Form Submitted 24 Sep 2019, 10:18pm ACST

Welcome

* indicates a required field

Preparing a strong application takes time and energy, so it is important that you read the <u>Active Club Program - Program and Equipment Guidelines</u> carefully before completing this application form in full.

TO BE ELIGIBLE FOR FUNDING THROUGH THE ACTIVE CLUB PROGRAM, AN ORGANISATION MUST BE:

- a sport or active recreation organisation or community organisation whose main purpose is the delivery of active recreation or sport programs and services in South Australia
- not-for-profit
- properly constituted and incorporated under the Associations Incorporation Act (1985) or have another comparable legal status
- have a minimum total membership base of 20 members (total membership can include associate, social, and life membership)
- able to demonstrate good financial management (MINIMUM 1 year of operation) of Financial Performance (Income and Expenditure Statement) and / or Statement of Financial Position (Balance Sheet)
- not have any Office for Recreation, Sport and Recreation grant acquittals and/or reports overdue.

ELIGIBLE APPLICATIONS WILL BE SCORED AGAINST THE FOLLOWING ASSESSMENT CRITERIA:

- when an applicant last received funding through ACP (Programs and Equipment)
- whether an applicant is affiliated with their State Sporting Organisation / Peak Body
- whether an applicant has registered with or completed STARCLUB

IMPORTANT: If you are unsure on any question, please call a Funding Consultant on 1300 714 990 (press 1).

Please ensure you read all the hints under the questions. If the information you enter is incorrect or incomplete, your application may be deemed ineligible.

Legal name of organisation

IMPORTANT: Abbreviations such as 'Inc' of 'Incorporated' will NOT be accepted. Please ensure you enter the name EXACTLY how it appears according to the ASIC Registers website: https://connectonline.asic.gov.au/RegistrySearch/faces/landing/searchRegisters.jspx? adf.ctrl-state=ijte80jlp 4.

If you require further assistance, please check the Incorporated name cheat sheet

What is the legal name of the organisation submitting this application *

ECHUNGA GOLF CLUB INCORPORATED

Please ensure your organisation name is entered as it appears on your Certificate of Incorporation. If you are unsure, please search for your organisation name under the 'Organisation & Business Names' drop down option on the Search ASIC Registers website.

Eligibility Check

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Does your organisation hold a gaming machine

licence? *

If yes, you are NOT eligible to apply. Please DO NOT continue.

What is your organisation's total membership? *

397

Membership to include all PAID memberships (associate, social,

life memberships etc).

Please select what type of organisation you are *

Club or Regional Association

Can only be a not-for-profit active recreation or sport club or community organisation whose purpose is the delivery of active recreation or sport programs and services in South Australia.

Organisation Details

* indicates a required field

If you require further assistance, please check the ABN Cheat sheet

Please confirm which statement is relevant to you

- Our organisation has an ABN as per the Australian Business Register website
- Our organisation does NOT have an ABN and therefore needs to complete the Statement by a Supplier Form

ABN details

Please ensure you have double checked that the organisation does or does not have a registered ABN according to the Australian Business Register website: https://abr.business.g ov.au/Tools/AbnLookup

Organisation's ABN

43 609 100 206

Information from the Australian Business Register

43 609 100 206 **ABN**

Entity name Echunga Golf Club Incorporated

ABN status Active

Entity type Other Incorporated Entity

Goods & Services Tax (GST) Yes **DGR Endorsed**

ATO Charity Type Not endorsed More information

ACNC Registration Nο

Tax Concessions No tax concessions

Main business location 5153 SA

Information retrieved at 1:15am yesterday

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Please ensure your ABN matches the legal name. If you need to change your ABN details please visit: https://abr.gov.au/For-Business,-Super-funds---Charities/Updating-or-cancelling-your-ABN/Update-your-ABN-details/

Organisation's Details

Please ensure your organisation's primary facility address is the physical address of the most frequently used location, for example: *Adelaide Oval, War Memorial Drive, North Adelaide 5006.*

Applications are assessed individually per electorate and therefore it is important to ensure you do not put multiple locations as this can affect your "last funded score".

PLEASE NOTE: Home addresses will not be accepted

Organisation's Facility Address *

Dolman Rd

Echunga SA 5153 Australia



Latitude: -35.09199 | Longitude: 138.7891

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Council of the Facility Address

Mount Barker District Council

This should automatically populate from the Address provided.

