

CALL
(08) 8256 0333

POST
12 Bishopstone Road
Davoren Park SA 5113

EMAIL
playford@playford.sa.gov.au

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 Equipment Application

AVAILABLE GRANT ROUND

Open all year

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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered YES, please proceed to question 4	
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

Equipment Request:

Describe your need for this particular equipment:

Describe the anticipated OUTCOMES of purchasing the equipment?

Start Date:

Finish Date:

Name and address of venue:

Which members of the City of Playford will benefit from the equipment purchase:

Older people (aged over 65)

Indigenous Community

People with disabilities

Culturally and Linguistically Diverse Community

Children & Young People

Residents in City of Playford Townships

Women

Other (please specify)

Families

Indicate the number of people who will benefit from the equipment purchase

Within the organisation:

Within the community:

ABOUT THE FUNDS YOU ARE APPLYING FOR

Total cost of equipment purchase

Amount of grant funding being requested

Will your equipment purchase 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

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