



## Community Grants Program 1<sup>st</sup> Round 2010–2011

### Grant Application Form

- Please read the Program Guidelines before you complete this form.
- Electronic copies of this form are available at [www.darwin.nt.gov.au](http://www.darwin.nt.gov.au)
- If there is not enough space on the form, please attach more information with your application.

#### SECTION 1 APPLICANT INFORMATION

<b>(a) Applicant Organisation Details</b> The 'organisation' is the body applying for the grant and undertaking the proposed project or activity. If incorporated, the exact name of the organisation, as indicated on the Incorporation Certificate, is recorded here.			
Name of Organisation:			
Number of Members in the Organisation:		ABN:	
<b>If no ABN, please supply a copy of the Statement by a supplier form.</b>			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>GST Registered</b> , please tick one	
Postal Address:			
Project Address:			
Email Address:			
Contact Person (for enquiries regarding application)			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other			
Full Name:			
Telephone (business hours):			
Position in Organisation:			
Email Address:			

**(b) Activities of the Organisation**

Please describe the objectives and purpose of your organisation. (Please attach supporting documentation if space insufficient)

**(c) Eligibility Status of Applicant Organisation** (please tick the relevant box below to indicate eligibility)

Incorporated

Please provide copies of:

- Certificate of Incorporation.
- Latest audited financial statement for applicant organisation signed by an Auditor.

Unincorporated  (Applicant organisations who are not incorporated must have a sponsoring body that is incorporated)

Please provide copies of:

- Certificate of Incorporation of sponsoring organisation.
- Letter from the sponsor confirming acceptance of responsibility for the project.
- Details of financial position for applicant organisation signed by authorising officer.

**(d) Sponsor Details (if applicable)**

The 'sponsor' is an incorporated body which will accept legal and financial responsibility for the project or activity.

Name of Sponsor:

ABN:

**If no ABN, please supply a copy of the Statement by a supplier form.**

Yes  No  **GST Registered, please tick one**

Postal Address (if same as the organisation, write 'as above'):

Street Address (if same as the organisation, write 'as above'):

**SECTION 2 PROJECT DETAILS**

**(a) *Title of the Project***

Please provide the name of the project for which a grant is sought.

**(b) *Brief Description of the Project***

Please highlight the aims and expected outcomes of the proposed project. (Please attach supporting documentation if space insufficient).

**(c) *Beneficiaries of the Project***

Please indicate who will directly benefit from the project and how?

**(d) *Timing of the Project***

Please outline when and where will the project take place.

**(e) *Need of the Project***

Please list evidence to support the need of this project.

**(f) *Evaluation of the Project***

Please outline how will you evaluate the success of the project.

**SECTION 3 BUDGET DETAILS**

<b>(a) Please list the major cost components of your grant application in priority order</b> (please attach list if space insufficient).	
Budget Item	Total Cost (GST Excl.)
<b>Total Project Cost</b>	
Less: Organisation's contribution to project (where applicable)	
Less: Funds to be raised (where applicable)	
<b>TOTAL GRANT SOUGHT</b>	

<b>(b) Other Funding</b>			
Have you made, or do you intend to make, an application for a grant for this project or activity from any other source?			
No <input type="checkbox"/>	Yes <input type="checkbox"/> (Please provide details)		
Program Name			
Program Source			
\$ Amount		Date the outcome is expected	

## SECTION 4 AGREEMENT AND DECLARATION

I certify that, to the best of my knowledge, the statements in this application are true. I have read, and understand, the Darwin City Council Grants Program Guidelines.

I acknowledge that if the Darwin City Council approves this application for a grant, I will be required to meet the eligibility criteria as outlined in the 'Community Grants Program' application package.

I acknowledge that the Darwin City Council will not accept late applications.

I acknowledge that Darwin City Council may vary the level of funding provided through the Program at its sole discretion.

I acknowledge that the Darwin City Council cannot guarantee funding for any application, and cannot guarantee funding to the full amount requested by any applicant.

I have been authorised by _____ (name of organisation) to make this application.	
State Full Name:	
Position in Organisation:	
Signature:	
Date:	

COMPLETED APPLICATIONS MAY BE SUBMITTED BY:	
<b>Post:</b>	<b>Hand Delivery:</b>
Community Services Officer Darwin City Council Community Grants Program GPO Box 84 DARWIN NT 0801	Community Services Officer Darwin City Council Civic Centre 17 Harry Chan Avenue DARWIN NT 0800
<b>Fax:</b>	(08) 8930 0644
<b>Email:</b>	<a href="mailto:communitygrants@darwin.nt.gov.au">communitygrants@darwin.nt.gov.au</a>

### Privacy Statement

The information requested by this form is being collected by Council for the purpose of assessing Community Grants Program applications. Your application will not be able to be processed if you do not provide this information. Your personal information is managed in accordance with Council's privacy policy which is available at [www.darwin.nt.gov.au](http://www.darwin.nt.gov.au) or on request from the Council Office (Civic Centre, Harry Chan Avenue). Council may only disclose the information provided by you if required or authorised by law, or in accordance with our privacy policy. You may obtain access to your personal information by submitting an application form available at Council or on Council's website, or by contacting the "Manager Corporate Information" (08) 8930 0300.

**The application period will close at 5pm on Friday 9 April 2010**