

Sport and Recreation Facilities Grant Application

Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the [Sport and Recreation Facilities Management Guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

It is highly recommended that you contact the grant administrator prior to progressing with this grant application. If you have any questions in regard to these eligibility criteria, please contact **council@murraybridge.sa.gov.au or 8539 1100**.

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

Application Number

This field is read only.

Ineligible Costs

Grant contributions cannot be used to cover the following costs:

- Costs that do not align with the Sport and Recreation Facilities Grant Management Guidelines.
- Costs that are not considered contractor labour or materials associated with the project.
- Costs associated with ongoing operations, such as but not limited to, electricity, water and other utilities.
- Cost of landscaping for aesthetic purposes.
- Costs associated with the construction or sealing of car parks or roads.
- Insurances.
- Any costs associated with preparing and submitting a funding application.
- Purchase of land.
- Project management fees.

Confirmation of Eligibility

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Before proceeding, please confirm the following:

- You have read and understood the program guidelines
- You are able to demonstrate alignment between your project and the aims of this program
- Your organisation is a not-for-profit organisation (excludes educational institutions such as schools and kindergartens)
- Your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- Your organisation is located in the Rural City of Murray Bridge
- Your organisation is able to demonstrate financial viability
- Your organisation does not owe any grant acquittals or money to the Rural City of Murray Bridge as a result of previous funding or grants
- Your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

You must confirm that all statements above are true and correct. *

☐ Yes

Contact Details

* indicates a required field

Organisation Details

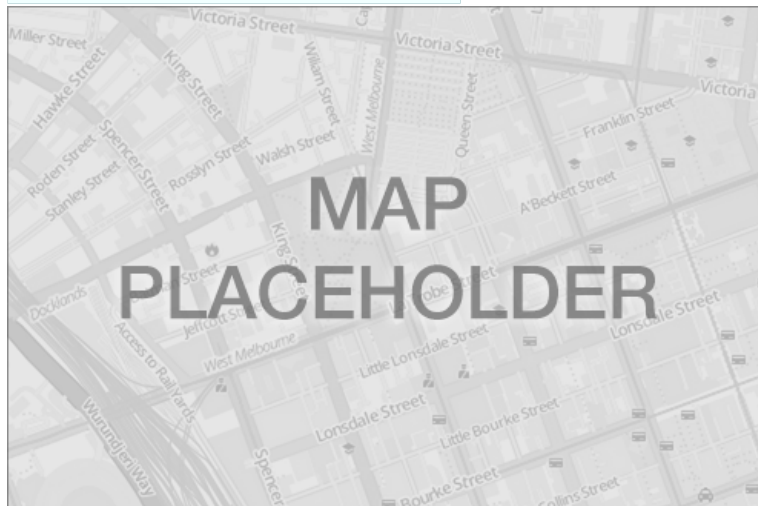
Organisation *

Organisation Name

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

Organisation primary address *

Address



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Street Number and Address, Suburb/Town, State, Postcode response required.

Organisation postal address

Address

Organisation primary phone number *

Must be an Australian phone number.

Organisation email address *

Must be an email address.

Organisation website

Must be a URL.

Primary Contact Details

Primary contact *

Title First Name Last Name

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

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

Is your organisation affiliated with a State or National association or peak body *

- ☐ State
☐ National

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☐ Other:

Please choose the option that best applies to your organisation.

What is your organisation's legal structure? *

- ☐ Unincorporated association
☐ Incorporated association
☐ Other:

If your organisation is unincorporated, it must have an auspice organisation.

Does your organisation have an ABN? *

- ☐ Yes ☐ No

Is your organisation registered for GST? *

- ☐ Yes
☐ No

Is your organisation registered with a recognised club development program? Please state the name of the recognised club development program.

Council Grants

Has the organisation applied for Council grants in the past 5 years? *

- ☐ Yes
☐ No

If yes, please specify grant type and year.

E.g. Community Grant 2026

Has this grant been acquitted?

- ☐ Yes
☐ No

Applicant 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)

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main Business Location

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form. *

Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Please upload a copy of the organisations constitution. *

Attach a file:

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

☐ Yes

☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Auspice organisation name *

Organisation Name

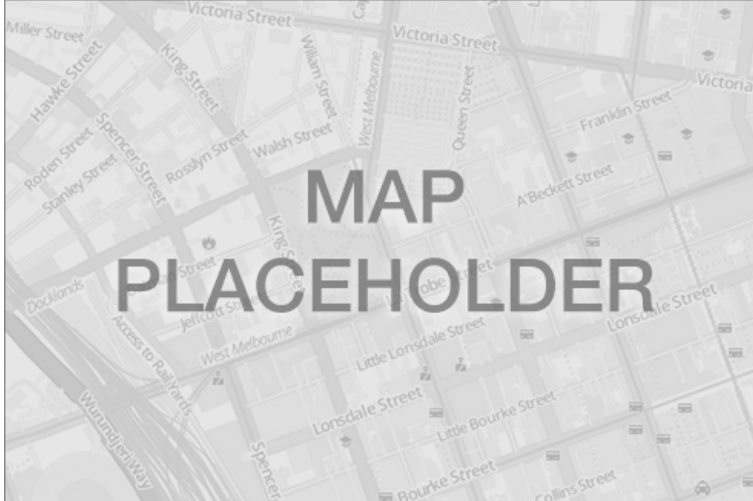
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address

Address

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Auspice postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Primary contact person at auspice organisation *

Title First Name Last Name

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

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact email address *

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Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *

☐ Yes

☐ No

Auspice 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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Project Details

* indicates a required field

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Project title *

Word count:

Must be no more than 25 words.

