

# SMART STATE PC DONATION PROGRAM

*Round 24*

## APPLICATION FORM

**Round 24**

**Opens: Monday, 4 January 2010**

**Closes: 5pm, Monday 8 February 2010**

**ONLY MAILED AND HAND DELIVERED APPLICATIONS WILL BE ACCEPTED**

(Only Applications postmarked until 8 February 2010 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 before completing the Application Form  
If you have any questions about the form, please contact the Program Administrator**

*NAME OF ORGANISATION*

Complete the application form and MARK the envelope as follows:

**PC Donation Program –**

**Attention: Glenn Palmer**

**Department of the Premier and Cabinet**

**Services Division, State Services Branch**

**POST to:**

**GPO Box 2343  
ADELAIDE SA 5001**

**Or HAND DELIVER to:**

**Security Desk – Ground Floor  
Department of the Premier & Cabinet  
State Administration Centre  
200 Victoria Square  
ADELAIDE SA 5000**

OFFICE USE ONLY:

A    CC    SR    /    E    INE

OFFICE USE ONLY

**Date Rec'd:**        \_\_\_/\_\_\_/2010

**Physical Id**        \_\_\_\_\_

**File No:**        \_\_\_\_\_

**Action Officer: Glenn Palmer**

\_\_\_\_\_  
Stick bar code here

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### APPLICATION FORM

#### SECTION A: ABOUT YOUR ORGANISATION

Name of your organisation:

*The OFFICIAL name, not nickname or short name*

Street or Physical Address:

Address:

**(Not Post Office Address)**

Suburb

Postcode:

ABN: *If applicable*

Is your organisation GST Registered?

Yes  No

**Choose only ONE of the following options:**

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

Yes  No

What is your Incorporation Certificate Number?

Not sure? Call the Office for Consumer and Business Affairs on 1300 138 918

Inc No:

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

Yes  No

Please **attach** a copy of the Company Constitution.

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

Yes  No

What is your Incorporation Certificate Number?

Not sure? Call the of the Registrar of Aboriginal and Torres Strait Islander Corporations (ORATSIC) on 1800 622 431

Inc No:

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

Yes  No

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

Please **attach** 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 8226 7671 to clarify.

**Is your organisation Not-for Profit?**

Any profit made by the organisation goes back into the operation of the organisation to carry out its purposes 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 application benefit an organisation that holds a Gaming Machines Licence?**

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

Yes  No

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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 disabled people, 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**

**at least weekly**

Address:

Suburb

Postcode:

Details of your President / Public Officer: **This must be different to the contact details above**

Title:

First Name:

Surname:

Ph: (08) (work / home)

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 less)

- 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?**

**Will the equipment be housed at an address accessible to members of the organisation? YES / NO**  
**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  
 Local Council
  Other Website
  Other, please specify \_\_\_\_\_  
 Newspaper

Where did you get your application pack?

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

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#### SECTION E: APPLICANTS 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 and Application Pack of the Smart State PC Donation Program.
2. All documentation supplied with this application to the best of our knowledge 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 are 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 an 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:

Further information: [http://www.premcab.sa.gov.au/dpc/community\\_donation.html](http://www.premcab.sa.gov.au/dpc/community_donation.html)