

Playford Alive Initiatives Fund

Round 17 – 2024 Application Form

- 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 Martine Haynes on 8256 0188 or mhaynes@playford.sa.gov.au.
- Electronic copies of the Application Form and Guidelines are located at www.playfordalive.com.au.

TO APPLY PLEASE COMPLETE THIS APPLICATION FORM AND SEND TO:

Martine Haynes
Executive Officer – Playford Alive Initiatives Fund
Playford Operations Centre
12 Bishopstone Road
DAVOREN PARK SA 5113
or
mhaynes@playford.sa.gov.au

Closing Date: Friday 6 September 2024- Close of Business

Organisation Name:

Project Name:

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:

Please tick all outcomes your initiative will deliver

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

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

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)	\$
Amount you are requesting from the Playford Alive Initiatives Fund	\$
Total INCOME	\$
TOTAL PROJECT COST (excluding GST)	\$
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.