

[www.ecsa.sa.gov.au](http://www.ecsa.sa.gov.au)[ECSA.FAD@sa.gov.au](mailto:ECSA.FAD@sa.gov.au)

## Special Assistance Funding Claim form

Special assistance funding is to reimburse registered political parties for administrative expenses incurred during the half-yearly period. The Electoral Act 1985 sets out the requirements and limits for this funding in s130U.

Special Assistance Funding claims must be submitted **within 7 days after the end of the half yearly period to which it relates.**

Claims must be submitted in writing, signed by the registered party agent, accompanied by an Audit Certificate from a registered company auditor (or approved waiver from the Electoral Commissioner) and submitted within 7 days of the end of the half yearly period to which it relates in order to be considered a valid claim.

Payments will be made to the registered party agent within 28 days of receipt of a completed and valid claim.

Special Assistance Funding paid will be the **lesser** of the parties maximum eligibility or **actual administrative** expenditure incurred.

Maximum eligibility is based on the current members of Parliament:

in the case of a party which has 5 or fewer members of Parliament (as at the last day of the relevant period)—\$7 000 (indexed); or  
in the case of a party which has 6 or more members of Parliament (as at the last day of the relevant period)—\$12 000 (indexed),

Current years indexed amounts can be obtained from the Funding and Disclosure team at ECSA.FAD@sa.gov.au.

Please contact the Funding and Disclosure team at ECSA.FAD@sa.gov.au with any questions or issues regarding this form or the claim process.

### Eligibility Criteria

The registered political party must have been registered on polling day of the last preceding general election and remained registered throughout the half yearly period to which the claim relates.

The registered political party must have at least one member who is a current Member of the Parliament of South Australia.

**Please complete the yellow shaded boxes where applicable.**

#### Half yearly period to which this claim relates:

1 July to 31 December

#### Year

2016

#### Registered political party details and members of Parliament

##### Name of registered political party:

##### Number of members in the Parliament of South Australia:

##### Current Members of Parliament relied upon for eligibility to claim:

###### Name


# ECSA Electoral Commission SA

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## Special Assistance Funding Claim form

### Special Assistance Funding claim

Special Assistance Funding paid will be limited to the *lesser* of your maximum eligibility or actual administrative expenditure incurred.

In the case of a party which has 5 or fewer members of Parliament (as at the last day of the relevant period), maximum eligibility = \$7 127; or  
in the case of a party which has 6 or more members of Parliament (as at the last day of the relevant period), maximum eligibility = \$12 217.

\$

**Maximum eligibility based on members of Parliament:**

**Administrative expenses incurred:**

Enter the administrative expenditure incurred for each of the following categories (**excluding GST**). Do not enter any portion of expenses that relate to political expenditure as defined by the Electoral Act 1985.

\$

Salaries and wages	<input type="text"/>
Auditor remuneration	<input type="text"/>
Office and administration expenses	<input type="text"/>

**Other administrative expenses (if applicable):**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Total administrative expenditure incurred (excluding GST):**

\$

**Total Special Assistance Funding claim for this period**

The Special Assistance Funding claim reimbursement is exempt from GST.

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## Special Assistance Funding Claim form

### Payment:

**Special Assistance Funding may not be deposited into the State Campaign account**

All claims will be paid electronically.  
Incorrect bank details may result in the payment being delayed.

Registered political party:	<input type="text"/>
ABN:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/>
Email (for remittance advice):	<input type="text"/>

### **Nominated bank account for electronic payment (NOT State Campaign account):**

Name of financial institution:	<input type="text"/>
Bank account name:	<input type="text"/>
BSB:	<input type="text"/>
Account number:	<input type="text"/>

**Special Assistance Funding Claim form**

**Party agent details, certification and sign off**

**Name:**

**Address:**

**Telephone:**

**Email:**

I hereby certify that, to the best of my knowledge, the information contained herein is materially true and correct.

I acknowledge that a person who furnishes false or misleading information is guilty of an offense.

**Agent signature:**

**Date:**

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Attachments:	Provided (Y/N):
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Audit certificate/Approved waiver <b>(Required)</b>	<input type="text"/>
Trial Balance or similar supporting documentation <b>(Required)</b>	<input type="text"/>

Additional documents (optional):

- 1
- 2

<b>For Office Use</b>	
<b><u>Audit Services</u></b>	<b><u>Electoral Commissioner</u></b>
Recommended for approval	Approved
	Not approved
Signature	Signature
Date	Date