

SACCP 2026/2027 - Events and Activities

Form Preview

SA Car Club Program

* indicates a required field

Confirmation of funding stream

The State Government has committed \$2 million over four years to establish the SA Car Club Program (SACCP).

The 2026-2027 round marks the fifth funding round under the SACCP.

The SACCP offers funding through three streams:

- Program, equipment and operational stream
- Events and activities stream
- Infrastructure stream

This form is intended for applications for the **events and activities stream**. If you are applying for either the program, equipment and operational stream or the infrastructure stream please return to the Department for Infrastructure and Transport's (DIT) SmartyGrants website and choose the correct application form.

Eligible applicants may submit applications for multiple streams. If applying for multiple streams applicants are required to submit a separate application for each stream.

The **events and activities stream** provides grants to support the operational costs associated with hosting state and national events and activities.

Please confirm that you are applying for funding from the events and activities stream *

☐ Events and activities stream

Applicants may only apply for one stream of funding per application.

Program Eligibility

* indicates a required field

Legal Name of Club or Federation

Please ensure you enter the name how it appears according to the ASIC Registers website: https://connectonline.asic.gov.au/RegistrySearch/faces/landing/SearchRegisters.jspx?_adf.ctrl-state=ijte80jlp_4.

What is the legal name of the club submitting this application? *

Organisation Name

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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Note: If your club does not meet all the eligibility criteria, your application will not be considered.

Is your club a not-for-profit car or motorcycle club or federation incorporated under the Associations Incorporations Act 1985 (SA) or does your club hold a comparable legal status? *

☐ Yes ☐ No

Please provide your club's incorporated registration number or details of the comparable legal status. *

Is your club located within South Australia? *

☐ Yes ☐ No

Has your club been operating for 12 months or longer? *

☐ Yes ☐ No

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

This statement must be for your most recent 12 month period.

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 link is useful;

[Guide for Community Financial Officers in Australia](#) (CA Australia, New Zealand)

BANK STATEMENTS AND BANK RECONCILIATION REPORTS WILL NOT BE ACCEPTED.

File Upload *

Attach a file:

Financial statements older than June 2025 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
☐ No

Club Details

* indicates a required field

Membership

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Please select what type of club you are *

Other:

What type of vehicles are eligible for membership in your club? *

- ☐ Cars (historic)
- ☐ Cars (of any age)
- ☐ Individually Constructed Vehicles
- ☐ Left-Hand Drive
- ☐ Motorcycles (historic)
- ☐ Motorcycles (of any age)
- ☐ Street Rods
- ☐ Other

Please select all that apply.

Other (please specify)

How many members of your club are female? *

Total membership can include associate, social and life membership.

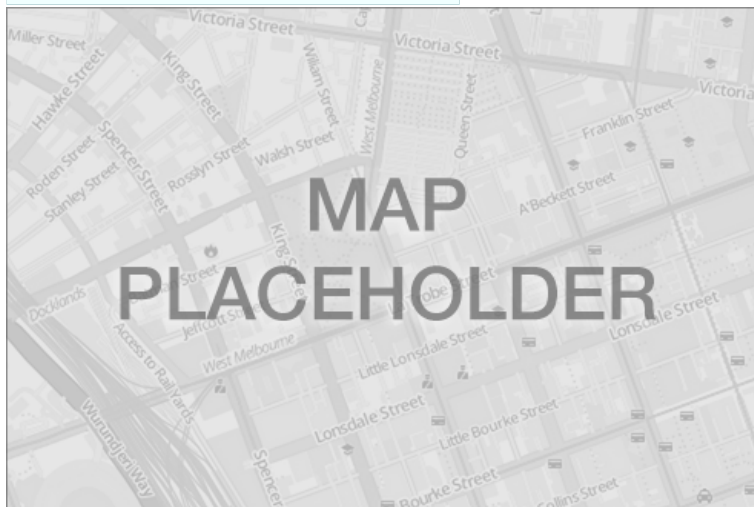
Details

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*.

PLEASE NOTE: Home addresses will not be accepted

Club's Primary Facility Address *

Address



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

Club's Primary Email *

All correspondence will be directed to this email address provided

Club's Postal Address *

Address

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

If organisation's postal address is a PO Box, select 'Can't find your address?' to manually input PO box details.

