



PO Box 1071 Katherine NT 0871
Tel: (08) 8972 5500 Fax: (08) 8971 0305
Email: records@ktc.nt.gov.au Web: www.ktc.nt.gov.au

Community Grants 2017 - Application Form

APPLICANT DETAILS:

1. Name of Organisation: _____
2. Postal Address: _____
3. Physical Location of Organisation: _____
4. Contact Person Name: _____
5. Contact Persons Position in Organisation: _____
6. Day Time Contact: (H) _____ (W) _____ (Fax) _____
7. Contact Person Email Address: _____
8. Does your organisation operate as a not for profit? Yes No
9. Is your organisation incorporated under the Associations Act (NT)? Yes No
Certificate of Incorporation No: _____
10. Is your organisation supported by an Incorporated Association that accepts legal and financial responsibility for the grant: Yes No (If Yes details to be provided at end of application)
11. ABN: _____
If no ABN, please supply a copy of the Statement by a Supplier form.
12. How much are you applying for?
Community Groups (*maximum \$2,000*) \$ _____
Major Events (*maximum \$5,000*) \$ _____
13. What activities and services does your organisation provide?



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14. Purpose of the grant. (Please indicate the nature of the grant requested and outline who will receive the main benefit from it).

15. When do you intend to undertake this initiative? _____

16. Detail your project budget below:

Project Income

	Amount in \$ - (GST Ex)	Funding Confirmed
KTC Community Grant		<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Labour (Calculate @ \$20 per hour)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Organisation Contribution		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsorship		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fundraising		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Government Funds		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Total Anticipated Funds: \$	Total Funds Confirmed: \$

Project Expenses

Expenditure Items	Amount - (GST Ex)	Quotes Supplied
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Expenditure	\$	



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Will the project still proceed with less money? Yes No

Successful grants will be paid by cheque or by electronic funds transfer (EFT) to a nominated account. Please show account details for your organisation or sponsor as applicable, if EFT payment is preferred.

Account Name:	
BSB No:	
Account No:	
Bank/Financial Institution Name:	
Bank/Financial Institution Address:	

If a funding application is approved, your organisation (or sponsor, where applicable) agrees to the following Terms and Conditions:

1. The grant will be used for the purpose for which it was given and will be spent in accordance with the *Grant Approval Package* within **twelve (12) months**, unless otherwise agreed in writing.
2. Acquittal documents will be returned to the Katherine Town Council within **three (3) months** of the event being held or project completed.
3. Unspent funds in excess of ten (10) percent of the grant amount will be refunded to the Katherine Town Council within **three (3) months** of the event being held or project completed, unless otherwise agreed in writing.
4. If there is to be any delay in spending the grant, a written request will be made seeking approval for the extension of time. This will be done within **six (6) months** of receiving formal notification of grant approval.
5. The project, or any component of the project forming part of the application, will not be started before formal notification of grant approval has been received. If, for any reason, the project is to be started before notification, the organisation will contact the Council before the project starts.
6. It is the responsibility of the organisation or sponsor to ensure adequate insurance cover for the project. A copy of your certificate of currency for Public Liability Insurance must be supplied with your application.
7. The organisation will acknowledge the contribution of the Katherine Town Council Community Grant. Please contact Council for an electronic copy of Council's logo.
8. Any special conditions that are attached to the grant will be met.
9. All relevant records of the grant will be kept for a period of seven (7) years, and will be made available for audit at any time.



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I have read and agree to the Terms and Conditions set out in the *Grant Application Guidelines*. I certify that all the information provided is current and correct, and I give permission to the Council to contact any persons or organisations in the processing of this application.

Signed for and on behalf of the organisation or sponsor. Only the Public Officer, President or Chairperson (or another officer formally delegated such authority) of the organisation which is to receive the grant is to sign.

Signed: _____

Name: _____

Position: _____

We verify that the following organisation has agreed to manage this Community Grant Funding on our behalf: (*Only applicable if you are not an Incorporated Association*)

Organisation Name	
Contact Person Name	
Contact Person Position	
Organisation Chairperson/President Name	
Daytime Telephone	
Postal Address	
Organisation Physical Location	
Organisation ABN	
Organisation Certificate of Incorporation No.	

Privacy Statement

The information requested by this form is being collected by the Council for the purpose of considering a grant application and amongst other things, providing appropriate services to ratepayers, carrying out the Council's functions, and in some cases, for compiling or reporting statistics. The Council may disclose the information provided by you on this form to a third party, as required or authorised by By-laws, Local Government Act or in accordance with our Privacy Policy, which is available on our website or on request from the Council office. You may obtain access to your personal information held by Council by submitting an application form that is available at Council or by contacting the Communications Executive Manager on (08) 8972 5500.