

Playford Alive Initiatives Fund Round 18 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 Debra Marchant on 8256 0188 or mayorandcouncilloradmin@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

Debra Marchant

Executive Officer, Playford Alive Initiatives Fund

Playford Operations Centre

12 Bishopstone Road

Davoren Park SA 5113

or

mayorandcouncilloradmin@playford.sa.gov.au

Closing Date: by Close of Business on 14 October 2025.

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 _____

4. 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 _____

5. Applicant Information

How long has the group been formed? What is the purpose of the group?

6. Proposed Start and Finish Date of the Project

Start date _____

Finish date _____

7. 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) _____

8. Project Summary

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

Please tick all outcomes from the following list 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"/>	Supports 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 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 _____

9. 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 Timeframe

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 Form 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	<input type="text"/>
Facebook	<input type="text"/>
North Is Up	<input type="text"/>
Website	<input type="text"/>
Word of Mouth	<input type="text"/>

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.