

City of Salisbury Community Grant Program Sustainability Community Grant Application Form



Please ensure you have read and understood the City of Salisbury Community Grants

<u>Program Guidelines and Eligibility Criteria document</u> prior to completing an application.

| Part 1 - Applicant Information | |
|--|---|
| CONTACT DETAILS | |
| Name: | |
| Title (your role with the group/organisation): | |
| Address: | |
| Phone: | |
| Email: | |
| GROUP / ORGANISATION / BUSINESS / SCHOOL | / INSTITUTION DETAILS |
| Name: | |
| Registered Address: | |
| Suburb: | Postcode: |
| Phone: | |
| Website: | |
| GROUP / ORGANISATION / BUSINESS / MANAG | EMENT DETAILS |
| ABN: | |
| Registered for GST: | ☐ Yes ☐ No |
| Not For Profit Deductible Gift Recipient (DGR) status by the Australian Taxation Office: | ☐ Yes ☐ No |
| Have you or your organisation previously | ☐ Yes ☐ No |
| received funding from the City of Salisbury? | Please advise when, amount granted and what it was for: |
| | |
| BANKING INFORMATION | |
| Account Name: | |
| BSB: | |
| Account Number: | |
| Program Priorities | |
| What program priorities will your application | Greenhouse Gas Emissions Reduction |
| best align to? | \square Completion of energy efficiency audits to identify priority initiatives. |
| (please tick which is applicable) | ☐ Installation of appliances or equipment that reduces the energy use and greenhouse gas emissions of the organisation. |
| | ☐ Development of greenhouse gas inventories and emissions reduction strategies. |
| | Climate Resilience |
| | ☐ Installation of rainwater tanks or Water Sensitive Urban Design |

| | (WSUD) interventions (e.g. permeable paving, rain gardens, tree inlets). | |
|---|--|--|
| | Resource Recovery and Circular Economy | |
| | $\hfill\Box$ Completion of waste minimisation audits to identify priority actions. | |
| | ☐ Installation of resource recovery systems including food and garden organics separation, co-mingled recyclable. | |
| | ☐ Trialling or purchase of commercial rapid composters, commercial dehydrators or similar systems to divert green waste from landfill. | |
| | ☐ Signage and education materials. | |
| | ☐ Other initiatives that assist to avoid and reduce waste including achievement of circular economy outcomes. | |
| | | |
| Part 2 - Application Summary | | |
| What is the funding for? | ☐ Energy efficiency audit to identify priority initiatives. | |
| (please tick which is applicable) | ☐ Solar photovoltaic systems. | |
| | $\hfill\Box$ Energy battery storage systems connected to a solar photovoltaic system. | |
| | \square Replacement of gas appliances with energy efficient electric or solar powered (eg hot water, heating, cook tops or ovens). | |
| | \square Energy efficiency upgrades recommended in an energy efficiency audit | |
| | \square Greenhouse gas inventory developed by a qualified consultant. | |
| | $\hfill\Box$ Greenhouse gas emissions reduction strategies developed by a qualified consultant. | |
| | $\hfill\square$ Rainwater tanks and plumbing of the tank to an appliance, fixture or irrigation. | |
| | $\hfill\square$ Water Sensitive Urban Design (WSUD) interventions (eg permeable paving). | |
| | \square Completion of waste minimisation audits to identify priority actions. | |
| | ☐ Other: please describe: | |
| Name of the Application | | |
| Proposed date(s) | | |
| (Commencement to completion) | From to | |
| Location of activity | | |
| (Activities must occur within the City of Salisbury) | | |
| Are you the property owner or tenant? | ☐ Property Owner ☐ Tenant | |
| (Note that some activities such as installation of solar photovoltaic panels will require | | |

property owner consent)