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

Physical address of the project?

Anticipated start date *

Anticipated end date *

Please provide a short summary of your project. *

Word count:

Must be no more than 500 words.

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Please upload a copy of plans for the proposed works.

Attach a file:

Lease upload a copy of landowner's consent.

Attach a file:

If applicable.

What is the identified need and how will you address it? *

Word count:

Must be no more than 250 words.

Tell us why your initiative is needed, and why you believe the project you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Milestones

What are the major steps / stages (i.e. milestones) involved in delivering your project?

Milestone	Start Date	End Date	Notes
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One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context.

Community Support

Does this project have community support? *

☐ Yes

☐ No

☐ Don't know

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support?

Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Project Outcomes

* indicates a required field

Provide details of who will benefit from your project and how. *

Word count:

Must be no more than 250 words.

Please list any indirect beneficiaries you anticipate will or may be affected by your initiative.

Indirect beneficiaries

One per row. You may add extra rows if required. Indirect beneficiaries are those who may not be targeted by your initiative but are nonetheless expected to be affected by it. For example, a country sports program might be expected to improve the health of the participants ('rural children and

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youth'), but also to contribute to strengthened community cohesion and capacity building through greater involvement in sports clubs ('rural adults').

Alignment

Alignment - How does your project align with the Principle Statements in the Sport and Recreation Facilities Grant Management Guidelines? *

Word count:
Must be no more than 500 words.
For example: Principle Statement 8 - How does your project promote inclusion and equity? Please consult the Grant Management Guidelines for more information about the Principle Statements

Project Budget

* indicates a required field

Total Amount Requested - Ex. GST *

What is the total financial support you are requesting in this application?

Total Project/Program Cost - Ex. GST *

What is the total budgeted cost (dollars) of your project?

Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

All amounts to be GST Exclusive.

Volunteer hours can be allocated at \$50 per hour.

Income description	Income type	Is this funding confirmed?	Income amount ex GST (budgeted)	Notes
Provide a clear description for each budget item. Examples of income could include 'trivia fundraising night', 'company X sponsorship'.	Please select the type of income		Enter the total amount expected to be received. Excluding GST. Must be a dollar amount.	Add notes if you need to provide more context
	Other:	Confirmed Unconfirmed		

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Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below.

All amounts to be GST Exclusive.

Expenditure description	Expenditure type	Expenditure amount (budgeted)	Notes
Provide clear descriptions for each budget item. Examples of expenses could include 'hire fees', 'equipment costs', 'contract labour', 'materials'.	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be excluding GST. Must be a dollar amount.	Add notes if you need to provide more context.
	Other:		

Budget Totals

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.
This amount should equal 0.

Please attach quotes for all expenditure (cost) items. *

Attach a file:

Applicant Capacity

* indicates a required field

Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. *

Word count:

Must be no more than 500 words.

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Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Please provide a link to or attach a copy of your most recent audited/certified financial statements. *

☐ Upload

☐ Link

Please provide us with your most recent financial statements (must include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

Please upload a copy of your most recent Financial Statements. *

Attach a file:

A minimum of 1 file must be attached.

Link *

Must be a URL.

Certification and Feedback

* indicates a required field

Terms and Conditions of the RCMB Sport and Recreation Facilities Grant Funding

1. Supervise the administration of the Grant.
2. Use the funds provided ONLY for the approved project.
3. Obtain any required Development Consent and/or Building Approvals and/or permission from the land and/property owner or regulatory bodies or organisations (if applicable) before commencing the project.
4. Seek Council's written approval to continue with the project if there is any change in the project.
5. Acknowledge the Rural City of Murray Bridge on all printed material relating to the funded project and provide evidence of such.
6. Display the supplied successful council grant signage in a visible position at the project site for a minimum of 12 months.
7. Complete the acquittal process at the end of the project.
8. Invite a Council member to the project opening and/or event.
9. I/We understand that it is my/our responsibility to obtain all necessary insurances and that the Rural City of Murray Bridge will not be held liable for any matter arising out of this grant.
10. We agree to indemnify and keep indemnified the Rural City of Murray Bridge, its employees and agents from and against all actions, costs, claims, charges and

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expenses whatsoever which may be brought or made to claim against them out of or in relation to the project.

- 1 Provide a photograph of the completed project including permission for Council to use the photograph for promotional purposes.

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (**Must 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

Name of authorised person *

Title First Name Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

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

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

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?

Estimate in minutes i.e. 1 hour = 60

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

