

## Playford Alive Initiatives Fund

### Application for Grants Under \$2,500 (July 2025)

### Open Year Round

Please read the Playford Alive Initiatives Fund Program [Guidelines booklet](#) before completing this application form.

- Either complete the application online or fill the form out clearly in black / blue pen.
- For more information on the Playford Alive Initiatives Fund, contact Debra Marchant on 8256 0188 or [mayorandcouncilloradmin@playford.sa.gov.au](mailto:mayorandcouncilloradmin@playford.sa.gov.au).
- Electronic copies of the Application Form and Guidelines are located at [www.playfordalive.com.au](http://www.playfordalive.com.au).

**TO APPLY PLEASE COMPLETE THIS APPLICATION FORM AND SEND TO:**

**Debra Marchant**

**Executive Officer – Playford Alive Initiatives Fund**

Playford Operations Centre

12 Bishopstone Road

DAVOREN PARK SA 5113

**Email:** [mayorandcouncilloradmin@playford.sa.gov.au](mailto:mayorandcouncilloradmin@playford.sa.gov.au)

### Closing date: Year Round Application

**Organisation Name:**

---

**Project Name:**

---

**Aims of the Fund** – To encourage and support locally based community projects or activities that make a positive contribution to the integration of the existing and incoming community located within or on the periphery of the **Playford Alive Urban Renewal Project area which covers Smithfield Plains, Davoren Park, Munno Para, Andrews Farm and Eyre.**

**Eligible Organisations** – Local groups and non-government organisations (NGO's) that deliver projects, programs around social welfare, sports culture and help for disadvantaged individuals, families and communities in need.

**Section 1 - Project Information****1. Project title:**

---

**2. Organisation name:**

---

**3. Contact details for the Organisation:**

Name:

Phone:

Email:

Position in Organisation:

Organisation Name:

Organisation Address:

**Is your organisation an Incorporated Body?**

Yes

☐

No

☐

If you have answered **NO** to the question above, you will need to arrange for another organisation (Auspice) to act on your behalf to manage the financial arrangements of the grant. Please enter their details below.

Name:

Phone:

Email:

Position in Organisation:

Organisation Name:

Organisation Address:

**4. Applicant information:** How long has the group been formed? What is the purpose of the group?

---

---

---

---

**5. Proposed start and finish date of the project?**

Start date:

Finish date:

Date of Payment – please state the appropriate month of payment if successful (as some projects may wish to start straight away)

Date of payment (Month): \_\_\_\_\_

## 6. Project summary:

Tell us what you are applying for? I.e. what is your organisation wanting to spend the grant on.  
What are the aims of the project / initiative and what outcomes will be achieved?

[illegible]

**Please tick all outcomes your initiative will deliver**

	Supports and strengthens community groups
	Supports and encourages volunteering
	Increases and enhances community participation
	Support arts and cultural development
	Promotes healthy lifestyles
	Provides access to leisure, recreational and / or sporting opportunities
	Supports learning opportunities that meet local community needs
	Encourages partnerships to build a safe community
	Promotes a positive image of the Playford Alive project and community
	Supports the creation of local employment opportunities
	Provides life management skills
	Addresses issues of special needs groups
	Delivers community infrastructure
	Other:

**7. Sustainability: please tell us how your organisation will maintain the project after funds from the Playford Alive Initiatives Fund have been used.**

This image shows a blank sheet of white paper with ten horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

## Section 2 - Financial Information

### Overall project cost, funding and time frame

You may complete the table below or attach your own project Budget. If attaching your own budget please list the total project cost, the amount of community grant sought, other funding sought, including in-kind contributions and project timeline.

**Please include supporting quotes or documents verifying amounts you are applying for if you have these.**

Note: One guiding principle is that any group applying must show the level of contribution that they are putting into the project. This principle of 'match funding' will be one of the criteria against which the application is judged.

INCOME	AMOUNT Excluding GST
The amount of money that your organisation is putting towards the project (if applicable)	\$
Additional funds either already received and / or applied for from other funding bodies (if applicable):	\$
Name of funding body: _____	
Status: Approved / Unknown:	
** In-kind Contribution (if applicable)	\$
<b>Amount you are requesting from the Playford Alive Initiatives Fund</b>	\$
<b>Total INCOME</b>	\$
<b>TOTAL PROJECT COST (excluding GST)</b>	\$
Other funding contribution (if applicable)	\$
Is there a shortfall in the funds that you will need to raise?	\$

\*\* Many projects rely on the generosity of volunteers or officers from relevant organisations to help deliver a project, therefore could you please indicate the level of help given by volunteers / officers.

To calculate volunteer / officer input into the project please use the following formula – add up the approximate number of hours put in by all volunteers / officer for the duration of the project x \$20 per hour.

If successful, would the Playford Alive Initiatives grant be sufficient to complete your project?

Yes

☐

No

☐

**If the Playford Alive Initiatives grant could only partly fund your project, would it still be able to proceed?**

Yes

☐

No

☐

### Section 3 - Certification

(To be completed by the financially responsible person for the applicant group and one other person from the group.)

***I certify that the information in this application is true and accurate.***

Print Name:

-----

Organisation:

-----

Signature

Date:

-----

***I certify that the information in this application is true and accurate.***

Print Name:

-----

Organisation:

-----

Signature

Date:

-----

**Section 4 - Evaluation**

The Playford Alive Initiatives Fund Board appreciates the time you have taken to complete this application. Please assist us in making sure we keep the application process as simple as possible by answering the following questions.

1. How many hours did it take you to complete the application and gather your information?

---

2. What improvements would you make to the Application Form and process?

---

---

---

3. How did you find out about the Playford Alive Initiatives Fund program?

Letter

Facebook

North is Up

Website

Word of Mouth

Other

4. How easy was it to obtain information about the Fund program?

---

---

---

Thank you for your cooperation in completing this evaluation.

Please include this sheet with your application documents.