**NEIGHBOURHOOD WATCH (NHW) 40TH ANNIVERSARY GRANTS PROGRAM  
  
APPLICATION FORM**

**Section 1: Applicant information**

**NHW Area name and number**:

**Contact person**:

**Are you Police Volunteer Program (PVP) accredited?**  Yes  No *(only PVP accredited volunteers can apply for a NHW 40th anniversary grant)*

**Phone number**:

**Email address**:

**Endorser details:***Your Area Coordinator and a member of your local South Australia Police District Community Engagement Section (DCES) or Crime Prevention Section (CPS) must endorse your application before submission.*

**Area Coordinator name**:

**Area Coordinator PVP number**:

**Date**:

**Name and rank of DCES/CPS representative**:

**PD number of DCES/CPS representative**:

**Date**:

**Section 2: Project details**

**Project name**:

**Provide a brief description of your project**:

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**Section 3: Project criteria**

**Clearly articulate the need for the project**:

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**Demonstrate the need for finances to fund the grant project**:

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**Provide a description with clear objectives of how the grant project will benefit the local community (include project outcomes)**:

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**Provide an explanation of how the project aligns with NHW’s objective to create safe and connected communities**:

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| --- |
| Click or tap here to enter text. |

**Section 4: Approval**

**Have you liaised with your local council about this proposed NHW project?**  
  Yes  No  
*Your NHW area must liaise with your local council* ***before*** *submitting a grant application.*

**Has your local council approved this project?** Yes  No  NA

**If ‘No’ or ‘NA’, please provide details**:

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| --- |
| Click or tap here to enter text. |

**Section 5: Financial Information**

**Estimated project cost**:

**Amount requested (up to $2,000 is available)**:

**If the grant funding is not sufficient to complete your project, does your NHW area have funds available to fill the gap?**  Yes  No

**Provide a well-researched budget proposal below:**

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| --- | --- |
| **ITEM** | **COST INC GST** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
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|  | $ |
| **Total:** | **$** |

**Section 6: Declaration**

**PVP number**:

*By providing your PVP number you acknowledge that the information provided in this application is true and correct to the best of your knowledge.*

**Date**:      

**Section 7: Submission**

Submit the completed application form to SAPOL.NeighbourhoodWatch@police.sa.gov.au by 23 April 2025.