| Does your activity require development approval? | ☐ Yes ☐ No |
|--|--|
| αμγιοναι: | ☐ Don't know |
| If development approval is required you must obtain approval prior to grant monies being provided. | |
| Please review <u>Frequently Asked Questions</u> to check if development approval is required for your project. | |
| Provide a brief description of the proposed activity | (max 100 words) |
| (Please refer to supporting documents including preferred quote etc. as listed in Part 4) | |
| | |
| Describe how the activity will align with the program priorities as outlined on previous page | (max 100 words) |
| | |
| | |
| | |
| | |
| Which grant size are you applying for? | |
| 6 | $\hfill \square$ Mini Grants are to the value of \$2,000 (incl. GST) - Fill in funding details below |
| | \Box Small Grants are from \$2,000 and to the value of \$7,000 (incl. GST) - Go to Part 3 |
| Mini Grants - Amount of Funding Requested | Funding requested \$ |
| and for what purpose | Total activity budget \$ |
| (e.g. the purpose could include equipment | |
| purchase, energy audit, signage etc.) | Purpose of funding: |
| | |
| If successful, please describe how the support from the City of Salisbury will be acknowledged. | (max 100 words) |
| NEXT STEPS: | |
| | eclaration page in Part 6 of this application, save a copy in your personal sa.gov.au for consideration with relevant supporting documents listed in |
| FOR ANY SMALL GRANT APPLICATIONS REQU | ESTING MORE THAN \$2K, PLEASE CONTINUE |

| Part 3 – Further Information - Small Grants ONLY (\$2k - \$7k) | | |
|--|---|--|
| Environmental sustainability improvements What are the expected environmental sustainability improvements to the operations of your organisation due to the proposed activity? | (max 200 words) | |
| (e.g. amount of solar power to be generated, amount of energy use reduction, reduction in greenhouse gas emissions, quantity of waste to be diverted from landfill) | | |
| Operating Costs Do you expect the proposed activity to reduce your operating costs and by how much? | (max 100 words) | |
| Organisation and supplier experience What experience do you and your suppliers have in successfully delivering similar activities? | (max 100 words) | |
| Suppliers To complete the proposed activity, approximately what percentage of purchases by cost will be local City of Salisbury, Adelaide or South Australian suppliers and products? | City of Salisbury based: % Adelaide based: % | |
| | South Australian based: % | |

Part 4 – Supporting Documentation – Mini and Small Grants Please list and attach any relevant and supporting documentation including but not limited to: Preferred quote for new appliances/equipment/development of greenhouse gas inventory/energy audit Photos of appliance/equipment to be replaced Design of water sensitive intervention or other proposed installations Property owner consent Organisation and supplier capability statements 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

| Part 5 - Budget Breakdown – Small Grants ONLY | | |
|---|----|--|
| Amount Requested | \$ | |
| Total Budget | \$ | |
| Itemised Breakdown of Costs: An itemised breakdown of costs must be provided. Please attach a separate sheet if there is insufficient space. | | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

| TOTAL (including GST): | \$ | |
|---|---------------------------------------|---|
| Quote Attached: A detailed, current quote <u>must</u> be provided with the application. | □ Yes | □ No |
| Part 6 - Application Declaration - | - Mini and Small | Grants |
| This declaration must be completed by an auth | · · · · · · · · · · · · · · · · · · · | |
| The authorised representative should be a per behalf of the applicant. | son who is legally empo | wered to enter contracts and commitments on |
| For groups or organisations, 2 signatories from | senior office holders w | ll be required. |
| Please read, tick the boxes and sign below | | |
| \square I/We acknowledge that I am authorised to r | nake this application on | behalf of the Organisation. |
| \square I/We acknowledge that the information pro | vided in this application | is true and correct. |
| ☐ I/We acknowledge that application needs to Acceptance of Community Grant – Form 1 and Criteria as set out | | |
| ☐ I/We acknowledge that our Organisation ma application by the City of Salisbury Community | | further information prior to consideration of this |
| ☐ I/We acknowledge that any changes in circu City of Salisbury Community Grants Program m | | Application must be notified in writing, and the ation. |
| On behalf of | (Group/Orga | nisation) |
| (Name) | _ | (Name) |
| (Position) | _ | (Position) |
| (Signature 1) | _ | (Signature 2) |

(Date)

(Date)