Application Form - Community Group Support Grants
Form Preview

Introduction

* indicates a required field

Introduction

This application form is for the City of Playford ***Community Group Support Grants.*** This grant category provides funding to support community groups to strengthen and enhance their programs, activities and events; build organisational capacity and increase participation opportunities by supporting small scale projects; activities and equipment purchases that primarily benefit the organisation.

Funding is available in two categories:

- **Equipment Grant** (up to $1,000 GST excl) for the purchase of equipment: or
- **Community Group Project Grant** (up to $2,000 GST excl) for projects that increase opportunities for members through new projects, programs, activities or events

Applications may be submitted throughout the year and will be assessed in the order received, subject to budget availability.

Eligible organisations may receive support once every two years. For example, an organisation funded for either the Equipment Grant or Community Group Project Grant in September 2026 would next be eligible to apply in September 2028. If you are unsure, please contact the Grants Officer.

Completing an Application

Once you have commenced an application, you can save and close the form at any time and come back to it. To resume an application, return to the grant portal and log in with your email and password and continue. When you have completed all sections, review before finalising your application before submitting, ensuring all supporting documentation is included. Once you have submitted, you cannot access or edit the form.

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

Application Reference Number

This field is read only.
The identification number or code for this submission.

Eligibility

Before commencing an application, please ensure you are eligible to apply.

The Community Group Support Grants Guidelines provide detailed information about the requirements for completing this application. Before completing this form, please ensure you have read and understood the program guidelines available **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 purposes of this application.
- your organisation is located within the City of Playford or delivers the proposed project, activity, or event within the City of Playford.
- your organisation has a high volunteer-to-paid staff ratio.
- your organisation does not receive significant ongoing funding from State or Federal Government sources.
- your organisation does not hold a gaming machine licence.
- your organisation has not received an Equipment Grant or Community Group Project Grant within the previous two (2) years. For example, an organisation funded for either the Equipment Grant or Community Group Project Grant in September 2026 would next be eligible to apply in September 2028.
- your organisation does not have any outstanding reports, contractual or financial obligation to City of Playford as a result of previous funding or grants.

Please note: Incomplete applications, including those submitted without the required supporting documentation, or applications received after the closing date, will not be considered.

Is your organisation: *
☐ Not-for-profit
☐ Incorporated
☐ A registered charity
☐ None of the above
If none of the above, you will need to arrange an auspicing organisation.

Does your organisation hold a gaming machine licence? *
○ Yes ○ No
If yes, you are NOT eligible to apply. Please do not continue.

Has the organisation successfully received an Equipment Grant or Community Group Project Grant in the past 2 years? *
○ Yes ○ No
If you have successfully received funding in the past 2 years you are not eligible to apply. If you are unsure, please contact the Grants Officer.

Has your organisation received, or is currently receiving, any other support from City of Playford for this project? *
○ Yes ○ No

If yes, please provide details.

Does your organisation have any outstanding debts, reports, contractual or financial obligations to the City of Playford as a result of previous funding or grants? *
○ Yes ○ No
If yes, please contact the Grants Officer

Does your organisation receive ongoing funding from any State or Federal Government sources? *
○ Yes ○ No

If yes, please state the name of the source and the reason for funding.

We may ask additional questions about this if required.

If you are unsure about any of the above questions, please contact the Grants Officer on 8256 0230 (Monday to Thursday) or email grants@playford.sa.gov.au before proceeding.

Grant Stream

Which Community Group Support Grant stream are you applying for? *

- ○ Equipment Grant
- ○ Community Group Project Grant

Please select relevant

Applicant Organisation

* indicates a required field

Applicant Details

Organisation Name *

Organisation Name

The name of the organisation submitting this application

Organisation Primary Address *

Address

Address Line 1, Suburb/Town, and Postcode are required.
This is the primary location of the organisation

Organisation Postal Address

Address

If different to above

Organisation Primary Email *

Application Primary Contact Person *

First Name Last Name

This is the person we will correspond with about the grant

Contact Position *

Contact Mobile Phone Number *

Contact Primary Email *

(the applicant organisation may be included in correspondence)

What type of organisation are you? *

☐ Sports or physical activity
☐ Arts and recreation
☐ Cultural
☐ Faith-based
☐ Community support
☐ Other:

Briefly tell us about your group or organisation *

Aims, services you provide etc

Organisation Legal Structure

What is the organisation legal structure? *

○ Incorporated Association ○ Unincorporated Association

If you are not incorporated, you will require an organisation to auspice the application. Please complete Auspice Organisation section below.

Incorporation Number

Your incorporation number can be found on your Certificate of Incorporation or search Consumer and Business Services lookup

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

If your organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement by Supplier form
Attach a file:

Auspice Organisation

If you are not incorporated, 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.

