# 2024/2025 Annual Community Grants Application Form

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| KEY INFORMATION |
| * Please refer to the Community Grant Scheme Guidelines when completing this form. * Contact Council at [grants@litchfield.nt.gov.au](mailto:grants@litchfield.nt.gov.au) or on 8983 0600 for assistance completing this form. * You may add attachments to support your application. * Applications must be received by 5.00 pm Friday 4th October 2024 |

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| LODGEMENT OF APPLICATION | | |
| Post to:  Community Participation Officer  PO Box 446, Humpty Doo, NT, 0836 | Email:  [grants@litchfield.nt.gov.au](mailto:grants@litchfield.nt.gov.au) | Hand Delivered:  7 Bees Creek Road  Freds Pass, NT, 0822 |

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| CHECKLIST (PLEASE TICK) | |
|  | I have read and understood the Community Grants Guidelines and confirmed my organisation is eligible to apply |
|  | Organisations details are provided including ABN (or statement of supplier form is attached), contact details and membership data |
|  | A detailed project plan is outlined |
|  | Quotes are provided for each budget item in the application |
|  | I have included a copy of Certificate of Currency (Public Liability Insurance) if the project is not on Council property |
|  | Organisation has kept a copy of application |

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| ORGANISATION DETAILS | | |
| Name of Organisation |  | |
| Postal Address |  | |
| GST Registered? | Yes | No |
| ABN | *If no ABN, please supply a copy of the ‘*[*Statement by a Supplier’*](https://www.ato.gov.au/Forms/Statement-by-a-supplier-not-quoting-an-ABN/) *form, obtained from the Australian Tax Office website.* | |
| Name of Person Responsible for Grant |  | |
| Role within the organisation |  | |
| Contact Number |  | |
| Email |  | |

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| ABOUT YOUR ORGANISATION | | | | | | |
| Is your organisation | Incorporated Association  Government Funded | | | Not for Profit | | |
| How many members does your organisation have? |  | | | | | |
| How many members of your organisation are Litchfield Residents? |  | | | | | |
| Has your organisation received a Community Grant from Litchfield Council before? | Yes | | | No  (If No then skip to *What services does your organisation provide?*) | | |
| If yes: When was the grant funding received? *(month and year)* |  | | | | | |
| If yes:  When was the grant funding acquitted?  *(month and year)* |  | | | | | |
| What services does your organisation provide? |  | | | | | |
| ABOUT YOUR PROJECT/EVENT | | | | | | |
| Project/Event Name | |  | | | | |
| Project/Event Summary  *Think about:*  *What are you aiming to do?*  *Who is your target group? How will the grant monies be spent?*  *Why is there a need for this in Litchfield?* | |  | | | | |
| Project/Event Location | |  | | | | |
| Start Date | |  | End Date | | |  |
| Outline three benefits of the project/event to the Litchfield Community  *Think about how you identified the need for this project* | |  | | | | |
| How many Litchfield residents will benefit from this project?  *Include how you estimated this number?* | |  | | | | |
| How are you going to implement this project/event?  *Think about what steps you will need to take to make sure this project/event is a success* | |  | | | | |
| Do you think there will be any long-term benefits from your project/event? If so, what are they?  *Think about who will benefit from your project/event?*  *Will there be anyone who will benefit indirectly?* | |  | | | | |
| How have you identified a need for this project?  *Have you spoken to other groups or have any letters of support?*  *Demonstrate how the proposed project/event will benefit the target group and community.* | |  | | | | |
| How does the project relate to the themes of Council’s Strategic Plan?  *We suggest you review Council’s current Strategic Plan. It is located on Council’s website* | |  | | | | |
| How will you public acknowledge Litchfield Council funding?  (e.g. S*ocial media, Club Newsletters, Signage)* | |  | | Promotional Material  Other | | |
| How did you find out about Council’s Community Grants Scheme? | | Facebook  Council Website  Reserve Management Board | | Council Officer  Word of Mouth  Other | | |
| BUDGET | | | | | | |
| In this section you need to lay out your proposed budget for the project including this grant and other funding sources. Please include quotes for your expenditure items where appropriate.  Make sure:   * Your income and expenditure balance * All costs for the project/event are included * All budget items are clear * GST is included (GST is not added to approved grants) * If you do not have any figures for a listed income, put $0 in the amount column. | | | | | | |
| INCOME | | | | | AMOUNT (inc. GST) | |
| Grant amount requested | | | | | $ | |
| Income from other sources (eg: other grants or donations) | | | | | $ | |
| Club or organisation funds towards the project | | | | | $ | |
| In-Kind support contribution | | | | | $ | |
| **TOTAL INCOME** | | | | | $ | |
| |  |  | | --- | --- | | EXPENSES | AMOUNT (inc. GST) | |  | $ | |  | $ | |  | $ | |  | $ | |  | $ | |  | $ | |  | $ | |  | $ | |  |  | | **TOTAL EXPENSES**  **(inc. GST)** | $ | | | | | | | |

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| AGREEMENT AND DECLARATION | |
| I, being the authorised officer of the organisation making the application, confirm and agree that:   1. The information given in this application, including any attachments, is true and correct. 2. I confirm I have read and understood the Community Grant Guidelines and agree to abide by all terms and conditions as outlined. 3. The funds provided must be used for the approved project as detailed in this grant application. 4. Any changes to the project that would result in funding being expended other than as detailed in the application must not be undertaken without prior written approval by Litchfield Council. 5. It is the responsibility of the applicant/sponsoring body to obtain all necessary insurances and Litchfield Council will not be held liable for any matter arising out of this grant. 6. Applicants will be responsible for obtaining any relevant approvals for example use of council land/assets, road closures and permits. 7. If our application is approved, Litchfield Council’s contribution will be acknowledged in any publicity/promotional material published for the approved project/event and will adhere to Council’s guidelines for use of the logo. 8. I will supply a financial acquittal including tax invoices by the date set in the funding agreement. 9. 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 will be included in Council publications (including our web site) and social media sites unless a specific request for privacy is asked for. | |
| Signed |  |
| Name |  |
| Date |  |

**FEEDBACK (OPTIONAL)**

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| **Please tick areas your organisation may interested in receiving more information and**  **support from Council** | |
| Applying for grants and attracting funding |  |
| Club Governance |  |
| Club culture |  |
| Junior participation and safety |  |
| Sports Integrity |  |
| Mental health and wellbeing |  |
| Attracting and retaining volunteers |  |
| Strategic planning |  |
| Other: (please specify) |  |

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| Feedback |
| Could Council make any changes or improvements to the grant application process? |

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| How satisfied are you with Council’s delivery of the grants program? |
| A green star on a black background  Description automatically generatedA green star on a black background  Description automatically generatedA green star on a black background  Description automatically generatedA green star on a black background  Description automatically generatedA green star on a black background  Description automatically generated |