State Electorate of the Facility Address

Heysen

This should automatically populate from the Address provided.

Organisation's Primary Email *

info@echungagolf.com.au

All correspondence will be directed to this email address provided

Organisation's Secondary Email

Organisation's Website

http://www.echungagolf.com.au/ Must be a URL.

Child Safe Environment Compliance Statement

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Pursuant to the *Children and Young People (Safety) Act 2017*, any organisation that wholly or partly provides services to the people under the age of 18 is required to lodge a 'Child Safe Environment Compliance Statement' with the Department for Education.

For further information please click here.

Does your organisation or its governing body hold a Child Safe Environment Compliance Statement? *

Yes

 \bigcirc No

Not Applicable

If your organisation does not provide services wholly or in part to members or participants under 18 years of age, choose 'Not Applicable'.

Additional Information

* indicates a required field

Amount Requested

There is no need to provide details in the application on what the funding will go towards as long as it meets the Program objectives and is not considered an ineligible cost.

If you are successful, you will need to provide details of expenditure on the project.

Examples of ELIGIBLE projects:

- Club Promotion
- Club Development and Planning / Program
- Coach / Official Training and Development
- Equipment for Ground Maintenance (e.g. lawn mowers, line markers, grounds keeping tools, Smart Water or Electricity Meters etc.)
- Medical Training and Equipment
- Sporting Equipment
- Uniforms
- Volunteer Management and Training

Examples of INELIGIBLE projects:

- Costs which occur before the grant agreement
- Facility projects or capital works (anything fixed to the facility)
- Food and catering costs
- Operating costs
- Purchasing of motor vehicles, white goods, prizes and trophies
- Travel and accommodation costs NOT associated with professional development
- Costs to send teams / individuals to participate in competitions
- Playing, coaching, instructing or honorarium wages (e.g. paid coaches)

You have the option of requesting either \$2,500 or \$5,000 for program and equipment

Please choose which amount of funding you would like to request *

- O \$2,500
- \$5,000

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Age / Gender of Members

What is the target gender(s) ☑ Male ☑ Female ☑ Other At least 1 choice must be selected. Please select all relevant genders.	for this projed	ct? *		
What age group/s is your proj ☑ [0-4] ☑ [5-12] ☑ [13-17] It is an obligation under the Children organisations who provide services to Department for Education. Click here	□ [18-25] □ and Young Peop o children under	[26-54] □ [5 le (Safety) Act 20 18 must have lo	017 that all sport	
Primary Sport / Activity	y			
What sport / activity are you delivering? *	□ Archery	□ Dragon Boat	☐ Korfball	□ Softball
you delivering:	☐ Athletics / Little Athletics	☐ Equestrian	□ Lacrosse	☐ Squash / Racketball
	☐ Badminton		☐ Martial Arts	
	□ Baseball	☐ Flying Disc / Ultimate Frisbee	□ Motor eSport	☐ Surfing
	☐ Basketball	☐ Football (Australian Rules)	☐ Motorcycling	☐ Swimming
	☐ Billiards / Snooker /	☐ Football (Gaelic)	□ Netball	□ Table Tennis
	Darts ☐ BMX / Mountain Biking	☐ Football (Gridiron)	□ Orienteering	□ Tennis
	☐ Bocce / Boccia / Petanque	☐ Football (Rugby League / Oztag)	☐ Outdoor Recreation / Camping	☐ Tenpin Bowling
	☐ Bowls	☐ Football (Soccer / Futsal)	☐ Recreation (Indoor / Fitness)	
	☐ Boxing	☐ Football (Touch)		☐ Underwater Sports
	□ Calisthenics	☐ Gliding	☐ Recreation (Outdoor / Fitness / Adventure / Camping / Horse)	□ Volleyball
	☐ Canoeing / Kayaking	☑ Golf	☐ Recreation (Water Activities)	□ Water Polo
	□ Cricket	☐ Gymnastics /	□ Roller	□ WaterSkiing

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		ndergym / eerleading				
□ Croquet		Handball /		Rowing		
	Go	alball				eightlifting /
	_					werlifting
☐ Cycling		Hockey		Royal Life		Wheelchair
			Sa	ving	Sp	orts
□ Dance (Nor	า□	Ice Hockey		Sailing /		Wrestling
Sport)		_	Ya	chting		_
☐ Dance		Ice Skating		Shooting /		Other
(Sport)			Rif	le / Pistol		
☐ Diving						
At least 1 choice	e m	ust be selecte	ed.			
Please select all	l ac	tivities that a	pply	y to this appli	cati	ion.

