



Community Development Grants Program

Outstanding Achievement Application

Which grant are you applying for?		
<input type="checkbox"/> Competition Grant	<input type="checkbox"/> Leadership Grant	<input type="checkbox"/> Personal Development Grant
Applicant		
Name of person for whom funding is sought:		
Address:		
Postal address (if different to above):		
Email:		
Phone	Date of application:	
Name of school/tertiary institution applicant attends (if applicable):		
Is the applicant attending this school/tertiary institution full time in South Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant unemployed or work less than 15 hours per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant pursue their chosen field in a full time amateur capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant received funding from the City of Playford Community Development Grants Program within the last twelve (12) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?		
Payment information		
All payments will be made by Electronic Funds Transfer (EFT).		
Account name:		
Account holder:		
Bank:		
Branch:		
BSB:	Account number:	
Contact details of team/organisation		
Name:	Phone:	
Position:	Mobile:	
Email:	Other:	
Team/Organisation name:		
Club name:		

Competition/development details		
Please provide the name of the competition or details of leadership or person development:		
Is the applicant representing Australia or South Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Postal address:		
Date from:	Date to:	
Where will the competition/event/activity take place?		
Publication of award/signature		
City of Playford reserves the right to publish details of the awarded grant and details to whom the grant is awarded.		
All the information stated within this application is, to the best of my knowledge, true and correct. I realise that, should this application be successful but I am unable to compete in the event, then I am obliged to return the full grant to the City of Playford. I understand and agree to abide by the conditions as stated on this form and in the attached guidelines.		
Signature of applicant:		
Name:	Date:	
Signature of parent/guardian:		
Name:	Date:	

Please return your completed application via one of the following channels:

Post: City of Playford
Attn: Grants Officer
12 Bishopstone Road
Davoren Park SA 5113

In person: Playford Civic Centre
10 Playford Boulevard
Elizabeth SA 5112

Email: playford@playford.sa.gov.au

Should you have any enquiries, please contact us on (08) 8256 0333.