



SMART STATE PC DONATION PROGRAM

Round 44

APPLICATION FORM

Opens: Monday, 18 September 2017
Closes: 5:00 pm, Friday 27 October 2017

EMAILED, MAILED OR HAND DELIVERED APPLICATIONS WILL ONLY BE ACCEPTED
(Only applications postmarked 27 October 2017 or earlier will be accepted)

ENSURE THAT ALL INFORMATION AND QUESTIONS ARE COMPLETED ON THIS FORM AND THE DECLARATION IS SIGNED. PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE DEEMED INELIGIBLE.

Please read the Guidelines for Applying before completing the Application Form
If you have any questions about the form, please contact the Programme Administrator
Note: NO Laptops are available through this Programme.

NAME OF ORGANISATION

Complete the application form and choose one of the following to return the completed application form and any attachments by close of business 27 October 2017:

EMAIL to: gpu@sa.gov.au (Include CP Round 44 in the subject or your email message)

POST to:

**Thomas Boravos
Grant Programmes Unit
GPO Box 2343
ADELAIDE SA 5001**

Or HAND DELIVER to:

**Security Desk – Ground Floor
Grant Programmes Unit
State Administration Centre
200 Victoria Square
ADELAIDE SA 5000**

OFFICE USE ONLY

Date Rec'd: _____/_____/2017

Physical ID: _____

File No: _____

Action Officer: Thomas Boravos



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SECTION A: ABOUT YOUR ORGANISATION

Name of your organisation:

The OFFICIAL name, not nickname or short name as shown on your incorporation certificate

Physical Address of Organisation:

Address:

(Not Post Office Address)

Suburb

Postcode:

ABN: *If applicable*

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Is your organisation GST Registered?

Yes No

Is your organisation Not-for Profit?

Any profit made by the organisation goes back into the operation of the organisation to carry out its purpose and is not distributed to any of its members.

If NO, you are not eligible, DO NOT continue

Yes No

Does your organisation hold a Gaming Machines Licence?

If YES, you are NOT eligible to apply. DO NOT continue.

Yes No

Will this equipment benefit an organisation that holds a Gaming Machines Licence?

If YES, you are NOT eligible to apply, DO NOT continue

Yes No

Choose only ONE of the following options:

A: Is your organisation incorporated under the Associations Incorporation Act (1985)?

Yes No

If yes, what is your Incorporation Certificate Number?

Not sure? Call the Office for Consumer and Business Services on 131 882

Please attach a copy of the Certificate

Inc No:

B: Is the organisation a Company Limited by Guarantee formed under Corporations Law?

Yes No

If yes, please attach a copy of the Company Constitution.

C: Is the organisation incorporated under the Aboriginal Councils and Associations Act 1976?

Yes No

If yes, what is your Incorporation Certificate Number?

Not sure? Call the Office of the Registrar of Indigenous Corporations on 1800 622 431

Please provide a copy of the Certificate

Inc No:

D: Is the organisation a Statutory Authority, (excluding schools and/or educational facilities)?

Yes No

If yes, please name the relevant legislation:

E: Is the organisation a Local Government Authority, Progress Association or a Council subsidiary formed under Section 41 or 42 of the Local Government Act, 1999?

Yes No

If yes, please attach a copy of the Committee Constitution / Terms of Reference.

If you have not answered yes to **one** of A, B, C, D or E above, you are **not eligible** to receive equipment from the Smart State PC Donation Program – please call (08) 8429 5356 to clarify.



