



# Community Initiative Grant Application 2025/2026

## Application Form

### KEY INFORMATION

- Please refer to the Community Grant Guidelines before 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.
- Please ensure to submit application and attachments in PDF or word document form

### LODGEMENT OF APPLICATION

Email

[grants@litchfield.nt.gov.au](mailto:grants@litchfield.nt.gov.au)

### CHECKLIST (PLEASE ENSURE ALL ARE TICKED)

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

### How did you find out about Council's Community Grants Scheme?

- |  |  |
|--|--|
| <input type="checkbox"/> Facebook                | <input type="checkbox"/> Council Officer |
| <input type="checkbox"/> Council Website         | <input type="checkbox"/> Word of Mouth   |
| <input type="checkbox"/> Reserve Management Boar | <input type="checkbox"/> Other           |



ORGANISATION DETAILS	
Name of Organisation	
Postal Address	
Primary purpose	
GST Registered?	Yes <span style="margin-left: 150px;">No</span>
ABN	<i>If no ABN, please supply a copy of the 'Statement by a Supplier' form, obtained from the Australian Tax Office website.</i>
PRIMARY CONTACT NAME:	
Role within the organisation	
Contact Number	
Email	
SECONDARY CONTACT NAME:	
Role within the organisation	
Contact Number	
Email	
<p>Please note, one of the above contacts must be either the Chairperson/President or Public Officer</p>	



## About Your Project/Event

Amount requested (up to \$500)	\$
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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*

<p><b>Everything You Need</b></p> <input type="checkbox"/> Roads and Transport <input type="checkbox"/> Waste and Cleanliness <input type="checkbox"/> Community and Economic Prosperity	<p><b>A Great Place to Live</b></p> <input type="checkbox"/> Culture and Social Life <input type="checkbox"/> Recreation <input type="checkbox"/> Development and Open Space	<p><b>A Beautiful and Safe Natural Environment</b></p> <input type="checkbox"/> Animals and Wildlife <input type="checkbox"/> Natural Environment <input type="checkbox"/> Water and Drainage
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### 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		



## FEEDBACK (OPTIONAL)

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
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?