



# SA COMMUNITY FOOTBALL LEAGUE

## APPLICATION FORM

### CLUBS SA – AHA/SA COMMUNITY FACILITY FUND

#### Section 1 - Club and Contact Details

NAME OF CLUB: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

FACILITY OWNER: \_\_\_\_\_

CONTACT PERSON: (Name) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

TELEPHONE: Direct Daytime contact: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email : \_\_\_\_\_

DOES YOUR CLUB OPERATE GAMING MACHINES YES / NO  
IF YES, HOW MANY? \_\_\_\_\_

GST REGISTERED: YES / NO

LIST ALL SPORTING CLUBS USING THIS FACILITY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Section 2 - Project**

*DETAIL OF PROJECT:*

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*PURPOSE OF PROJECT:*

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*COUNCIL APPROVAL OBTAINED YES / NO*

*If yes, please attach approval letter*

**Section 3 - Project Outcome**

*BENEFITS TO FOOTBALL CLUB:*

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*BENEFITS TO OTHER SPORTS:*

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**Section 4 - Project Costs**

1. **TOTAL COST:** \$ \_\_\_\_\_

Attach quote or quotes.

2. **FUNDING PROPOSAL TO COMPLETE PROJECT**

<i>Organisation</i>	<i>Contribution</i>
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL :</b>	<b>\$</b> _____

We acknowledge that the following will apply

- 1) Grant is subject to the ongoing affiliation of your League with SACFL
- 2) This Grant will be released on completion of project
- 3) Letter of acknowledgement signed by Club President and Secretary confirming completion of project
- 4) Subject to final inspection by SACFL and/or SANFL Staff
- 5) Sign acknowledging contribution from SACFL, Clubs SA and AHA/SA to be displayed on wall in social club for three years from date of approval of grant or completion (sign to be provided by SA Community Football)
- 6) That only one application can be approved for a Club in a three year period

.....  
 President Secretary

.....  
 Name Name

Club .....

League .....

Please return application to: SA Community Football League  
 P O Box 1  
 WEST LAKES SA 5021

or Fax: to 08 8424 2270 or Email to [jessicaw@sanfl.com.au](mailto:jessicaw@sanfl.com.au)

