

# Community Infrastructure Grants 2026/2027 Application Form

## Form Preview

## Community Infrastructure Grants

\* indicates a required field

### Welcome

The Community Infrastructure Grants are available to community not-for-profit groups which provide community, environmental and/or recreational services in the Mount Barker District. The Grants will fund projects which are beneficial to the development of community and recreation in the District, align with Council's strategies and plans, and deliver on [Council's vision](#) to be the most liveable region in South Australia.

Grants are available for new infrastructure, for improvements to existing infrastructure and for infrastructure planning projects located in the Mount Barker District.

Applicants must discuss their application with Council staff prior to submitting. Contact Council's Community Grants Officer, Alyssa Hill, on 08 8393 6426 / [ahill@mountbarker.sa.gov.au](mailto:ahill@mountbarker.sa.gov.au)

### Applicants: please note

Before completing this application form, you should have read the [Community Infrastructure Grants Program Guidelines](#)

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's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact Alyssa Hill, Community Grants Officer on 8393 6426 / [ahill@mountbarker.sa.gov.au](mailto:ahill@mountbarker.sa.gov.au)

### Eligibility

**Have you spoken with Council staff about your project? \***

- Yes
- No

**Staff member name and any relevant notes:**

**Does your organisation manage a facility, deliver community and/or recreational services at a facility or partner with a organisation who does? \***

- Yes
- No

**Is your organisation**

- an educational institution i.e. preschool, school or RTO?
- a statewide organisation and/or peak body?

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- commercial or for profit?
- and/or the partnership you are in, less than twelve months old?
- a gaming machine licensee?

If your organisation is any of the above, you are ineligible for this grant program.

### **Will your project be delivered in the Mount Barker District Council area? \***

- Yes
- No

### **Is this the only application your organisation will submit for this round of Community Infrastructure Grants? \***

- Yes
- No

### **Do you have in principle landowner consent for this project? \***

- Yes
- No

There will be a section within the application form to upload proof of consent.

### **Do you plan for your project or stage of project to commence after September 2026? \***

- Yes
- No, it will commence before.

### **The group does not have any outstanding acquittals or owed money to the Mount Barker District Council as a result of previous funding or grants. \***

- The group DOES NOT owe any acquittals or money
- The group DOES have an outstanding acquittal
- The group has an acquittal to be submitted however it is not due yet

If a group does have an outstanding acquittal they will be ineligible to apply for funding.

Any forms required to be completed can be viewed in your SmartyGrants account. If you are unsure if you have an outstanding acquittal, please contact Alyssa Hill on 8393 6426 or email [ahill@mountbarker.sa.gov.au](mailto:ahill@mountbarker.sa.gov.au)

### **I confirm that the applicant ...**

- has read and understands the program guidelines.
- is able to demonstrate alignment between their project and the criteria/aims of this program.
- has the appropriate type and level of insurance for the activities that are the subject of this grant.
- meets legal requirements set by State and Federal legislation.
- can complete activities to the satisfaction of Council.

### **I have read and comply with the conditions above \***

- Yes
- No

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

## Ineligible

Based on your answers to the previous questions, you are not eligible to apply for this grant. Please contact Alyssa Hill, Community Grants Officer on 8393 6426 [ahill@mountbarker.sa.gov.au](mailto:ahill@mountbarker.sa.gov.au) to discuss further.

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### Contact Details

\* indicates a required field

#### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to <https://www.mountbarker.sa.gov.au/legal>

#### Applicant Organisation Details

##### Organisation Name \*

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO. Your answer to this question will be published in Council meeting papers.

##### Applicant Primary Address

Address

  

##### Applicant Postal Address

Address

  

##### Applicant website

Must be a URL

##### Primary contact person \*

Title      First Name      Last Name

            

This is the person we will correspond with about this grant

##### Position held in organisation \*

e.g. Manager, Board Member, Fundraising Coordinator

##### Primary phone number \*

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Must be an Australian phone number.  
e.g. 08 8123 4567 or 0408 123 456

### Back-up phone number

Must be an Australian phone number.  
e.g. 08 8123 4567 or 0408 123 456

### Primary contact person's 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 peak body? \*

- State association
- National association
- Not applicable

### If yes, provide the organisation name here:

### Does your organisation have an ABN? \*

- Yes  No

### 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	<a href="#">More information</a>
ACNC Registration	

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## Form Preview

Tax Concessions

Main business location

Must be an ABN.

Must be an ABN

**Is your group registered for GST?**

Yes

No

**Are you being auspiced by another organisation for the purpose of this grant? \***

Yes

No

If you do not have an ABN and are NOT being auspiced by another organisation for the purpose of this grant, please submit a completed ATO Statement by a Supplier Form with your application, Download the form from [the ATO](#).

**Please upload completed Statement of Supplier Form:**

Attach a file:

Max 25mb

## Auspice Information

\* indicates a required field

### Auspice Organisation Details

**Name of auspicing organisation \***

Organisation Name

Your answer to this question will be published in Council meeting papers.