Applicant Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Check BSB and Account numbers. Entering incorrect details may result in the wrong account being credited and the funds may not be able to be recovered

Name of Bank Institution *

Please confirm which statement is relevant to you *

- ☐ Our club has an ABN as per the Australian Business Register website
- ☐ Our club 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 club does or does not have a registered ABN according to the Australian Business Register website: <https://abr.business.gov.au/Tools/AbnLookup>

Club's ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	

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ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location

[More information](#)

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/>

Only complete this question if you do not have an ABN: Statement by a Supplier Form

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the Statement by Supplier form from [the ATO](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Child Safe Environment Compliance Statement

Child protection legislation in South Australia requires certain organisations to provide a child-safe environment. All state authorities and persons or bodies who provide a service or undertake an activity that constitutes child-related work under the Child Safety (Prohibited Persons) Act 2016 must meet these obligations.

To meet the requirements under the Children and Young People (Safety) Act 2017 and the Child Safety (Prohibited Persons) Act 2016, these organisations must have a child-safe environments policy in place, meet working with children check obligations and lodge a child-safe environments compliance statement.

For further information please click [here](#).

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

- ☐ Yes
☐ No
☐ Our organisation does not provide services or activities that constitutes child-related work

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

Project Details and Project Eligibility

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* indicates a required field

Event and activities stream - What can the grant be spent on?

Eligible projects

Applicants should demonstrate how their project will achieve program objectives. Examples of eligible projects may include:

- Regional, state, national, and international level car and motorcycle events and activities such as:
 - rallies
 - race meets
 - festivals
 - conferences
 - exhibitions
 - car and motorcycle

Please note that the list above includes example projects that may be funded. The list is by no means exhaustive and applications for other projects that meet the objectives of the program will be considered.

Ineligible projects

The following project types are ineligible:

- Meetings such as Annual General Meetings, Special General meetings etc
- Events funded by another agency or department of government.

Ineligible costs

If you are successful, the DIT grant contribution cannot be used to cover the following project costs:

- Appearance fees
- Prize money, trophies and alcoholic beverages.
- Costs associated with ongoing operations, such as but not limited to, rent, electricity, water and other utilities
- Travel by teams or individuals to events
- Purchase of assets (e.g., buildings and vehicles)
- Event bids
- Any costs associated with preparing and submitting a funding application

I confirm that if successful, the grant will be expended on listed eligible costs.

☐ Yes

Project Title *

Project Executive Summary - Provide a clear and concise summary of your project. We recommend completing this step after you have finished your entire application. *

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What:

How:

Why:

Must be no more than 250 words.

Describe the specific issue or need you want to address (200 words recommended)

Provide any additional supporting documents (not Mandatory).

Attach a file:

Project Dates

Please estimate the date that the event or activity will be held. The start and end date can be the same.

Start Date *

Must be a date and no earlier than 1/6/2027.

End Date *

Must be a date.

Age

What age group/s is your project targeted at? *

- ☐ Under 18
- ☐ 18-25
- ☐ 26-54
- ☐ 55+
- ☐ All ages

It is an obligation under the Children and Young People (Safety) Act 2017 that all sport and recreation organisations who provide services to children under 18 must have lodged a statement with the Department of Human Services. Click [here](#) for further information.

Event Need and Delivery

* indicates a required field

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Event Need

The following information may be used to assess your event against assessment criteria "Project Need and Delivery". Please take the time to provide the correct uploads below.

Why is this event needed? *

How does this event contribute to the state and to the community?

For the following file uploads please ensure files are named. For those wishing to upload multiple files, collate those documents into one file where possible.

If too many files are attached key information may be missed during assessment.

DO NOT attach files that are not correctly titled, they may not be opened.

Evidence relating to the need for this event.

Attach a file:

This upload can be used to attach any additional reports or strategic documents relating to the event.

Alternatively, if your documents are accessible online please provide a link:

Must be a URL.

Project Delivery

List key event timelines/milestones from start to finish using dot points.

Event delivery attachments (e.g. event management plan, gantt chart, etc)

Attach a file:

Who will be managing the delivery of the event? *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Event Contact Position *

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Event Contact Primary Phone Number *

Must be an Australian phone number.

Event Contact Primary Email *

Must be an email address.

List any relevant project management history of the person/organisation that is delivering the event.

Event Costs

Event budget *

Attach a file:

Please provide a clear and detailed budget for the proposed event or activity. This should include a breakdown of all costs associated with the event.

