

# Application Form - Community Development Grant 2026

## Form Preview

### Introduction

\* indicates a required field

This application form is for City of Playford **Community Development Grant**.

### Objectives

Community groups, non-profit organisations and sporting clubs within the City of Playford may be eligible to apply for grants of up to \$5,000 for a project or one-off community event. Through these grants, Council aims to support and encourage community projects/ events that enhance neighbourhoods and improve the lives of our residents.

**Community Development Grants** offer financial support to non-profit community organisations, local groups and associations for proposals that:

- Deliver innovative, creative or new opportunities for the Playford community to become involved in their local community
- Encourage and support arts, cultural development, physical activity, health and wellbeing
- Demonstrate collaboration between organisations and the local community to maximise community benefit
- Develop and initiate locally based events, exhibitions and/or performances which make a positive contribution to community and cultural life in Playford

### Eligibility

The guidelines provide detailed information about the requirements for completing this application. Before completing this application form, please ensure you have read and understood the program guidelines by clicking [here](#).

**Before proceeding, please ensure the following:**

- your organisation is not-for-profit
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purpose of this application
- your organisation is located within the City of Playford or provides a program/service/ initiative within the City of Playford boundary
- your organisation does not hold a gaming machine licence
- your organisation does not have any outstanding debts, reports, contractual or financial obligations to City of Playford as a result of previous funding or grants

**Does your organisation hold a gaming machine licence? \***

Yes  No

If yes, you are NOT eligible to apply. Please do not continue.

**Does your organisation have any outstanding reports or money owed to the City of Playford? \***

Yes  No

If yes, please contact the grants officer before proceeding

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### Applicants please note:

- Funding should not be deemed automatic or anticipated and is granted on the applicants' ability to meet the funding requirements.
- Incomplete applications, or applications submitted after the closing date will not be considered.
- Applications that have limited external funding will be rated higher.
- Successful applicants will be required to enter into a relevant legal agreement with Council and demonstrate compliance with all relevant laws and regulations.

If you have any questions regarding the eligibility criteria, or need guidance completing the application form, please contact the Grants Officer on 8256 0230 (Monday to Thursday) or email [grants@playford.sa.gov.au](mailto:grants@playford.sa.gov.au) and quote the application number below.

### Application Number

This field is read only.

The identification number or code for this submission.

## Applicant Organisation

\* indicates a required field

### Applicant Organisation Name \*

Individual  Organisation

Organisation Name

First Name

Last Name

Must be the legal name of the organisation

### Applicant Primary Address \*

Address

  

Address Line 1 is required. Country must be Australia

### Applicant Primary Website

Must be a URL.

### Applicant Postal Address \*

Address

  

Address Line 1 is required.

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Write s=same as above if same as above

### Organisation Primary Contact Person

This is the person we will correspond with about the grant

#### **Applicant Project Contact \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### **Position held in organisation \***

  
(eg: President, Secretary, Treasurer, CEO, Board Chair)

#### **Mobile Number \***

#### **Email \***

### Executive Members

#### **President/Chairperson/CEO \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### **Phone Number \***

#### **Email \***

#### **Secretary \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### **Phone Number \***

#### **Applicant Admin Contact Primary Email \***

### Organisation Details

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\* indicates a required field

### Organisation Legal Structure

**What is the organisation legal structure? \***

- Incorporated Association  Unincorporated Association

**Incorporation Number**

If you are unsure what your Incorporation Number is, you can search your organisation [here](#).

### Financial Statements

If you are not incorporated, you have not been audited, or you are 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, you will need to be auspiced by an incorporated body who will take legal and financial responsibility for any grant monies received from the City of Playford.

**Can you attach most recent audited, certified financial statement OR copy of minutes of last AGM with Treasurer's Report? \***

- Yes  No

**Please attach most recent audited, certified financial statement OR copy of minutes of your last AGM with Treasurer's Report**

Attach a file:

### ABN

**Does your organisation have an ABN? \***

- Yes  No

**Applicant ABN**

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>

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ACNC Registration  
Tax Concessions  
Main business location

Must be an ABN.

