Application Form - Financial Support

Form Preview

Introduction

* indicates a required field

This application form is for the City of Playford's ***Financial Support category*.**

A new funding pool is available annually, with the capacity for funding to be provided for a maximum period of three (3) years. Applicants may apply for up to the total funding available within the annual funding pool; however, Council aims to support as many eligible projects as possible within available resources.

Applicants must contribute at least 50% of the total project costs through cash and/or in-kind contributions from the applicant or other sources.

Funding in this category is highly competitive and should not be considered automatic or guaranteed and is granted on the applicants' ability to meet the funding criteria.

Objectives

The ***Financial Support category*** offers seed funding for eligible community organisations to establish and trial new services, programs or initiatives that respond to identified community needs within the City of Playford. The funding aims to enable organisations to test and develop sustainable service models, attract future funding, and improve access to services for Playford residents where service gaps exist.

Priority is given to innovative proposals that introduce a new or expanded service delivery.

Applicant Information

The Financial Support Guidelines provide detailed information about eligibility and the requirements for completing this application form. Before completing this form, please ensure you have read and understood the Guidelines here.

Before proceeding, please ensure the following:

- your organisation is a not-for-profit, incorporated association or registered charity.
- your organisation is located within the City of Playford or provides a program/service/ initiative to the residents of the City of Playford
- 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.

Organisations that receive limited State or Commonwealth funding may 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.

Incomplete applications, or applications submitted after the closing date will not be considered.

Completing an Application

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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 and submitting your application and ensure 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 (*Monday to Thursday*) on 8256 0230 or grants@playford.sa.gov.au and quote the below application number.

Application Number

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

First Eligibility Check

Does your organisation operate as a non-profit organisation, incorporated association or registered charity?

○ Yes
○ No

If no, you are NOT eligible to apply. Please do not continue.

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 acquittals, reports or money owed to the City of Playford? *

○ Yes ○ No

If yes, please contact the Grants Officer

Applicant Organisation

* indicates a required field

Applicant Organisation Name *
Organisation Name

The name of the organisation submitting the application

Organisation Primary Address *
Address

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

Organisation Postal Address
Address

If different from above

Organisation Primary Email *

Organisation Primary Website (if applicable)

Must be a URL.

Head of Organisation *

Title | First Name | Last Name

Position *

President, Chair or CEO

Primary Email *

Application Primary Contact Person

This is the person we will correspond with about the grant. Please complete, even if the *Application Primary Contact Person* is the same as any of the above responses.

Organisation Primary Contact *

Title | First Name | Last Name

Primary contact person position *

Mobile *

Email *

(the applicant organisation may be included in correspondence)

Eligibility Check: 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

Are you a registered Charity? *
○ Yes ○ No
If yes, please list the Registered Charity number below

Registered charity number

ACNC Charity Register number 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 Primary Email *

Auspice Primary Phone Number *

Auspice Project Contact *
Title First Name Last Name

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

Auspice Project Contact Position *

Auspice Project Contact Primary Phone Number *

Auspice Project Contact Primary 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	

Eligibility Check: Insurance Details

Your organisation is required to hold Public Liability Insurance covering the proposed project activities in this application.**Failure to submit this will automatically make your application ineligible.**

Please upload a copy of your Public Liability Insurance Certificate of Currency *
Attach a file:

Eligibility Check: Financial Information

Please upload copies of the **applicant organisations** financial statement for the last **two years**. This can be the audited statements, certified financial statements, or treasurers' reports accompanied by the minutes of the AGM.

If you are not incorporated, you have not been audited, or you are unable to submit a copy of your most recent audit or certified financial statement 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.

Failure to submit this information or organise an auspice organisation will automatically make your application ineligible.

Please attach copies of financial information requested. *
Attach a file:

A minimum of 1 file must be attached.

Organisation Details

* indicates a required field

About Your Organisation

What is your organisation's purpose and objectives? *

What services and activities does your organisation currently deliver? *

What locations are these services currently delivered from? *

Does your organisation currently receive any funding from State or Commonwealth Government funding sources? *

☐ Yes
☐ No

For example, one-off or ongoing grant funding, subsidies, payments for services.

If yes, please provide details.

Please include any information in your response that outlines any limitations to this funding being attributed towards this project. For example, is the funding provided for a specific purpose?

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

What percentage (%) of your current members live in Playford?: *

Does your organisation have a board or committee? *

○ Yes ○ No

If YES, how often do they meet?

i.e. weekly, monthly, please advise frequency

If NO, how is the organisation managed?

Please provide information

Number of paid staff in the organisation *

Number of volunteers in your organisation? *

Project

* indicates a required field

Proposal

Describe the proposal you are seeking financial support for.

Name of your project *

Short project description *

Briefly describe the project

What are the planned activities? *

Briefly list (can be bullet points) the specific activities that will take place and where they will take place.

List the location/s you plan to deliver the project *

Community Benefit and Local Impact

How does this project align with Councils strategic priorities, including those identified in the Strategic Plan, Community Vision and Social Services and Infrastructure Strategy? *

Please refer to City of Playford documents

Will you have any membership requirements, eligibility criteria or fees for community to participate in your planned activities? *

- ○ Yes
- ○ No

If yes, please provide further details

How many people do you anticipate will benefit from the funded project in total? *

How will you ensure Playford residents are prioritised to access and benefit from the funded project? *

How will the proposed project have a positive impact on community health, wellbeing, and/or social connection and how will you measure this? *

Is there an identified or emerging gap in current services within the City of Playford, and how will your project address this? *

Describe the current community need/gap. How will your project address this need? Why is it important for the service gap to be filled?