Auspice Organisation name *
Organisation Name

The name of the organisation supporting you with the application.

Auspice Primary Address *
Address

Address Line 1, Suburb/Town, and Postcode are required.

Auspice Postal Address
Address

If different to above

Auspice Primary Email *

Auspice Primary Contact Number *

Auspice Primary Contact Person *

Title | First Name | Last Name

This is the person we will correspond with about the auspice arrangements

Primary Contact Position *

Primary Contact Phone *

Primary Contact Email *

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.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Please provide a copy of confirmation letter from auspice organisation *

Attach a file:

A minimum of 1 file must be attached.

Financial

Please upload a copy of the ***applicant*** organisations' most recent audited or certified financial statements, or Treasurers Report together with a copy of the AGM minutes.

Upload here *

Attach a file:

A minimum of 1 file and a maximum of 4 files may be attached.
Please ensure files are clearly named.

Legislative and Compliance Requirements

How does your group meet any relevant compliance requirements to ensure the project will be delivered responsibly?

Please cover information including: What do you have in place to comply with relevant legislation and compliance requirements (eg. work health and safety, child safety, food safety, building and development approvals)? Please attach any supporting documents below such as: - policies, public liability insurance certificate, financial procedures, or risk management strategies or plans.

Please attach files here, ensuring they are appropriately named.
Attach a file:

Funding Request

* indicates a required field

Project Details

Project Title *

Example: New Gym Program, Club Open Day or New Cricket Bats

Funding

What are you seeking funding for? *

What are the planned activities, and/or how will the equipment be used

Please describe the need for this *

Please describe the specific issue or need you want to address and how this will strengthen organisational capacity, including the ability to grow, improve or sustain activities

Please describe the expected outcomes, including how the equipment or project will benefit your organisations members *

Describe how will this project promote health, social, recreational and/or participation outcomes

Please describe how this funding request meets one or more of the priorities found in the Community Group Support Grants Guidelines

What location/s do you plan to utilise the equipment or deliver the proposed project: *

How will you ensure the equipment or project supports and encourages participation from diverse community members? *

Consider how your project will include people with disability, people from different ages, cultural and linguistic backgrounds, Aboriginal and Torres Strait Islander peoples, genders and sexualities, faiths, socioeconomic circumstances who may experience barriers to participation.

If the application is not successful for the full amount requested, could the project proceed if you only receive partial funding? *

○ Yes ○ No

How will you successfully deliver the proposed project or event?

Include how you would do this if the full amount was not granted.

Budget

* indicates a required field

Project Budget (Expenditure Items)

Please provide an itemised breakdown of the costs associated with equipment purchase or community group project. Please refer to the Community Group Support Grants Guidelines to ensure you are requesting funding toward eligible costs. Each item must be supported by written quotes or realistic evidence of the proposed cost.

Costs should only be listed if they are in direct relation to the equipment or 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***

Expenditure description	**Expenditure Amount $**	**Evidence of costs.**
Provide clear descriptions for each budget item.	Enter the total cost of each item. Must be a dollar amount.	Please upload quote or valid evidence of item cost.

Project Costs

Total $ Project or Equipment Cost *

What is the total cost of your project? Please ensure the amounts above add up to the total project cost.

Total $ Amount Requested *

What is the total amount you are requesting in this application?

Is there a difference between project costs and the amount requested? *

○ Yes ○ No

If yes, what it the $ difference?

How will you fund the difference?

Submission

* indicates a required field

Important

If successful, your project must comply with all relevant legislation and regulatory requirements including:

- Work health and safety requirements, including risk identification, management practices, and relevant procedures

- Child safety requirements, including child-safe policies and clearances where applicable; and
- Food safety requirements, including appropriate training and practices where food is prepared or served.

New Question
Attach a file:

Application Checklist

Before you submit, please ensure you have included all of the required documentation.

Please ensure you have uploaded the information required to support your application
☐ Most recent audited or certified financial statement for the past two years
☐ Valid quotes or evidence of costs
☐ Evidence of organisation contribution(s) (if any)
☐ Completed Statement by Supplier form (if required)

Please note: Incomplete applications, including those submitted without the required supporting documentation, or applications received after the closing date, will not be considered.

Declaration and Submission

The declaration below must be read and acknowledged by two authorised representatives of your organisation.

At least one representative must be an executive member of the Board/Management Committee.

Declaration by Authorised Persons

On behalf of the organisation, I declare:

- 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.

First authorised representative *
Title First Name Last Name

Position *

Primary contact number *

Email *

Date *

Second authorised representative *

Title | First Name | Last Name

Position *

Phone Number *

Email *

Must be an email address.

Date *