Affiliation with State Sporting Organisation / STARCLUB

If the application passes screening, a Funding Assessment Committee assesses all eligible applications, with the following principles used to prioritise applications:

- When an Applicant last received funding through Active Club Program (Program and Equipment ONLY).
- Whether an applicant is affiliated with their Peak Body.
- Whether an applicant has registered with or completed STARCLUB.

Therefore, we highly encourage clubs to join the STARCLUB Development program. If you would like more information, please visit: https://www.starclub.sa.gov.au/.

Is your organisation affiliated with a peak body (State or National Association)? * ● Yes ○ No

If yes, please provide peak body's name in the next question.

Please select the peak body from the list provided. *

Golf SA

If your State Sporting Organisation is not listed, please contact us on 1300 714 990.

Is your organisation a registered STARClub? *

Yes

 \bigcirc No

There is still time to register with STARCLUB before the closing date. For more information on the STARCLUB club development program, please click here.

Please attach most recent 12 month Statement of Financial Performance (Income and Expenditure Statement) and/or Statement of Financial Position (Balance Sheet).

Failure to provide this information correctly may result in your application being deemed ineligible.

If the Club's Treasurer is looking for assistance the following are useful;

<u>Guide for Community Financial Officers in Australia</u> (CA Australia, New Zealand)

<u>A Guide to Understanding the Financial Reports of Not-For-Profit Entities</u> (CPA Australia)

Example Balance Sheet

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Example Profit and Loss Statement

BANK STATEMENTS AND BANK RECONCILIATION REPORTS WILL NOT BE ACCEPTED.

File Upload *

Filename: 2018 Audited Financials - ECG Inc.pdf

File size: 244.5 kB

Financial statements older than June 2018 will NOT be accepted.

If the Financial Reports, attached are not audited or certified, I electronically certify these attached reports for consideration. *

Yes, electronically certified

 \bigcirc No

Supporting documentation

Please attach any additional supporting documentation you would like to include with your application.

Please note this is not mandatory and providing extra documentation does not increase your overall score.

File Upload

Filename: Active Club 2019 Supporting documentation.docx

File size: 14.7 kB

Filename: Echunga Treasurer Report August 2019.docx

File size: 20.7 kB

Filename: Echunga Treasurer Report July 2019.docx

File size: 32.6 kB

Declaration and Submission

* indicates a required field

Before you press submit

Declaration Instructions

- 1. The declaration below must be read and acknowledged by two different authorised representatives of your organisation.
- 2. At least one representative must be a member of the Board / Management Committee or Public Officer or Senior Management in case of larger organisations.

Declaration by authorised persons

I make the following declaration:

- 1. I am duly authorised by the organisation to prepare and submit this application.
- 2. This organisation is eligible to apply for funding in accordance with the eligibility criteria in the Funding Guidelines

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- 3. The responses in this application and all supporting documents provided are to the best of my knowledge true and correct.
- 4. I understand that the Office for Recreation, Sport and Racing may disclose the information provided in this application to other Government agencies, Local Government, reviewers and staff assisting with the administration or promotion of State Government Grant Schemes.
- 5. I understand that information in relation to this project will be made public in the event that the application for funding is successful (refer to the <u>program guidelines</u>).
- 6. Where required, our project will comply with all the relevant codes, standards and applicable legislation including, but not limited to, the Disability Discrimination Act and the Children and Young People (Safety) Act 2017.

First Authorised Ms Esther Burt

Representative * This representative will be the contacted regarding this

application.

Position * Junior Coordinator

Primary Phone Number * 0424 478 960

Must be an Australian phone number.

Other Phone Number (optional)

Must be an Australian phone number.

Primary Email * juniors@echungagolf.com.au

Must be an email address.

Date * 24/09/2019

Must be a date. Must be today's date.

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Second Authorised Mr Ray D'Alessandro

Representative * This contact should be the head of the organisation (President,

Chair or Public Officer)

Position * President

Primary Phone Number * 0412 823 029

Must be an Australian phone number.

Other Phone Number

(optional) Must be an Australian phone number.

Primary Email * Ray@aldingashores.com.au

Must be an email address.

Date * 24/09/2019

Must be a date. Must be today's date.

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