of this application.

The following information is required for the lodgement of an application through Smarty Grants:

- Evidence of building insurance premium has been payment.
- Evidence that the facility is available for community use, for example;
 - Number of events held over the past 12 months including attendance
 - Number of external hirers over the past 12 months
- A copy of the last audited financial statement
- Evidence of ownership of the building
- Certificate of Incorporation
- Evidence that insurance cover is adequate for building replacement
- Council aims to process applications once on the 1st of every month (except January) and if successful, generally funding will be transferred by EFT in the middle of the month (dependant on accounts payable)

Before completing this application form, you should have read the program guidelines: [Council-Grants-Management-Guideline-2022.pdf](#)

If you have any questions in regards to these eligibility criteria, please contact **Simone Zrna Grants Officer** s.zrna@murraybridge.sa.gov.au or call **8539 1100**

If you do contact us throughout the application process, please quote the application number below.

Grant Program Name

This field is read only.

The program this submission is in.

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Please confirm that you have read Councils Grants Management Guidelines You must confirm that all statements above are true and correct.

☐ Yes

Please select the Hall owned and managed by your community Group/ Organisation that your application for financial assistance relates to *

- ☐ Brinkley Hall
- ☐ Burdett Hall
- ☐ Jervois Hall
- ☐ Monteith Public Hall
- ☐ Wellington Hall

Applicant Details

* indicates a required field

Organisation/Community Group Name *

Make sure you provide the same name that is listed in official documentation.

Total amount requested to fund payment of building insurance (maximum \$2,000) *

Must be a number.

Number of events held at Hall over the past 12 months including attendance *

Must be a number.

Number of external hirers of Hall over the past 12 months *

Contact Details

Name of primary contact *

Applicant postal address *

Applicant primary phone number *

Must be an Australian phone number

Applicant primary email address *

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ABN

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.

Is the organisation registered for GST? *

- ☐ Yes
☐ No

Please upload a copy of the last audited financial statement of the Hall *

Attach a file:

Please upload evidence of ownership of the building *

Attach a file:

Please upload Certificate of Incorporation *

Attach a file:

Please upload Provide evidence of insurance paid *

Attach a file:

Please upload evidence that insurance cover is adequate for building replacement *

Attach a file:

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Certification and Feedback

* indicates a required field

Certification

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).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

Applicant Admin Contact

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Applicant Admin Contact Position

Applicant Admin Contact Primary Phone Number

Must be an Australian phone number.

Applicant Admin Contact Primary Email

Must be an email address.

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.

Please indicate how you found the online application process.

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

How many minutes in total did it take you to complete this application?

Must be a number.

Estimate in minutes i.e. 1 hour = 60

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

A light blue rectangular box with a thin black border, intended for users to provide suggestions about improvements or additions to the application process.