

Litchfield Council Community Grants Scheme Annual Community Grant Application 2018

Key Dates

Applications Open: 24th April 2018 Application Closing Date: 8th June 2018

Award Evening: 28th June 2018

Applicants should read the Guidelines carefully before completing this application form. All applications up to \$5,000.00 will be considered by the Community Grants Committee.

Acquittal

Successful applications are required to complete an acquittal form within three months of completion of the activity/event. These acquittals must be received no later than 12 months after the receipt of funding.

For More Information

To discuss your application or for any questions related to the Community Grants please contact Council's Community Development Officer on (08) 8983 0600 or at grants@litchfield.nt.gov.au



Before you Begin

_		.itchfield Community d at <u>litchfield.nt.gov</u>]Yes	☐ No
low did you hear a	about Litchfield Co	uncil's Community G	rant Scheme?	•	
•		,			
About Your O	rganisation				
What is the regist	ered name of your	Organisation?			
Street Address					
Suburb			Postcode		
Postal Address					
Suburb			Postcode		
GST Registered	Yes / No	Deductible Gift Rec	cipient Registe	ered	Yes / No
ABN	· · · · · · · · · · · · · · · · · · ·	supply a copy of the 'e Australian Tax Office		a Suppli	<u>er'</u> form,
Incorporate	d Association	Associations A	ct NT		
Not for Prof	it	Office of the R	egistrar of Inc	digenous	Corporations
Other (pleas	se state)				
Number of Memb	pers in the Organisa	ition	1		
	Senior Paid			nior olunteer	
	Female			ale	
	TOTAL			uic	
How many memb	ers and/or clients	are			
Litchfield Residen					



When wa	s your Organisat	ion founded?			
Which is the closest suburbs to which your organisations provides services?			Berry Springs Darwin River Humpty Doo Livingstone Other (please list)	Coolalinga Howard Spring's Knuckey Lagoon Middle Point	
	Organisation rec ty Grant before?		ield	Yes	☐ No
Contact P	erson				
Title		Full Name			
Ph		Email:			
Position					
Briefly des	cribe what your	organisation o	does (ma	ax 150 words)	



About Your Project/Event

Project/Event Title				
Project/Event Start Date		Project/Event E	nd Date	
Project /Event Summary				
Which area of Council's Strates Please tick all that apply	gic Priorities do you	u think your pro	ject falls ur	nder?
Everything You Need Roads and Transport Waste and Cleanliness Community and Economic Prosperity	A Great Place to Li Culture and Soc Recreation Development a Space	cial Life	Environme Animal Natura	Il and Safe Natural ent s and Wildlife I Environment and Drainage
What do you wish to achieve? Think about the strategic areas				



How do you intend to do it?
Briefly describe your project plan and attached a detailed plan to your application.
Outline three benefits of the project/event to the Litchfield Community.
Think about how you identified the need for this project.
How will you evaluate and report whether this project/event has met your objective?
How will you know if your project/event has been a success? What would you change next time?
Thow will you know if your project/event has been a success: what would you change next time:
Estimate how many Litchfield Residents will benefit from this project/event? How did you
estimate this number?



	innort does th	e activity/	event hav	e? Δre vou	going to ann	ly for any oth	er funding
/hat other si		c activity,	event nav	c. Alc you	Pour g to app	iy ioi uniy oti	ici ramanig
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Income and Expenses

Amount requested from Annual Community Grant	\$

Budget

Proposed budget for this application – Please summarise your budget requirements and provide a detailed budget attached to this application including quotes. If you do not have any figures for a listed income, put \$0 in the amount column.

- GST is not added to approved grants.
- Please include the GST in all budget items when completing your application.

Income	Amount	Expenses	Amount
Your cash contribution			
Your in-kind support			
contribution			
Grant amount			
requested			
Other grant amounts applied for			
Total Income		Total Expenses	



Agreement and Declaration

The contact person specified al	pove on behalf of the Or	ganisation states that:				
I certify that the stateme	I certify that the statements in this application are true. I have read and understand the					
Guidelines.						
I acknowledge that if Lit	I acknowledge that if Litchfield Council approves this application, I will be required to					
meet the eligibility criteria as outlined in the Guidelines						
Signed:						
Full Name:						
Date:						
Attachment Checklist						
A copy of the applicant or	A copy of the applicant organisation's Certificate of Incorporation Registration (if applicable)					
A copy of Certificate of Cu	A copy of Certificate of Currency (Public Liability Insurance) if the project is not on Council					
property						
Budget/Financial reports i	Budget/Financial reports including quotes					
Detailed project description	Detailed project description/plan including dates					
Any community support letters						
Any other documentation you think will help your application						
Completed Applications should	d be submitted online, p	oosted, faxed or hand delivered:				
Posted	Faxed	Hand delivered				
PO Box 446	08 8983 1165	7 Bees Creek Road,				
Humpty Doo NT 0836	,					

Importance Notice - Privacy Statement (Information Privacy Act 2009)

Litchfield Council is collecting your personal information in order to administer your application for a grant. Your information will not be given to any other person or agency unless required by law. As part of the process, applicants may be named in Council minutes, which are available for public inspection. Successful applicants <u>will</u> be included in Council publications (including our web site) and social media sites unless a specific request for privacy is asked for.

grants@litchfield.nt.gov.au