

**U3A South Australia Inc & Department of State Development (DSD)**

**2016/17 Grant Application Form**

Member organisations of U3A SA Inc are encouraged to apply for a DSD grant and may submit more than one grant application, using this application form. Initially applications will be assessed by the U3A SA Inc Grants Committee with a view to allocating up to $2,000 to each member U3A for projects that meet any of the focus areas listed below

1. To encourage MOs to engage with their local community to attract new members and volunteers between the ages of 50 and 70 years old through promotion of their services
2. To assist MOs to promote and provide a range of courses and activities to engage older South Australians
3. To support MOs with training/events/Expos to attract new members and volunteers; and
4. Facilitate new partnerships

Any surplus funds after the first round will be prioritised for projects that are innovative and focus on sustainability.

Name of U3A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABN (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATIONS CLOSE **8TH AUGUST, 2016** and can be emailed to Bernice (Bernie) McSwain – [bernicherry@yahoo.com.au](mailto:bernicherry@yahoo.com.au) or posted to Bernie McSwain at 3 Yates Street, Mawson Lakes, 5095. Phone enquiries: 8349 5820 or 0401 984 776

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| --- | --- | --- | --- | --- | --- |
| **Purpose** | **Egs of Eligible Purposes** | **Egs of Ineligible Purposes** | **Description of Your Project** | **How Will You Measure Success?** | **Amount** |
| **1.**  **Promotional Activities / Collateral for MOs to Attract New Members** | * Website creation & redevelopment * Promotional materials eg. Banners, signs, brochures * Promotional events that engage with the public or other community groups * Advertising | * Website maintenance | Please write up your project in blue | Need to provide at least 2 measures per application  1. | Please provide total quote, amount being requested and attach supporting documentation eg. quotes, estimates  $ |

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| --- | --- | --- | --- | --- | --- |
| **Purpose** | **Egs of Eligible Purposes** | **Egs of Ineligible Purposes** | **Description of Your Project** | **How Will You Measure Success?** | **Amount** |
| **2.**  **Resources For MOs To Support New Classes & New Activities to be implemented using resources received in the past two years through the Grant** | * Materials required to start up a new class or new activity * To support activities that leverage off resources and equipment received through the grant over the past two years | * Venue hire * Office administration expenses | Please write up your project in blue | Need to provide at least 2 measures per application  1. | Please provide total quote, amount being requested and attach supporting documentation eg. quotes, estimates  $ |
| **Purpose** | **Egs of Eligible Purposes** | **Egs of Ineligible Purposes** | **Description of Your Project** | **How Will You Measure Success?** | **Amount** |
| **3.**  **Training / Equipment For MOs To Attract New Members And Support Volunteers** | * Training organised by MOs to meet the needs of their volunteers to develop skills required eg. IT, first aid. * Equipment to enable volunteers to perform their roles. | * Social expenses | Please write up your project in blue | Need to provide at least 2 measures per application  1. | Please provide total quote, amount being requested and attach supporting documentation eg. quotes, estimates  $ |
| **Purpose** | **Egs of Eligible Purposes** | **Egs of Ineligible Purposes** | **Description of Your Project** | **How Will You Measure Success?** | **Amount** |
| **4.**  **Partnership Development** | * Support for development of new partnerships with community groups or local government. Eg local councils, service clubs, local community centres, Community Centres SA. | * Social expenses | Please write up your project in blue | Need to provide at least 2 measures per application  1. | Please provide total quote, amount being requested and attach supporting documentation eg. quotes, estimates  $ |

**Reporting of expenditure and success of project including “Good News Stories” are required by 10 March 2017.**

Your application should include:

* A realistic **quote for expenditure** and where possible please attach quotes initially and then receipts on completion of the project.
* **Measure of Success** that are related to your target group and may include the number of attendees at a new course or promotional activity, the number of new members or new volunteers or number of 50 to 70 year olds joined by March 2017. The Department is also keen on the *Good News Stories* of members, classes, events or partnerships as these together with numbers show the success of the projects and the community capacity building.

\*Please plan how you will collect data for your success measures before commencing the project and take lots of photos during the project.

**Total Quote for This Application**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount Requested for This Application**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Provide Your Bank Details:**

Cheques to be made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_