

KINGSTON DISTRICT COUNCIL

COMMUNITY ASSISTANCE PROGRAM 2025-2026

Community Health & Wellbeing

Application Form



APPLICATIONS OPEN FROM 1ST JULY 2025 TO 31ST AUGUST 2025.

- ☐ Please read the Community Assistance Policy before completing this application.
- ☐ Attach all essential supporting documentation to the application.
- ☐ Keep a copy of the application for your records.
- ☐ Late or incomplete applications will not be accepted.
- ☐ Please lodge in person at Kingston District Council 29 Holland Street Kingston SE SA 5275 or via email: info@kingstondc.sa.gov.au

SECTION 1: INFORMATION ON YOUR ORGANISATION

1. APPLICANT DETAILS

Applicant Name:	
Organisation:	
Postal Address:	
Email Address:	
Phone Number:	
I agree to my email and phone number being added to Council's database. ☐ Yes ☐ No	

2. REGISTERED FOR GST (Mandatory):

Yes		No		ABN:	
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3. TYPE OF ORGANISATION:



Please tick one that best describes your organisation.	Not for profit organisation or sporting club	
	Voluntary association	
	Unincorporated body or community group	

4. AUSPICE BODY:

Auspice Body:	Yes		No		Auspice Body Name:	
Contact Name:						
Phone Number:						

5. BANK ACCOUNT DETAILS:

Account Name:											
Bank BSB:										Account Number:	

SECTION 2: INFORMATION ON YOUR ACTIVITY

6. COMMUNITY HEALTH AND WELLBEING

Project/ Program Details:

Project/ Program Description:

Please provide a brief description of the project or program for which funds are sought.

Describe how the project or program will promote and encourage social inclusion, resilience and improved health outcomes.

Describe how this project or program will improve community wellbeing.

Describe how your club/group/organisation will contribute to the project or program.

What is the approximate number of people this project or program will directly benefit and is there a fee for community to participate?

SECTION 3: COSTINGS AND FUNDS SOUGHT

7. FUNDING SOUGHT FROM COMMUNITY ASSISTANCE PROGRAM

Amount of sponsorship sought from Council's Community Assistance Program			\$	
Amount of cash contribution from your organisation towards the project or program			\$	
Amount of funding from other sources			\$	
Total amount:			\$	
Total cost of Event:			\$	
Will the project or program continue if partial funding is granted?	Yes		No	
Please supply detailed costings, including quotes less than 3 months old			Amount	
			\$	
			\$	
			\$	
Total amount:			\$	
Please supply other in-kind contributions, including volunteer hours or items provided towards the project or program			Estimated value	
			\$	
			\$	
Total amount:			\$	

SECTION 4: DOCUMENTATION & DECLARATION

8. DECLARATION BY APPLICANT

I, the person making this application, declare that:

- ☐ *I have read and understood the Kingston District Council Community Assistance Program Policy.*
- ☐ *The information supplied in this application is accurate and complete.*
- ☐ *All essential supporting documentation including quotes are attached.*

If Council agree to offer funding assistance to the event, the organisation I represent will undertake to observe the following conditions:

- ☐ *To use the funds only for the purpose outlined in this application.*
- ☐ *To acknowledge the contribution by Council towards the staging of the event.*
- ☐ *To take photographs of your event and provide these to Council.*
- ☐ *To complete and return the Acquittal Form by end of the financial year, in which the funding was provided.*

Name			
Work Position			
Signature		Date	