| Eligibility | | |
|---|---|--|
| I have read through the application <u>information on the Community Grants webpage</u> and our organisation is eligible to apply. | | |
| Let's Begin | | |
| How did you find out about the Community Grants? Please tick the most appropriate box/es | DPTI webpage Facebook/Twitter Towards Zero Together e-newsletter Direct correspondence from DPTI Local Member of Parliament Motor Accident Commission website Local Newspaper Other (please specify) | |
| Applicant Details | | |
| Australian Business Number (ABN) | | |
| Organisation name | | |
| Postal Address | | |
| Suburb | | |
| Postcode | | |
| Contact Person 1 (person submitting application) | | |
| First Name | | |
| Last Name | | |
| Position | | |
| Phone and/ or Mobile | | |
| E-mail | | |

Contact Person 2 (person authorising Application - Company Director, CEO or authorised company signatory)

| First Name | | |
|--|--------|--|
| Last Name | | |
| Position | | |
| Phone and/ or Mobile | | |
| E-mail | | |
| Project Details | | |
| Name of your project: | | |
| Please provide a brief summary of your pro | oject. | |
| What changes will your project achieve in the long term (this could include how your project may contribute to the strategic aims/goals of your organisation)? | | |
| Who is your target group and why is there a need for your project to influence this group? Please provide evidence. | | |
| How many people will you approach for this project? | | |
| What percentage (%) of these do you think will actively participate? | | |
| How will your project influence the travel behaviour of your target group to be safer, greener and/or more active? | | |

| How will you maintain your target audience's active participation in the pro | ject? tips | |
|--|---------------------|--|
| 4 | | |
| Measuring Success | | |
| What changes will your project achieve? | | |
| How will you measure the projects achievements? | | |
| | | |
| Are there any issues you foresee to successfully completing your project? If so, how will these be managed? | | |
| 4 | | |
| Funding | | |
| Have you previously received funding from the South Australian Government for projects the same or similar to this proposed project? If yes, contact Community Programs to discuss your project. | • C Yes | |
| Provide a list of project milestones and dates. | | |
| 4 | | |
| Please list the cost of each item and/or service you are seeking funds for (\$A | AUD including GST). | |

COMMUNITY GRANTS – SAMPLE APPLICATION FORM

| Total funds requested (including GST): | \$ | |
|--|--|--|
| Will another organisation be involved in the delivery of this project? | | |
| • ° Yes • ° No | | |
| If yes, please describe their involvement. | | |
| If you will receive funding from another source for this project please provide details. | | |
| Please list any other information that you'd like the selection panel to consider. | | |
| Certification | | |
| Important | | |
| Check you have completed all sections before you submit this application. When you click 'submit' below, Contact Person 2 (as named in this application) will receive an email with a copy of the application. Contact Person 2 will be asked to endorse the application. Your application will only be accepted when this endorsement has been received by Community Programs. Applications that do not provide two contact officers will NOT be eligible for funding. | | |
| I certify that, to the best of my k this document is true and correct. | nowledge, all information contained in | |