How will you ensure the 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.

Community Connections, Partnerships and Collaboration

Do you have existing relationships with local residents, community groups or service providers? *

Have you been operating in City of Playford? If so, how long? Describe or list relationships/partnerships you have in the local community.

Does your proposed project have partnerships or networks that will assist to strengthen service delivery and community outcomes? *

Include: Are you willing to collaborate with other organisations where needed? Who would these organisations be?

Governance

The organisations governance capability and capacity to manage financial and operational responsibilities.

Does your organisation have experience delivering similar projects or services? *

Please share any examples including a description of the project/s and the time period they were delivered and

What governance and management arrangements does your group have in place to ensure the project will be delivered responsibly? *

Please cover information including: Who makes decisions for your group, and how are decisions recorded? Who will oversee the project? What tools do you have in place to track the project and budget?.

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 such as: - policies, financial procedures, or risk management strategies or plans.

Unload copies of any supporting documents here
Attach a file:

Please ensure files are clearly named.

Additional Information

Optional

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

Please attach any evidence you may have to support your proposal.
Attach a file:

A minimum of 0 file and a maximum of 4 files may be attached.
This can be requests for service, services in other areas outside of Playford where participants have requested a similar services.

Existing Council Support and Performance

Applicable to organisations currently receiving funding under the Financial Support category.

Are you currently receiving any funding through Council's Financial Support category? *

○ Yes ○ No

If yes, when does your current agreement end?

Please note, if your current Financial Support agreement will overlap with the first financial year within this funding round, you will not be eligible to apply and will need to reapply in a future round.

For Existing Council Financial Support

In an expression of interest process for financial support, additional weighting can be considered for an organisation already receiving financial support should they wish to re-apply. Please upload any files that may support your statements.

What evidence can you share that demonstrates your funded project has been meeting identified community needs and achieving stated outcomes? *

What ongoing value does your project provide to the community, and why is there a continued need for the activities you have been delivering? *

File upload
Attach a file:

A minimum of 0 file and a maximum of 4 files may be attached.
Please ensure files are clearly named.

Budget

Project Costs

Please provide an itemised breakdown of all costs associated with your project. This should include every expense, including any expenses proposed to be provided through in-kind contribution, so the full cost of the project is clearly shown. You must also provide quotes or other valid evidence to support each expense.

Council is unable to fund ineligible expenses which include:

- subsidised or waived rent within a Council-owned facility;
- infrastructure or works within a Council-owned facility that are the responsibility of Council as the facility owner;
- alcohol and tobacco; and
- intrastate, interstate and international travel expenses, including airfares and accommodation.

Council funding will be proposed primarily towards service delivery or program outcomes rather than organisational operations or a capital expenditure.

In-Kind Contributions

Applicants must demonstrate a minimum **50% contribution towards the total project value**, which may be provided through a combination of cash and eligible in-kind contributions.

In-kind contributions may include volunteer time, donated goods or services, free or subsidised venue hire, professional services provided at no cost, or other resources directly supporting delivery of the project.

In-kind contributions should be valued realistically and based on the reasonable market value of the goods, services or time being contributed. Applicants should not inflate the value of in-kind contributions for the purpose of meeting the 50% co-contribution requirement.

Only in-kind contributions that directly support the delivery of the proposed project should be included.

If you are using volunteer support, in SA, the current 'value of a volunteer' rate is $50.50 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.

Expenditure description	**Quotation Information**	**Evidence of costs**	**Expenditure amount (budgeted)**
Provide a clear description for each budget item.	List who the quote is from. This can include your organisation if you are including in-kind support calculations	Please upload quotes or valid evidence of costs	Enter the total amount to be expended on this budget item. Must be a dollar amount.

Total Project Cost

This number/amount is calculated.
What is the total budgeted cost (dollars) of your project?

Project Funding and Co-Contribution

Applications must contribute a minimum of 50% towards the project. This can be in the form of cash or in-kind support (**refer to information above on in-kind support)*.

Please provide evidence of each of the contribution funding sources. Evidence could be a formal letter/email with organisational letterhead. Co-contributions are limited to confirmed cash contributions and in-kind materials and/or labour.

If your organisation is contributing cash, you will be required to upload a formal letter of support stating the amount, or the most recent bank statement confirming funding capacity.

If your project is listing income or other cash contributions from external sources (eg. State/ Commonwealth Government or other organisations), you will be required to upload a formal letter of support stating the amount of funding confirmed.

Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Income description	**Income amount (budgeted)**
Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.	Enter the total amount expected to be received. Must be a dollar amount.

Project Sustainability

How will the project be sustained after funding has ceased?

Please demonstrate how the service or initiative will continue beyond the funded period. Do you have a plan?

Declaration and 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.

Application Checklist

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

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

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

☐ Most recent audited or certified financial statement for the past two years
☐ Valid quotes or evidence of costs
☐ Completed Statement by Supplier form (if required)
☐ Copy of Certificate of Currency Public Liability Insurance

Declaration by Authorised Persons.

The declaration below must be read and acknowledged by two authorised representatives of your organisation. At least one representative must be a member of the Board/Management Committee or Senior Management in cases of larger organisations.

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 *

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Name *

Title | First Name | Last Name

Position *

Primary contact number *

Email *

Date *