

SMALL GRANT APPLICATIONS - 2024

As at 25th March 2024

This application form is for 'not for profit' community project work in Loxton and districts during 2024/25.

Application Forms

Copies of this Form are available from:

• Our website: www.loxtonmardigras.org.au

- Email Secretary: loxtonmardigras@gmail.com
- Post via PO Box 606, Loxton, SA 5333

Submission

Completed applications must be received by the Secretary by 5pm Tuesday, 30th April 2024.

Post to: Loxton Mardi Gras Inc, P O Box 606, LOXTON, SA 5333; or

Email to: loxtonmardigras@gmail.com; or via Web-site: www.loxtonmardigras.org.au

The Form consists of five (5) sections:

Section 1 APPLICANT INFORMATION

Section 2 PROJECT SUMMARY

Section 3 Detailed Project Information

Section 4 PROJECT FUNDING

Section 5 APPLICANT DECLARATION

Be sure to fill in ALL sections clearly (written or typed).

How are applications assessed?

The Mardi Gras Committee will consider the following in their assessment of applications:

- Projects must be for local (Loxton & Districts) not-for-profit, community agencies;
- Does the applicant have opportunity to raise funds from elsewhere?
- What initiative has been undertaken to raise funds from elsewhere?
- What is the potential community benefit of the proposed project in the short & long term?
- What level of funding has the applicant received from Mardi Gras previously?
- What and how much funding has been received from other community sources?
- What is the agency's relationship with, and does it provide support to, Mardi Gras?
- What proportion of the total is being sought?
- Where possible, the funds should complete a project.

The decision of the Committee is final.

Notifications

Mardi Gras Committee will review the applications prior to the 9th May and advise applicants of the outcome so that successful applicants can attend the **Mardi Gras AGM, 2:00pm on Sunday 19th May 2024** at the Woolshed Bar, Loxton Club.

Liz Dymmott, Chairman

March 25, 2024



SECTION 1 - APPLICANT INFORMATION

Name of your Organisation/Agency/Club			
Contact Name (for this application):			
Contact Name (for this application):			
Phone/mobile:Email:			
Postal Address:			
What is the main purpose and/or activity of your Organisation/Agen			
Registered as Not-for-Profit with the ACNC? (circle one)	YES	NO	PENDING
Registered as Charitable with the ACNC? (circle one)	YES	NO	PENDING
Is your organisation incorporated? (circle one)	YES	NO	PENDING
ABN/ACN (if held)			
Public Liability Insurance (or other as relevant sufficient for the project)	YES	NO	PENDING
Have you previously received funding from Mardi Gras? (circle one)		YES	NC
If YES: When? (year/s)How much? \$			
How will your organisation support the ongoing success of Loxton Margaret Committee member(s), enter a parade float, nominate and support and/or cater for Mardi Gras fundraising events, support or proparticipation, etc)	port an A	Ambassa	dor entrant



SECTION 2 - PROJECT SUMMARY

Your Agency Brief Name:	
Project Title	
Project summary or description (no more than 150 words)	
Total cost of this project:	\$
What funds do you already have for this project?	\$
venue runus do you an eddy nave for this project.	٧
Total funding requested from Loxton Mardi Gras Inc:	\$
what allows are an area of the following the second	
What other sources are you pursuing to fund this project?	
1	
2	
3	
-	

Notes

- 1. The information you provide may be made available for public use by us to promote the activities of Mardi Gras. Such use would normally be to publicize the community value and outcomes of your project.
- 2. If funding is granted, you will be required to provide progress reports on your project when requested by Loxton Mardi Gras Inc including a final report to our AGM when your project is completed.



SECTION 3 - DETAILED PROJECT INFORMATION

Your Agency Brief Name:			
Proposed Commencement Date:			
Proposed Milestones and Dates (where applicable):			
1			
2.			
3.			
4.			
Proposed Completion Date:			
Benefits: Detail the objectives and expected outcomes of this project including ongoing community or district benefit. What difference will this project make to the community?			
Impact: What would be the result if Mardi Gras funding is not granted for this project? (eg benefits lost to the community or to your organisation).			
Approvals: Please provide details of any Government (Local, State or Federal) or private approvals required prior to commencement.			



SECTION 4 - PROJECT FUNDING

YO	ur Agency Brief Name:		
Pro	ject Costings		
a.	Total Project Cost:	a. \$	
b.	Funds and in-kind costs committed by your organisation:	b. \$	
c.	Funds committed from other sources:	c. \$	
d.	Total funds already sourced b+c:	d. \$	
e.	Gap <i>a-(b+c)</i>	e. \$	
f.	Funding Requested from Mardi Gras:	f. \$	
g.	Gap if Mardi Gras approves 100% of request e-f	g. \$	
If t	he figure at g. above is greater than zero, you are going to need	additional funding. \	What is
you	ur strategy to obtain this?		
Bu	dget Details		
	If this project require ongoing funding to sustain it? (circle one)	YES	NO
If Y			
	w much? w often?		
For	how long?		
НО	w do you propose to meet the cost of sustaining the project or t	o keep it operationa	1?
Do	value avancet this project to eventually become self sufficient?	YES	NO
If	you expect this project to eventually become self-sufficient? YES: When?		NO
	y/How?		
V V I	17/110W.		



SECTION 5 - APPLICANT DECLARATION

Your Agency Brief Name:						
l,						
(full name)						
holder of the office of						
holder of the office of						
at						
(organisation)						
declare that I am duly authorised to sign this declaration and affirm that I or my organisation wil inform Mardi Gras Inc. promptly in writing of any changes in the circumstances of the project.						
Signed:						
Date						
Date:						
For Mardi Gras Committee Use Only						
Committee Member:Application reviewed (date)						
Recommendation:						
Comments:						
Signature:						
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