**Youth Development Grants**

**Application Form 2023/24**

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| **KEY INFORMATION** |
| * Please refer to the Community Grant Guidelines when 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.
* Applications must be received at least two weeks prior to the event/activity

Applicants may apply for:* + $150 for NT opportunities
	+ $300 for Interstate opportunities
	+ $500 for International opportunities
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| **LODGEMENT OF APPLICATION** |
| Emailgrants@litchfield.nt.gov.au |

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| **CHECKLIST (PLEASE TICK)** |
|[ ]  I have read and understood the Community Grants Guidelines and confirmed I am eligible to apply |
|[ ]  I have included a detailed description for what I am requesting funding for including dates |
|[ ]  I have included a letter of selection, or proof of event. |
|[ ]  I have attached a letter of support from my sporting club or community organisation |
|[ ]  I have attached proof of residency |
|[ ]  I have kept a copy of application |
|[ ]  I have not received Youth Development Funding from Council in **2023/2024 or 2022/2023** |

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| **How did you find out about Council’s Community Grants Scheme?** |
| [ ] Facebook[ ] Council Website[ ] Litchfield sporting or[ ]  community organisation  | [ ] Council Officer[ ] Word of Mouth[ ] Other |

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| **YOUR DETAILS** |
| **Name of Applicant** |  |
| **Name of Parent/Guardian** ***If applicant is under the age of 18*** |  |
| **Postal Address** |  |
| **Date of Birth of Applicant** |  |  |
| **Contact Number*****Provide parent/guardian number if applicant under 18.*** |  |
| **Email** |  |
| **Funding Amount Requested** |  |
| **Name of your sporting club or community organisation**  |  |

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| **ABOUT YOUR ACTIVITY** |
| Activity Name |  |
| **Outcomes of the Activity***Think about:**Who are you representing?**What skills will you learn?**What are the long-term benefits of attending? How will this activity help you achieve your goals?* |  |
| Event Location |  |
| Start Date |  | End Date |  |
| How will you use skills and experience obtained from this event in the community coaching, mentoring, volunteering |  |
| Please indicate how the grant funds will be used*(travel, accommodation, uniforms etc)* |  |
| How will you publicly acknowledge Litchfield Council funding?(e.g. S*ocial media, Club Newsletters, Signage)* | [ ] Facebook[ ] Website[ ] Newsletter | [ ] Promotional Material[ ] Other |

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| **AGREEMENT AND DECLARATION** |
| I 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 activity as detailed in this grant application.
4. Any changes to the activity 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 to obtain all necessary insurances and Litchfield Council will not be held liable for any matter arising out of this grant.
6. If your application is approved, Litchfield Council’s contribution will be acknowledged in any publicity/promotional material published for the approved activity.
7. I will supply a financial acquittal including tax invoices by the date set in the funding agreement.
8. 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.
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| Signed |  |
| Name |  |
| Date |  |