

CALL  
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POST  
12 Bishopstone Road  
Davoren Park SA 5113

EMAIL  
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VISIT  
Playford Civic Centre  
10 Playford Boulevard  
Elizabeth SA 5112

Stretton Centre  
307 Peachey Road  
Munno Para SA 5115



CITY OF PLAYFORD

COMMUNITY DEVELOPMENT GRANTS PROGRAM

# COMMUNITY DEVELOPMENT and EVENT APPLICATION

## AVAILABLE GRANT ROUNDS

### Round 1

Open: **15 July 2019** at 9am  
Close: **23 August 2019** at 5pm  
For projects, programs, activities and community events scheduled after **25 October 2019**

### Round 2

Open: **20 January 2020** at 9am  
Close: **28 February 2020** at 5pm  
For projects, programs, activities and community events scheduled after **1 May 2020**

## COMMUNITY GROUP / ORGANISATION DETAILS

Community group or organisation name:	<input type="text"/>		
Address:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Australian Business Number (ABN):	<input type="text"/>		
Is the organisation registered for GST?			Yes <input type="checkbox"/> No <input type="checkbox"/>

## CONTACT DETAILS

### Liaison Officer

(This is the person who fills out the application form and who will be Council's contact in relation to all aspects of the application)

Name:	<input type="text"/>	Phone:	<input type="text"/>
Position:	<input type="text"/>	Mobile:	<input type="text"/>
Email Address:	<input type="text"/>	Other:	<input type="text"/>

### President / Chairperson

Name:	<input type="text"/>	Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Other:	<input type="text"/>

### Secretary

Name:	<input type="text"/>	Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Other:	<input type="text"/>

### Treasurer

Name:	<input type="text"/>	Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Other:	<input type="text"/>

## AUSPICING ARRANGEMENTS

1. Is your group or organisation a not for profit, non-government organisation or a community group	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your group incorporated under the Associations Incorporation Act, 1985? <b>If you answered YES, please proceed to question 4</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. For the purpose of this grant have you arranged for an incorporated organisation or Association who will take legal and financial responsibility for any grant monies received?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you a new group formed for less than a 12 month period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you unable to submit a copy of your most recent audited/certified financial statement or a copy of the minutes of your last AGM together with a copy of your treasurer's report?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## DECLARATION BY AUSPICE BODY

I declare that I received full details of this application prior to providing my letter of support (which is now attached). I agree that the organisation stated below will act as the auspice body for this grant funding and will ensure that the funding is used for the purpose as per this application.

Auspicing Organisation Name:	<input type="text"/>		
Address:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Name:	<input type="text"/>		
Position:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

## ABOUT YOUR COMMUNITY GROUP / ORGANISATION

What are the aims of your organisation?

What are your organisation's current activities or services?

How many members does your organisation have?

Paid Members:

Volunteer Members:

What proportion (percentage) of your membership is based in City of Playford?

Does your organisation have a Management Committee?

Yes  No

If so, how often do they meet?

If not, how is the organisation managed?

## ABOUT YOUR PROJECT / ACTIVITY / EVENT

Project / Event Name:

Describe your project / event:

Describe the anticipated OUTCOMES of the project / event (eg. *what do you want to achieve*)?

Start Date:

Finish Date:

Name and address of venue:

Has venue been booked and availability confirmed?

Yes  No

For events on Council's parks and reserves, has venue been booked and availability confirmed through Council's property leasing officer E: [sportsfields@playford.sa.gov.au](mailto:sportsfields@playford.sa.gov.au) Yes  No  N/A

For community events, approximately how many people are expected?

Which members of the City of Playford will benefit from this project/activity/event:

- |                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| Older people (aged over 65) | <input type="checkbox"/> | Indigenous Community                            | <input type="checkbox"/> |
| People with disabilities    | <input type="checkbox"/> | Culturally and Linguistically Diverse Community | <input type="checkbox"/> |
| Children & Young People     | <input type="checkbox"/> | Residents in City of Playford Townships         | <input type="checkbox"/> |
| Women                       | <input type="checkbox"/> | Other (please specify)                          | <input type="checkbox"/> |
| Families                    | <input type="checkbox"/> |   |                          |

Indicate the number of people who will benefit from this project/event

Within the organisation:

Within the community:

## ABOUT THE FUNDS YOU ARE APPLYING FOR

Total cost of project / event

Amount of grant funding being requested

Will your project / event be able to go ahead if you receive less funding?

Yes  No

If so, how will you make up the shortfall?

If not, please explain why

Please provide an itemised budget for the project/activity/event and mark the items you wish Council to fund with an asterisk

(Your budget must include full details of all expenses plus all sources of income for the project e.g. venue hire, material costs, advertising, quotes etc. and the INCOME and EXPENDITURE columns must balance)

<b>INCOME</b>	<b>COST</b>
City of Playford Requested Grant Funding	
Organisation's contribution:	
OTHER FUNDING SOURCES:	
<b>Total Income</b>	<b>\$</b>

<b>EXPENDITURE (PLEASE MARK WITH AN ASTERISK THE ITEMS YOU WISH COUNCIL TO FUND)</b>	<b>COST</b>
<b>Total Expenses</b>	<b>\$</b>

Please list additional in-kind support (e.g. volunteers, venues, facilities, sponsorship such as free adverts etc.)

Demonstrate own contribution to the project and match the amount of the grant with cash, material, volunteer hours or other in-kind support

Has the project / event for which this application is lodged received funding from other State, Federal or another source? Yes  No

Is your organisation currently receiving operational funding from any State, Federal or another Local Government body (including applications which are currently being considered)? Yes  No

If you answered YES, please complete the table below:

Total received during last financial year: \$ _____				
Funding body	Date received	Amount requested	Amount received	Project

Please note the City of Playford may verify the above information through liaison with other government departments and agencies.

Have you received previous Community Development Grants from Council? Yes  No

If you answered YES, Please advise details of last grant received

Type of Grant:

Date of Issue:

Have all previous Community Grants from Council been satisfactorily acquitted? Yes  No

If you answered NO you will not be eligible for funding until you have acquitted the previous grant

## CHECKLIST FOR SUPPORTING DOCUMENTATION

Before submitting your application, please ensure that you have undertaken the following and the following documents are attached. Please tick. Your application will be viewed as incomplete and will be ineligible for funding if you fail to submit the information as detailed below.

Read the Community Grants Program guidelines Yes  No

All sections of the application form filled in (including auspicing arrangements if applicable) Yes  No

Copy of most recent audited/certified financial statement or a copy of the minutes of the last AGM together with a copy of the Treasurer's report Yes  No

Submitted an evaluation for any previous City of Playford grants Yes  No

## MAILING LIST

Would you like to be added to Council's mailing list to be kept informed about future grant rounds and other relevant information relating to the Community Development Grants? Yes  No