**Auspicing organisation's website**

Must be a URL

**Primary contact person at auspicing organisation \***

Title

First Name

Last Name

**Auspice Primary Address**

Address

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### Auspice Postal Address

Address

  

### Position held in organisation

e.g. Manager, CEO

### Contact person's primary phone number \*

### Contact person's back-up phone number

### Contact person's email address \*

Must be an email address

### Please attach a letter from the auspicing organisation confirming this arrangement is valid and current \*

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Office Bearer) and must include, name, position, signature and date.

### Does the auspicing organisation have an Australian Business Number (ABN)? \*

Yes

No

### ABN of auspicing organisation

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	<a href="#">More information</a>
ACNC Registration	

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Tax Concessions

Main business location

Must be an ABN

As the auspicing 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: [Statement by a supplier - ATO form](#)

### Please upload a completed Statement of Supplier form

Attach a file:

Max 25mb

## Project Details

\* indicates a required field

### About your project

#### Project Title \*

Provide a name for your project/program/initiative. Your title should be short but descriptive. Your answer to this question will be published in Council meeting papers.

#### Short Project Description \*

Word count:

Must be no more than 100 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). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response. Your answer to this question will be published in Council meeting papers.

#### Please provide a detailed summary of your project. \*

Word count:

Must be no more than 250 words.

Is this a new project, or a new stage in a project?

## Grant Categories

- Minor Grant: \$5,000 to \$9,999 with no matched funding required.

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- Major Grant: \$10,000 - \$50,000, with co-contributions required.

### Which grant category are you applying for? \*

- Minor  
 Major

### Alignment with peak body

#### Does your proposed project align with peak body facility guidelines or strategic plans?

- Yes  
 No  
 N/A  
 Other:

#### Please provide more information if helpful.

#### Have you spoken with your peak body about your project?

- Yes  
 No

### Project location

#### Facility Name \*

#### Street Address \*

Address

  

Suburb/Town, State/Province, Postcode, and Country are required.

#### Suburb or Town

Address

  

#### Postcode

#### Who owns the land? \*

e.g. Council, Crown, State Government, Community Sports Club

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**If the landowner is Council, have you spoken with Council's Property team about this project? Do you have in principle landowner consent?**

**Please upload evidence of in principle landowner consent.**

Attach a file:

We need to see in principle landowner consent for your project. This can be a letter or email from the landowner. If you are the landowner, please ignore this question. If Council is the landowner, please detail any conversations you have had with Council's Property team in the question above. If you have an landowner consent letter or email from Council, please attach it here.

**If you are not the lease/ licence holder for the project site, please upload evidence that the lease/ license holder is supportive of your project.**

Attach a file:

For example, an Oval Committee would need to be supportive of an infrastructure project for the football club. This question will not be applicable for all applicants.

## Capital Works Planning Projects

Only fill this section out if your project is for capital works planning.

It is also important to note that some questions in the remainder of this application form will not be relevant to you. In this instance, please mark them with 'N/A'

**What role do you envisage Council could play in this project?**

**Will there be involvement of other stakeholders in your project? Will you undertake any community engagement?**

**What kind of priorities are you hoping your planning project will identify?**

## Community Benefit

\* indicates a required field

**Please detail the current usage of your facility. \***

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Word count:

Must be no more than 200 words.

This could include names of clubs/ groups/ hirers, the types of activities conducted at your facility and when they are conducted. What percentage of usage is by residents of the Mount Barker District Council area?

Please enter your user numbers for your facility.

This question may not be relevant to project sites such as halls.

**Junior females (under 18)**

**Junior males**

**Senior Females (over 18)**

**Senior Males**

**Others**

This could include non-binary peoples and any other users not captured by the above fields. If you prefer to describe usage differently, you can use the free text field above.

### How will your project benefit the community?

Consider the following when answering this question:

- Is there a demonstrated community need?
- How is community support for the project demonstrated?
- Who will benefit from the project and how?
- What are the wider population benefits?
- Will the project create infrastructure that will be open to the public?
- Will it be easily accessible?
- Will infrastructure be inclusive and accessible to all, including people with differing abilities?
- Does the project align with community, recreation and/or sporting trends?
- Does the project address issues related to safety, environment, sustainability, increasing or improving access?
- Will your project increase participation at the facility? How?

\*

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Word count:

Must be no more than 300 words.

**Has this project been identified in your committee's annual business plan, strategic plan, or similar and/or recorded in committee meeting minutes?**

Attach a file:

Please attach evidence.

**How will your project contribute to objectives in Council's Community Plan?**

Word count:

Must be no more than 150 words.

You can view the Mount Barker District Council Community Plan [here](#).

## Project Management

\* indicates a required field

**Who will be project managing this proposed project? \***

**What skills and experience does the project manager and applicant organisation have managing projects of this kind? What planning has been undertaken thus far? \***

Word count:

Must be no more than 150 words.