Total event cost *

\$0

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Total amount requested from the Department for Infrastructure and Transport *

\$0

Must be a dollar amount.

What is the total financial support you are requesting in this application? Please ensure this is considered and entered correctly.

Other Sources of Event Funding

Other than the SACCP requested funding please detail other sources of funding for this event. This could include; applicants own funds, event sponsorship, event registration fees, co contribution from peak body, in-kind contribution etc.

Providing evidence of these costs will show the capacity of the applicant to deliver the event.

Funding Source	Details of Funding \$ source	Evidence of Event Funding
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		Must be a dollar amount.	
		\$0	
		\$0	
		\$0	

Participation, Support and Impact

* indicates a required field

Participation

List the names of the interstate and South Australian user groups of the proposed event and briefly explain how each will benefit e.g. how will it lead to additional programming opportunities, further participation opportunities for females and non-traditional participants, and/or address inclusiveness. *

Must be no more than 200 words.

Explain how the event will lead to positive participation outcomes for car and/or motorcycle users. *

Provide details of how this event promotes and supports equality of opportunity. *

Evidence relating to event participation.

Attach a file:

Support

All regional, state, national, and international level events should at a minimum be discussed with the membership or community which it affects and support from other car and/or motorcycle clubs and Associations both locally and interstate.

In the following questions please discuss consultation undertaken.

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Please explain, evidence and, discuss the consultation/research you undertook during the planning phase for this event. *

Evidence of consultation

Attach a file:

E.g. Survey results, Forum minutes, Public consultation.

Support can be provided by any organisation or individual.

Effort and priority should be given to approaching any clubs or groups that are involved in the event, and groups who are listed to attend.

Ensure to save the file under the name of the organisation that is providing their support. Do not use acronyms.

Evidence of support

Attach a file:

Impact

Provide details on how this event will generate economic benefits for South Australia, both metropolitan and regional. *

Will this event be part of a festival of activities to drive greater investment and participation? If so provide details below. *

Evidence relating to event impact.

Attach a file:

Any Other Information

Other information

If you would like to include any further information that hasn't been covered in your application, or upload any additional documents, you can do so below.

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Additional files to upload

Attach a file:

Attach a file:

Attach a file:

Declaration and Submission

* indicates a required field

Before you press submit

Declaration Instructions

1. The declaration below must be read and acknowledged by two authorised representatives of your organisation.
2. At least one representative must be a member of the Board / Management Committee 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 outlined in this application.
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 Department for Infrastructure and Transport 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 and/or in the event of a request pursuant to the *Freedom of Information Act 1991*.
5. I understand that information in relation to this project will be made public in the event that the application for funding is successful and in other circumstances as outlined in the program guidelines.
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 1992* and the *Children and Young People (Safety) Act 2017*.

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First Authorised Representative *

Title

First Name

Last Name

This representative will be the contacted regarding this application.

Position - Applicant Admin Contact ***Primary Phone Number ***

Must be an Australian phone number.

Other Phone Number (optional)

Must be an Australian phone number.

Primary Email *

Must be an email address.

Date *

Must be today's date.

Second Authorised Representative *

Title

First Name

Last Name

This contact should be the head of the organisation (President, Chair or Public Officer)

Position - Head of Organisation ***Primary Phone Number ***

Must be an Australian phone number.

Other Phone Number (optional)

Must be an Australian phone number.

Primary Email *

Must be an email address.

Date *

Must be today's date.

Feedback

If you have the time, we would appreciate some feedback.

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Have you previously applied for our grants?

☐ Yes ☐ No

How did you find out about this grant application?

- | | | |
|--|--|---|
| ☐ Council | ☐ Facebook post | ☐ Other Social Media |
| ☐ Electorate Office | ☐ Grant Finder Website (e.g. GrantAssist) | ☐ Other |
| ☐ Email from other organisation | ☐ Newspaper | |

Select as many that apply

Did you contact a Grants Administrators for assistance?

☐ Yes ☐ No

Did you email or telephone the grant administrators for assistance

How satisfied were you with the assistance you received when contacting a Grant Administrators?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

1 = very dissatisfied to 5 = very satisfied

How many minutes did you take to complete this application?

Must be a number.

An estimate number of minutes.

Any other comments or feedback to share with us about the application process?