

APPLICANT INFORMATION

Name and contact information

☐ Individual ☐ Organisation

Organisation Name

Title

First Name

Last Name

Contact person's position / role in the organisation

Address of organisation

Address

Email address of contact person

Must be an email address.

Phone Number

Must be an Australian phone number.

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	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	

# SA Supporting Regional Aviation Program Round 10 2025-2026

## Form Preview

Main business location

Must be an ABN.

## AERODROME LOCATION AND DETAILS

### Aerodrome / Property Name

**Location of aerodrome as determined by the Australian Statistical Geography Standard - Remoteness Area** <https://www.health.gov.au/health-workforce/health-workforce-classifications/australian-statistical-geography-standard-remoteness-area>

☐ Inner Regional ☐ Outer Regional ☐ Remote ☐ Very Remote

### Latitude and Longitude of aerodrome

### Please attach a map and/or image

Attach a file:

### Length of runway (metres)

Must be a number.

### Runway surface (e.g. sealed, gravel)

**Aerodrome category - as per [casa.gov.au/aerodromes/aerodromes-register/aerodrome-categories-under-casr-part-139](https://casa.gov.au/aerodromes/aerodromes-register/aerodrome-categories-under-casr-part-139)**

☐ Certified Aerodrome ☐ Previously Registered - now deemed Certified ☐ Aircraft Landing Area / Other

### Is the airport privately owned?

☐ Yes ☐ No

### How many people are accessing / relying on aerodrome for supplies / services?

Must be a number.

**What is the strategic importance of your location? If aircraft were unable to land at this aerodrome where is the next closest landing site? What is its name and how far away is it from your location?**

# SA Supporting Regional Aviation Program Round 10 2025-2026

## Form Preview

**What is the nearest town or service centre (name and postcode) to the aerodrome?**

**What is the distance (in kms) by road, and the road surface type, from the aerodrome to nearest town / service centre?**

Must be a number.

**Over what type of road surface?**

- ☐ Sealed road ☐ Unsealed road

**Approximately how many days per year is road access to nearest town / centre unavailable?**

Must be a number.

**Do you currently impose landing fees or other airport charges?**

- ☐ Yes ☐ No

**Does the aerodrome receive a Regular Public Transport (RPT) air service or frequent charter with more than 30 passengers?**

- ☐ Yes ☐ No

**If Yes, what is the name of the RPT or charter operator?**

**Does the aerodrome receive a weekly Remote Air Services Subsidy Scheme (RASS) Service?**

- ☐ Yes ☐ No

**Is the aerodrome used by an aeromedical operator such as the Royal Flying Doctor Service?**

- ☐ Yes ☐ No

**If Yes, what is the name of the aeromedical operator?**

**Approximately how many times has the aeromedical operator been to the location over the last year?**

Must be a number.

# SA Supporting Regional Aviation Program Round 10 2025-2026

## Form Preview

**Does the aerodrome receive any CFS landings?**

☐ Yes ☐ No

**Has the aeromedical operator / CFS / RPT provider or any other regular user of the aerodrome raised safety and / or access concerns?**

☐ Yes ☐ No

**If Yes, please provide a copy of the letter / email / report identifying the concerns**

Attach a file:

## PROJECT SUMMARY

**Project Title**

**Briefly describe your project and outline all works to be undertaken (Refer to Guidelines for eligible project expenses)**

Provide a short description (up to approx 100 words) of your project. What do you intend to deliver?

**Why are the works required? (e.g. urgent safety risk, to meet operational requirements, CASA standards, what is the risk if this project does not receive SASRAP grant funding?)**

**Total project cost**

\$

Must be a dollar amount.

What is the total budgeted cost of your project?

**Total amount requested from SASRAP**

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application? (Up to a maximum of \$150,000)

**If there is any other information that supports the need or the priority for this project please provide details here and indicate if details will be in an attachment.**

# SA Supporting Regional Aviation Program Round 10 2025-2026

## Form Preview

### Attach supporting information

Attach a file:

Address the program criteria outlined below and attach relevant evidence. This is important as your application will be assessed against this criteria.

### Is the project able to be completed no later than 30 June 2025?

☐ Yes ☐ No

### Does the project contribute to a safety or accessibility outcome?

☐ Yes ☐ No

If Yes, provide further details (e.g. recommended in a safety or technical inspection, enables night-time access, all-weather access, improves vital fire fighting capability).