### Auspice Organisation

*Only complete this section if you require an organisation to auspice your application.*

If your organisation is not incorporated, you have not been audited or you are unable to submit a copy of your most recent audited, certified financial statement, you will need to be auspiced (sponsored) by an organisation that is. Please complete the below information, ensuring your Auspice Organisation is aware of your project and their role. If you are not incorporated and do not have an auspice, you will not be eligible to apply.

#### **Important information.**

If your organisation agrees to auspice (support) a grant for an unincorporated group, this will make you responsible for any funding received on behalf of that group.

#### **Your responsibilities include:**

- reading, understanding and counter signing the application before it is submitted
- receiving and banking the funds if the application is successful
- liaising with the applicant about the funding for the project and paying all accounts as agreed with the applicant
- ensuring accurate and appropriate financial documentation is recorded
- providing financial reconciliation and countersigning the Acquittal Form at the conclusion of the project

#### **Auspice organisation name \***

Organisation Name

#### **Auspice Primary Email \***

#### **Auspice Project Contact \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### **Auspice Project Contact Position \***

#### **Auspice Project Contact Mobile Phone Number \***

#### **Auspice Project Contact Primary Email \***

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### Auspice ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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Entity name	
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Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Insurance Details

**Does your organisation have public liability insurance? \***

Yes  No

**Please upload a copy of your current public liability insurance**

Attach a file:

### Organisation Overview

**What does your organisation do? \***

**Please list your key partnerships (if applicable)**

**What are your organisations current activities or services \***

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**Does your organisation have a Management Committee? \***

Yes

No

**If YES, how often does the committee meet?**

**If NO, how is the organisation managed?**

**Has your organisation previously received funding from City of Playford? \***

Yes

No

Unsure

**If YES, what was the name of the project?**

**If YES, what was the total funded?**

**Please upload a copy of your most recent audited financial statement or AGM Minutes with Treasurer's Report attached**

Attach a file:

## Membership

**How many paid staff does your organisation have: \***

Must be a number.

**What percentage (%) of your current workforce lives in Playford:**

Must be a number.

Please type 0 if you have no paid staff within your organisation

**What percentage (%) of your current workforce lives in Playford: \***

Must be a number. Please type 0 if you have no paid staff within your organisation

**How many volunteers does your organisation have: \***

Must be a number.

**What percentage (%) of your current customers or members live in Playford: \***

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Must be a number.

**What percentage (%) of your current services are delivered in Playford: \***

Must be a number.

**How many Playford residents do you anticipate will benefit from the funded project: \***

Must be a number.

**How will you ensure Playford residents are accessing and benefitting from the funded project: \***

## Project or Event Details

\* indicates a required field

### Proposal

*Include a summary of your idea, who the project/event is for, where it will be held and who/how many people it will support.*

**Project or Event Title \***

**Project or Event Summary \***

Provide a short description (100 words recommended) of your project.

**Please provide a detailed plan for your project/event \***

Attach a file:

This could include a run sheet or other relevant documentation

**Start Date \***

**End Date**

No end date required if project is ongoing

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**Approximately how many people are expected to attend and/or participate? \***

**Please list venue booked: \***

Please type NIL if you do not have a venue booked

### Project Need

**What is the anticipated positive impact you hope to bring to the Playford community? \***

e.g. increasing Playford membership, increasing social inclusion/participation, promoting health/wellbeing, celebrating/sharing culture etc

**Please demonstrate how this project or community event will meet one or more of the priorities found in the relevant guidelines \***

Read the guidelines for clarity

### Project Delivery

**How will the funding be used to deliver the project? \***

List what will take place and where they will take place (200 words recommended)

### Existing Council Support

This applies to community organisations currently receiving financial support from Council.