**Please upload a risk assessment for this project. \***

Attach a file:

Your risk assessment should include risks for undertaking the project and any ongoing risks as a result of the infrastructure, including Work Health and Safety considerations..

[Safe Work SA](#) has templates and guides to assist you.

**Estimated date for project commencement. \***

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Must be a date and no earlier than 2/12/2025.

### **Are development and/or planning approvals required for this project? \***

- Yes
- No
- N/A

Council's Duty Planner can be contacted on 8391 7220 and can provide advice.

### **If yes, have you commenced the Development and/or Planning approval process?**

- Yes
- No

## Governance

### **Is the applicant organisation currently engaged in any governance or upskilling programs? \***

Word count:

Must be no more than 100 words.

Please provide brief details.

### **Is the applicant organisation a current member of a professional/ state organisation or peak body? \***

- Yes
- No

### **Please provide details. \***

### **Have you considered the ongoing maintenance of the project? If yes, what plans do you have in place? \***

Word count:

Must be no more than 150 words.

## Project Budget

\* indicates a required field

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for and whether it is confirmed.

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If you are applying for a major grant \$10,000 - \$19,999 in value, you must contribute 25% of the total project cost.

If you are applying for a major grant of \$20,000 - \$50,000 in value, you must match your request for funds dollar for dollar by cash and/or in-kind income.

### Total Amount Requested

Must be a dollar amount.

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

### Income (Cash)

Use the 'Notes' column for any additional information you think we should be aware of.

Please don't add commas to figures e.g. write \$1000, not \$1,000.

All amounts should be GST exclusive.

Supporting information can be provided on the next page.

Income (Cash) Description	Confirmed Funding?	Income Amount (\$)	Notes
------------------------------	--------------------	--------------------	-------

Council grant amount you are applying for		\$	
Applicant's own funds		\$	
Grant funding		\$	
Other		\$	

### Income (In-Kind)

Use this section to detail the in-kind support for your project. For example:

- 5 hours of non-professional labour to dispose of hard rubbish
- Donation of paint
- 5 hours of professional labour (e.g. electrician or plumber).

Note some projects may not involve in-kind support.

Please don't add commas to figures e.g. write \$1000, not \$1,000.

All amounts should be GST exclusive.

Visit the [Volunteering SA NT website](#) to check the value of volunteering hourly rate.

Income	Detail	\$
Total donated materials		
Total in-kind labour (professional)		
Total in-kind labour (non professional)		
Other		
Other		

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### Expenditure (Project Costs)

Use this section to detail the costs of your project. (E.g. Building materials, fixtures, fittings, labour) Project costs should not exceed the funding you have available.

Costs outlined in this table must reflect written quotes provided. These quotes must be attached on the following page of this application form.

Please do not add commas to figures - e.g. write \$1000 not \$1,000.

Expenditure Description	Expenditure Amount (\$)	Notes
	\$	
	\$	
	\$	
	\$	

### Budget Totals

This section is automatically calculated.

Your budget must balance, that is, Total income amount = Total expenditure amount.

Please do not add commas to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

**Total Income (Cash) Amount**

\$

This number/amount is calculated.

**Total Expenditure Amount**

\$

This number/amount is calculated.

**Income - Expenditure**

This number/amount is calculated.

### Income Total (Cash + In-Kind)

This number/amount is calculated.

**If needed, you can provide more information about your income sources here.**

### Grant Funding Request

**Percentage of total project income which is non-Council funding**

This number/amount is calculated.

If requesting \$10,000 - \$20,000 non-Council income must be a minimum of 25% of total income. If requesting \$20,000 - \$50,000 non-Council income must be at least 50% of total income.

**As you are applying for a major grant - have you met the minimum co-contribution requirements? \***

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- Yes
- No

If you are applying for between \$10,000 and \$20,000, you must contribute a minimum of 25% to the total project income through cash and/or in-kind contributions. If you are applying for more than \$20,000, you must match the funding request 1:1. Your co-contributions can include grant funding (confirmed or unconfirmed).

### Could this project proceed with only partial Council funding? \*

- Yes  No

Other

### Comment

## Supporting Documentation

\* indicates a required field

Use this section to upload relevant supporting documents for your application.

### Your organisation's latest financial statement or Treasurer's report. \*

Attach a file:

### Quote for project costs. \*

Attach a file:

### Quote for project costs.

Attach a file:

### Letter of support

Attach a file:

### Letter of support

Attach a file:

### Evidence of in-kind support

Attach a file:

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### Evidence of in-kind support

Attach a file:

### Site plans

Attach a file:

### Other relevant documents

Attach a file:

### Other relevant documents

Attach a file:

## 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

No

**Name of authorised person \***

Title

First Name

Last Name

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

**Position \***

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

**Contact phone number \***

Must be an Australian phone number.

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e.g. 08 8123 4567 or 0408 123 456. We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

### 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 minutes

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

**Do you have any feedback on Council's grants programs in general?**