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SECTION A: ABOUT YOUR ORGANISATION

1. **What is the aim / role of your organisation?** *What was it established to do? E.g. to support rural communities, to advocate for people with disabilities, to provide training and sporting competitions (This could be taken from your constitution)*

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2. **What Programs, services or activities has your organisation delivered in the last 12 months? Please list:** *E.g. adult training & education, community events, voluntary assistance, services to special populations, fitness classes (yoga, dance), emergency services, Sporting club – training and competitions/number of teams, Disability Support Service Provider, support / friendship groups*

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SECTION B: CONTACT DETAILS

Who do we contact at your organisation about this application? *All application correspondence will be sent to this person*

Title:

First Name:

Surname:

Position:

Home Ph.: (08)

Work Ph.: (08)

Mobile:

Email:

Address of person above:

Please use an address that will be

checked at least weekly

Address:

Suburb Postcode:

Details of your President / Public Officer: This must be different from the contact person above

Title:

First Name:

Surname:

Position:

Home Ph.: (08)

Work Ph.: (08)

Mobile:

Email:



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SECTION C: ABOUT YOUR APPLICATION

3. **How many PCs are you requesting?** Maximum is 3 (if you intend to use the PC purely for admin purposes you may get fewer)

- One PC Two PCs Three PCs

4. **List the activities / Programs that the equipment will be used for.**

5. **Who will benefit from the activities / Programs that the equipment is used for?** Please list any target groups, and provide letters of support where applicable

6. **How will those activities / Programs benefit the South Australian community?**

7. **Approximately how many people will use the computer/s in the first 12 months of having the equipment?**

8. **Will the equipment be housed at an address accessible to members of the organisation?**

- YES or NO **Note: PCs cannot be housed at private residences.**

Please provide the address where the equipment will be housed or used most frequently. Please note that equipment must remain in South Australia, for use by the South Australian community: e.g. Norwood Community Centre, 181 Norwood Parade, Kensington SA 5065

Venue Name:

Street Number:

Street:

Suburb:

Postcode:

SECTION D: ABOUT THE SMART STATE PC DONATION PROGRAM

How did you find out about the Smart State PC Donation Program?

- Local MP Department of the Premier & Cabinet Website Word of Mouth
 Other Website Other, please specify

Where did you get your application pack?

- Department of the Premier and Cabinet Posted to me Local MP
 Department of the Premier and Cabinet Emailed to me Other, please specify
 Department of the Premier and Cabinet Website Other Website (name)



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SECTION E: APPLICANT'S DECLARATION

Please have **two** authorised signatories, including one from your Board / Management Committee complete the details below. We declare that:

1. The application form has been accurately completed in accordance with the Guidelines for Applying – incorporating Frequently Asked Questions of the Smart State PC Donation Program.
2. To the best of our knowledge, all documentation supplied with this application is true and correct.
3. We have been duly authorised by the applicant organisation to prepare and submit this application for PC equipment to be used as outlined in the application.
4. We agree that if approved, the PC equipment received will not be used for any illegal or undesirable activities. It will not be used as a reward or incentive for any member of our organisation, and will be available for use free of charge by all members of our organisation.
5. We agree that the State of South Australia will not be liable for any loss or corruption of data resulting from malfunction of any equipment or software provided, and is not liable for any costs incurred as a result of upgrade or modification of the equipment. The equipment is accepted 'as is'.
6. We agree that the Department of the Premier and Cabinet may disclose information contained in this application to other government agencies, local government, reviewers and staff assisting with the administration or promotion of State Government Grants Schemes.
7. We understand that information we supply as part of this application becomes public if approved and the Department of the Premier and Cabinet may use information about the Program on their website or as an example to other applicants.
8. The applicant organisation does not hold a Gaming Machine Licence issued under the Gaming Machines Act, 1992.
9. This equipment will not benefit any organisation that holds a Gaming Machine License issued under the Gaming Machines Act, 1992.
10. We will keep a copy of this application for our own records.
11. We are aware that if successful, we must enter into a Grant Agreement with the Government of South Australia in order to receive equipment, and we are required to fulfil obligations associated with that Agreement.
12. **We accept that this application will be deemed ineligible if any information is missing or questions are not answered. We understand that the application cannot be accepted if either of the required signatures below are missing.**

Signed Under Seal (if applicable):

Signature:	
Date:	
Name:	
Position:	President / Public Officer

Signature:	
Date:	
Name:	
Position:	Secretary / Treasurer

Further information: <http://www.dpc.sa.gov.au/what-we-do/services-for-business-and-the-community/smart-state-pc-donation-program>