



Seniors Month Grant Application Form

|  |                             |
|--|-----------------------------|
| <b>Do you wish to include this event in the 2018 Seniors Month Calendar of Events?</b> |                             |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| Calendar of Events Registration Forms can be submitted up to 31 May 2018.              |                             |

|   |
|---|
| <b>Which Seniors Month objective/s does this event support?</b>   |
| <input type="checkbox"/> Encourage older people to live healthy and active lifestyles   |
| <input type="checkbox"/> Demonstrate that older age can be a time of learning and adventure   |
| <input type="checkbox"/> Celebrate older people and their continuing contribution to family, friends, workplaces and communities and across generations |

|  |
|--|
| <b>Please specify how your event meets the objective/s and what you hope to achieve:</b> |
| <br><hr/><br><hr/><br><hr/><br><hr/><br><hr/><br><hr/>                                   |

|  |
|--|
| <b>Are there any particular groups you are targeting, and why? For example culturally and linguistically diverse groups, people with disabilities, people living in regional, remote or rural areas of the Territory, or families.</b> |
| <br><hr/><br><hr/><br><hr/><br><hr/>   |

|   |   |
|---|---|
| <b>How will you measure the success of the event?</b> |   |
| <input type="checkbox"/> Statistics                   | <input type="checkbox"/> Interviews       |
| <input type="checkbox"/> Questionnaires/Surveys       | <input type="checkbox"/> Other (Specify): |

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**What is your organisation/business contribution to this event?**

Financial

Administration

Staff/Volunteers

Use of Facilities

Other

### C. FINANCIAL DETAILS

#### 1. Estimated Expenditure *(Please provide details on all itemised expenses)*

| Item         | Amount    |
|--------------|-----------|
|              |           |
|              |           |
|              |           |
|              |           |
|              |           |
|              |           |
|              |           |
|              |           |
|              |           |
| <b>Total</b> | <b>\$</b> |

#### 2. Estimated Revenue *(Please include details of any income you expect to receive)*

| Item                               | Amount    |
|------------------------------------|-----------|
| Charge to Participants             |           |
| Fundraising                        |           |
| Sponsorship/Grants (other sources) |           |
| Other (specify):                   |           |
|                                    |           |
|                                    |           |
|                                    |           |
| <b>Total</b>                       | <b>\$</b> |

**How much funding are you requesting? *(maximum \$2,000 available)***

**\$**

### 3. Other Funding

| Has your organisation/business previously received Northern Territory Government funding to hold a Seniors Month event? |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| If yes, list previous grants received for the last three years, including purpose and year:                             |                             |
| 1.  |                             |
| 2.  |                             |
| 3.  |                             |

| Has your organisation/business acquitted previous Seniors Month funding? |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| If no, provide details on why the acquittal has not been provided:       |                             |
|  |                             |
|  |                             |
|  |                             |

## D. AUTHORISATION

### 1. Organisations (not for profit)

| Is your organisation incorporated? |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Yes       | Date of Incorporation:                                  | ____ / ____ / _____ <i>If yes, go to Section 3</i> |
| <input type="checkbox"/> No        | Name of Administrating Body:                            |  |
| Administrating Body Details:       |   |  |
| Contact Person                     | Mr <input type="checkbox"/> Ms <input type="checkbox"/> | Name   |
| Position                           |   | Telephone  |
| Email Address                      |   |  |
| Postal Address                     |   |  |
| Date of Incorporation              |   |  |
| Organisation's ABN                 |   |  |

As the Administering Organisation, we agree that we will manage the grant provided to (name of Applicant)

.....

and abide by the conditions outlined in the Seniors Month Grant Guidelines.

**2. Businesses**

|   |                      |
|---|----------------------|
| <b>Is your business registered?</b> <i>(Please note: Unregistered businesses are not eligible to apply)</i> |                      |
| <input type="checkbox"/> Yes  | Registration Number: |

**3. Current Office-Bearers of your organisation/business**

| Name | Position | Telephone | Email |
|------|----------|-----------|-------|
|      |          |           |       |
|      |          |           |       |
|      |          |           |       |
|      |          |           |       |

Please list the details of your organisation's / business' auditor:

|                   |   |               |  |
|-------------------|---|---------------|--|
| <b>Name:</b>      | Mr <input type="checkbox"/> Ms <input type="checkbox"/> |               |  |
| <b>Address:</b>   |   |               |  |
| <b>Email:</b>     |   |               |  |
| <b>Telephone:</b> |   | <b>Email:</b> |  |

**4. General**

|  |  |
|--|--|
| <b>Does your organisation/business have an Australian Business Number (ABN)?</b> |  |
| <input type="checkbox"/> Yes   | ABN: _____   |
| <input type="checkbox"/> No  | Please complete and attach the ATO's 'Statement by a Supplier' form. <input type="checkbox"/> Attached   |
| <b>Sample of organisation Common Seal:</b>                                       | <b>Insurance currency:</b>   |
| Please place stamp here if applicable  | <b>Public Liability</b> Date: ____ / ____ / ____   |
|  | <b>Workers Compensation</b> Date: ____ / ____ / ____   |
|  | <b>Loss, Damage, Theft of Property</b> Date: ____ / ____ / ____  |
|  | Have you provided a copy of your Constitution?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No      Please attach a copy. <input type="checkbox"/> Attached |

## Seniors Month Grant Application Form

I certify, as an authorised representative of (name of organisation / business)

that the information given in this application is true and correct. I acknowledge that I have read and accept the **Grant Guidelines** and if successful will undertake to fulfil requirements.

**Please note:** A condition of funding is to provide a **minimum of 50%** of places available to people outside of the club/organisation.

|                        |  |               |  |
|------------------------|--|---------------|--|
| <b>Signature:</b>      |  | <b>Date:</b>  |  |
| <b>Name:</b>           |  |               |  |
| <b>Position:</b>       |  |               |  |
| <b>Postal Address:</b> |  |               |  |
|                        |  |               |  |
| <b>Telephone:</b>      |  | <b>Email:</b> |  |

### Lodging Applications

All applications must be lodged by the advertised closing date. should be clearly marked "Seniors Month Grants" and may be submitted by:

#### Post

Seniors Month Grants Program  
Office of Senior Territorians, Territory Families  
PO Box 37037, Winnellie NT 0821

#### Hand Delivery

Office of Senior Territorians, Territory Families  
Level 6, Darwin Plaza, 41 Smith Street Mall, Darwin City NT 0801

#### Email

[tf.ost@nt.gov.au](mailto:tf.ost@nt.gov.au)

**Closing Date: 16 March 2018**

|   |   |
|---|---|
| <b>How did you find out about the Seniors Month Grants Program?</b> |   |
| <input type="checkbox"/> Mail Out                                   | <input type="checkbox"/> Seniors Website - <a href="http://www.nt.gov.au/seniors">www.nt.gov.au/seniors</a> |
| <input type="checkbox"/> Newspaper Ad (please specify):             | <input type="checkbox"/> Other (please specify):  |

#### Further Information:

Please call the Office of Senior Territorians on (08) 8999 3861 or email [tf.ost@nt.gov.au](mailto:tf.ost@nt.gov.au).