

BARKLY REGIONAL COUNCIL



COMMUNITY GRANTS PROGRAM Grant Application Form

- Please Read Program Guidelines before you complete this form.
- Electronic copies of this form are available at www.barkly.nt.gov.au
- If there is not enough space on the form, please attach additional information with your application.

SECTION 1: APPLICANT INFORMATION

(a) Applicant Organisation Details				
The 'organisation' is the body applying for the grant and undertaking the proposed project or activity. If incorporated, the exact name or the organisation, as indicated on the Incorporation Certificate, is recorded here.				
Name Of Organisation:				
Number of Members in Organisation:				
ABN:				
If no ABN, please supply a copy of the Statement by a supplier form.				
GST Registered , please tick one.		<input type="checkbox"/> YES		<input type="checkbox"/> NO
Postal Address:				
Project Address:				
Email Address:				
Contact Person (for enquires regarding application):				
<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> MISS	<input type="checkbox"/> OTHER
Full Name:				
Telephone:				
Position in Organisation:				
Email Address:				

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(b) Eligibility Status of Applicant Organisation (please tick the relevant box below to indicate eligibility)

Incorporated

Please provide copies of:

- Certificate of Incorporation
- Latest audited statement for applicant organisation signed by an auditor

Unincorporated (Applicant organisations who are not incorporated must have a sponsoring body that is incorporated)

Please provide copies of:

- Certificate of Incorporation of sponsoring organisation.
- Letter from the sponsor confirming acceptance of responsibility of the project.
- Details of financial position for applicant organisation signed by authorised officer.

(c) Sponsor Details (if applicable)

The 'sponsor' is an incorporated body which will accept legal and financial responsibility for the project or activity.

Name of Sponsor:

ABN:

If no ABN, please supply a copy of the Statement by supplier form.

GST Registered, please tick one:

YES

NO

Postal Address:

Street Address:

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SECTION 2: PROJECT DETAILS

(a) Title of the Project

Please provide the name of the project for which a grant is sought.

(b) Brief Description of the Project

Please highlight the aims and expected outcomes of the proposed event / program / activity.
Please attach supporting documentation if space is insufficient.

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(c) Timing of the Project

Please outline when and where the project will take place.

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(d) Beneficiaries of the Project

Please list evidence to support the need of this project and describe who will benefit from it.

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(e) Evaluation of the Project

Please outline how you will evaluate the success of the project.

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(f) Partnerships

Are partnerships involved in this project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, with whom?		

SECTION 3: BUDGET DETAILS

(a) Please list the major cost components of your grant application in priority order

Please attach list if space is insufficient.

Budget Item	Total Cost (GST exclusive)
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	\$
	\$
	\$
	\$
	\$
Total Project Cost:	\$

Less: Organisation's contribution to project (where applicable)	\$
Less: Funds to be raised (where applicable)	\$

TOTAL GRANT SOUGHT	\$
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(b) Other Funding	
Have you made, or do you intend to make, an application for a grant for this project or activity from another source?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES (Please provide details below)
Program Name	
Program Source	
Amount	\$
Date application outcome is expected	

SECTION 4: AGREEMENT AND DECLARATION

I certify that, to the best of my knowledge, the statements in this application are true. I have read, and understand, the Barkly Regional Council Community Grants Program Guidelines.

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I acknowledge that if the Barkly Regional Council approves this application for a grant, I will be required to meet the eligibility criteria as outlined in the 'Community Grants Program' application package.

I acknowledge that the Barkly Regional Council will not accept late applications.

I acknowledge that the Barkly Regional Council may vary the level of funding provided through the Program at its sole discretion.

I acknowledge that the Barkly Regional Council cannot guarantee funding for any application, and cannot guarantee funding to the full amount requested by any applicant.

I have been authorised by		(name of organisation)	
to make this application.			
State full name:			
Position in Organisation:			
Signature:		Date:	

COMPLETED APPLICATIONS MAY BE SUBMITTED BY:	
Post:	Barkly Regional Council Community Grants Program C/O Edwina Marks CEO PO Box 821 TENNANT CREEK NT 0860
Hand deliver:	Barkly Regional Council Community Grants Program C/O Edwina Marks CEO 58 Peko Road TENNANT CREEK NT 0860
Fax:	Barkly Regional Council Community Grants Program C/O Edwina Marks CEO (08) 8962 3006
Email:	ceo@barkly.nt.gov.au

THE APPLICATION PERIOD WILL CLOSE AT 4:00pm on 31 October 2014