### And attach evidence if available

Attach a file:

### Will the project improve connectivity to intrastate, interstate or international markets or routes?

☐ Yes ☐ No

### If Yes, provide further details

### And attach evidence if available

Attach a file:

# SA Supporting Regional Aviation Program Round 10 2025-2026

## Form Preview

**Is there an economic and / or social benefit to the regional community and / or State as a result of the project?**

☐ Yes ☐ No

**If Yes, provide further details about the economic/social benefits (e.g. increased tourism to the region)**

**And attach evidence if available**

Attach a file:

**Will the project provide any other key benefits?**

☐ Yes ☐ No

**If Yes, provide further details of benefits**

**And attach evidence if available**

Attach a file:

## PROJECT MANAGEMENT

**Is your organisation intending to manage the project?**

☐ Yes ☐ No

**If No, please provide details about the proposed project manager**

**Is your organisation intending to undertake all or part of the works?**

☐ Yes ☐ No

**If Yes, please outline your organisation's experience and capacity to undertake the works**

# SA Supporting Regional Aviation Program Round 10 2025-2026

## Form Preview

**Will your organisation be tendering for works associated with this application?**

☐ Yes

☐ No

**If Yes, please provide estimated timeframes for the tender process**

Provide evidence (e.g. letter from your Council, Board, Chief Executive) that the project is supported by the applicant organisation, that the organisation is willing to accept responsibility to complete the project within the funding period, meet the costs of the project not covered by grant funding, and return any funds not expended by the end of the funding period.

Attach a file:

## TIMEFRAMES AND WORK PLAN

Provide timeframes and a work plan for the project showing major milestones and activities. Indicate expected commencement and completion dates for the project and for project milestones. A draft work plan can be attached to the application if available.

**Proposed project start date**

Must be a date.

**Proposed project completion date. Projects are to be completed by 30 June 2025**

Must be a date.

**List major milestones (e.g. tenders called, contractors appointed, materials delivered, on-ground works commenced, final report submitted) together with expected commencement dates and completion dates**

**Attach a draft work plan if available**

Attach a file:

# SA Supporting Regional Aviation Program Round 10 2025-2026

## Form Preview

### BUDGET

Contributions and funding sources: SA Government (this program), Local Government, applicant cash, applicant in kind, other. Note RAUP or other Commonwealth Government funded projects are ineligible for SASRAP grants.

Funding source	Contribution	Attach confirmation of funding/contribution
	Must be a dollar amount.	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Proposed expenditure: cost of project components. All costs/prices should be GST exclusive. You will need to demonstrate the basis upon which costs have been calculated (e.g. written quote provided, estimate of time x hourly rates)

Project component	Cost	Attach quotes/estimates
	Must be a dollar amount.	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### Budget totals

Total funding/  
contributions amount

\$

This number/amount is  
calculated.

Total costs/expenditure  
amount

\$

This number/amount is  
calculated.

Funding less costs

\$

This number/amount is  
calculated.

### Exceptional Circumstances Co-funding Exemption

It is recognised that some applicants may be experiencing circumstances resulting in a limited capacity to meet the co-funding requirement. Where you can demonstrate that you are experiencing these circumstances, you may seek an exemption from the co-funding requirement. The following will be considered for exemption: drought and/or disaster declaration, limited financial capacity, significant change in population, risk of suspension of



# SA Supporting Regional Aviation Program Round 10 2025-2026

## Form Preview

emergency medevac/aeromedical flights or other critical services, contribution to improved service delivery to remote Aboriginal communities or Closing the Gap outcomes.

### Are you seeking an exemption?

☐ Yes ☐ No

**If you seek an exemption you must submit a supporting case which includes evidence demonstrating the exceptional circumstances you are experiencing and how this is preventing you from meeting the co-funding requirement. You must also include evidence to demonstrate the capacity to maintain and fully utilise the project.**

Attach a file:

## PREVIOUS GOVERNMENT ASSISTANCE

Provide details of any State or Commonwealth Government funding provided to this aerodrome in the past four years

### Funding source (name of program and agency)

### How much funding was received (\$)

Must be a number.

### Project / purpose / works undertaken

### If Yes, please provide details

## Please provide any other comments or relevant information

**List all attachments submitted with this application (e.g. map, photographs, quotes/estimates, inspection reports, letters of support, etc)**

### CONFLICT OF INTEREST

A conflict of interest may exist, for example, if the applicant or any of its personnel:

- Has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process.
- Has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicant in carrying out the proposed activities fairly and independently; or
- Has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the granting of funding.

Each applicant will be required to declare as part of their application existing conflicts of interest or, that to the best of their knowledge, there is no conflict of interest that would impact on or prevent the applicant from proceeding with the project or any funding agreement it may enter into with the State Government. Where an applicant subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to this application for funding, the applicant must inform the Department in writing immediately.

**Is there any conflict of interest?**

- ☐ Yes
- ☐ No