



Community Initiatives Grants 2017 Application Form

Applicants should read the Guidelines carefully before completing this application form. All applications up to \$500.00 will be as the discretion of the Chief Executive Office.

INDIVIDUAL

Contact Person			
Title		Full Name	
Ph		Email:	
Position			

ORGANISATION

What is the legal name of your Organisation?			
Street Address			
Postal Address			
GST Registered	Yes / No	Deductible Gift Recipient Registered	Yes / No
ABN			
_____ If no ABN, please supply a copy of the 'Statement by a Supplier' form, obtained from the Australian Tax Office website.			
<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Associations Act NT <input type="checkbox"/> Not for Profit <input type="checkbox"/> Office of the Registrar of Indigenous Corporations <input type="checkbox"/> Other (please state) _____			
Public Liability Limit \$ <input type="checkbox"/> please supply copy with application			

Number of Members in the Organisation			
_____	Senior	_____	Junior
_____	Paid	_____	Volunteer
_____	Female	_____	Male
	TOTAL	_____	

Contact Person			
Title		Full Name	
Ph		Email:	
Position			



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Activities of the Organisation

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SUMMARY OF APPLICATION see definitions in guidelines (please choose applicable box)

<input type="checkbox"/> Grant	<input type="checkbox"/> Donation
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Activity/Event Title
Activity/Event Date
Activity/Event Summary Please provide attachments if required.

What would this funding assist?

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How does your activity/event have a community focus?

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What other support does the activity/event have? (include any community and other financial)

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How will you publicly acknowledge Litchfield Council's funding?

Have you applied or are you going to apply for any other funding in relation to this activity/event?

Yes / No (If yes please specify)

How will you measure the success of your activity/event?

Agreement and Declaration

The contact person specified above on behalf of the Organisation states that:

<input type="checkbox"/>	I certify that the statements in this application are true. I have read and understand the Guidelines.
<input type="checkbox"/>	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: _____

Checklist

<input type="checkbox"/>	Detailed project description including dates
<input type="checkbox"/>	Any community support letters
<input type="checkbox"/>	For Organisations : A copy of the applicant organisation's Certificate of Incorporation Registration
<input type="checkbox"/>	For Organisations: ABN



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Completed Applications should be submitted online, posted, faxed or hand delivered:

Posted	Faxed	Hand delivered
PO Box 446	08 8983 1165	7 Bees Creek Road,
Humpty Doo NT 0836	Email	Freds Pass NT 0822
08 8938 0600	www.litchfield.nt.gov.au	grants@litchfield.nt.gov.au

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 **will** be included in Council publications (including our web site) and social media sites unless a specific request for privacy is asked for.