Community Initiative Grant Application

2024/2025

**Application Form**

|  |
| --- |
| **KEY INFORMATION** |
| * Please refer to the Community Grant Guidelines before completing this form.
* Contact Council at grants@litchfield.nt.gov.au or on 8983 0600 for assistance completing this form
* You may add attachments to support your application.
* Please ensure to submit application and attachments in PDF or word document form
 |

|  |
| --- |
| **LODGEMENT OF APPLICATION** |
| Emailgrants@litchfield.nt.gov.au |

|  |
| --- |
| **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 |
|[ ]  Applicant is a not for profit, community organisation  |

|  |
| --- |
| **How did you find out about Council’s Community Grants Scheme?** |
| [ ] Facebook[ ] Council Website[ ] Reserve Management Boar | [ ] Council Officer[ ] Word of Mouth[ ] Other |

|  |
| --- |
| **ORGANISATION DETAILS** |
| Name of Organisation |  |
| Postal Address |  |
| Primary purpose  |  |  |
| 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.* |
| PRIMARY CONTACT NAME: |
| Role within the organisation |  |
| Contact Number |  |
| Email |  |
| SECONDARY CONTACT NAME: |
| Role within the organisation |  |
| Contact Number |  |
| Email |  |
| Please note, one of the above contacts must be either the Chairperson/President or Public Officer |

# About Your Project/Event

|  |  |
| --- | --- |
| **Amount requested (up to $500)** | **$** |

|  |
| --- |
| **Project/Event Title** |
| **Project/Event Start Date**  |  | **Project/Event End Date** |  |

**Which area of Council’s Strategic Priorities do you think your project falls under?**

*Please tick all that apply*

|  |  |  |
| --- | --- | --- |
| **Everything You Need**[ ]  Roads and Transport[ ]  Waste and Cleanliness[ ]  Community and Economic Prosperity | **A Great Place to Live**[ ]  Culture and Social Life[ ]  Recreation[ ]  Development and Open Space | **A Beautiful and Safe Natural Environment**[ ]  Animals and Wildlife[ ]  Natural Environment[ ]  Water and Drainage |

**Project/Event Summary**

*Include who is running the project, how you plan to accomplish the project and how it will benefit the Litchfield Community.*

|  |
| --- |
|  |

**What other support does the activity/event have? Are you going to apply for any other funding for this project/event?**

*Include any community assistance and other financial support.*

|  |
| --- |
|  |

**How will you publicly acknowledge Litchfield Council’s funding?**

*Social media? Club newsletters? Signage? Etc.*

|  |
| --- |
|  |

|  |
| --- |
| **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.
 |
|  | Primary Contact | Secondary Contact |
| Signed |  |  |
| Name |  |  |
| Date |  |  |

|  |
| --- |
| 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)  |  |

**FEEDBACK (OPTIONAL)**

|  |
| --- |
| Feedback  |
| Are there any changes or improvements Council could make to the grant application process?  |
|  |
| How satisfied are you with Council’s delivery of the grants program? |
|  |