**Has your organisation received or is currently receiving financial support from Council? \***

Yes  No

**If your answer is yes, please provide details:**

Amount and purpose of financial support

### Additional Information

Optional

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**Please provide details of any other supporting information you wish to be considered.**

### **Additional documentation**

Attach a file:

Only if relevant

## Budget

*\* indicates a required field*

### Project Costs

Please provide an itemised breakdown of the major costs associated with your project. Each of the costs will need to be evidenced with quotes.

Costs should only be listed if they are eligible and in direct relation to the project for which you are applying for.

- *do not include cents - round up to the nearest dollar*
- *if your organisation is registered for GST, costs are to be **GST exclusive***
- *if your organisation is not registered for GST, costs are to be **GST inclusive***

### Funding Request

#### **Amount Requested \***

What is the total amount you are requesting? (Cannot exceed \$5,000)

#### **Total Project Cost \***

What is the total budgeted cost of your project?

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

Yes

No

**If YES, how will you make up the shortfall?**

**If NO, please explain why?**

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### Expenditure

Your budget must include full details of all expenses plus all sources of income for the project and the INCOME and EXPENDITURE columns must balance.

Include quotes or evidence of project costs alongside the items you wish City of Playford to fund.

<b>Project costs</b>	<b>Amount (must be a whole dollar amount)</b>	<b>Quotes or evidence of project costs</b>
Please describe your expenditure (eg venue hire, catering etc)		

### Budget Totals

#### **Total Expenditure Amount \***

This number/amount is calculated.

### Income and Co-Contribution

Your budget must include full details of all income for the project and the INCOME and EXPENDITURE columns must balance.

### Income

<b>Project Income</b>	<b>Total (must be a whole dollar amount)</b>	<b>Evidence of contribution or funding</b>
City of Playford Requested Funding		

### Budget Totals

#### **Total Income Amount**

This number/amount is calculated.

### In-Kind Support

Please list in-kind support such as volunteers, venues, sponsorship.

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You must demonstrate your own in-kind contribution to the project/event and match the amount of the grant with cash, material, volunteer hours or other in-kind support.

If your project has any income, including staff or volunteer support, please list this below. If you are including staff hours, you can use this at the rate of that staff members average wage per hour. If you are using volunteer support, in SA, the current 'value' of a volunteers is \$47.38 per hour, based on Volunteering SA & NT recommendations. If your project includes voluntary labour or support, you can use this formula to calculate the contribution made.

### Please list in-kind support

### Other Funding

**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

**Have all previous grants from Council been satisfactorily acquitted? \***

- Yes  No  Unsure  Not Applicable

If NO, you will not be eligible for funding until you have acquitted previous grants

## Payment

### Payment Information

If the application is successful, payment will only be made to a registered organisation bank account on receipt of a tax invoice. If the organisation is auspiced, payment will be made to the auspice organisation who should transfer the funds to the applicant.

Payments will not be made to an individual or personal account.

Payment will made be by electronic means only.

## Declaration and Privacy Statement

\* indicates a required field

Declaration by Authorised Persons.

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On behalf of the organisation, I declare:

- All details supplied in this application including any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.
- I have read the accompanying guidelines for applicants in conjunction with this application form.
- I agree that I will contact the Grants Officer immediately if any information provided in this application changes or is incorrect.
- I am duly authorised by the organisation to prepare and submit this application
- the organisation is eligible to apply for funding in accordance with the eligibility criteria in the Funding Guidelines
- The responses in the application are true and correct
- I understand that City of Playford may disclose the information provided in this application to Council, other agencies, reviewers and staff assisting with the administration or promotion of City of Playford Grant Programs, and/or in the event of a request pursuant to the *Freedom of Information Act 1991*
- I understand that information in relation to this project will be made public in the event that the application for funding is successful and in other circumstances outlined in the guidelines.
- Where required, the project will comply with all relevant codes, standards and applicable legislation as outlined in the guidelines.

**I am authorised to complete this application and have read and understood the declaration and privacy statement \***

Yes

**Authorised Representative's Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**Primary contact number \***

**Email \***

**Date of declaration \***

Must be a date.