**Grant Application Form**

**2018 Seniors Month**

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| **A. APPLICANT DETAILS** |

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| **Are you an:**  | [ ]  | **Organisation** (not for profit) | [ ]  | **Business** |
| **Name of Organisation or Business:** |  |
| **Contact Person:** |  |
| **Best Contact (email/phone):** |  |

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| **B. ABOUT YOUR ACTIVITY** |

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| **Activity Name:** |  |
| **Time and Date/s:** |  |
| **Venue:** |  |
| **Contact Person:** |  |
| **Email:**  |  | **Telephone:**  |  |
| **Bookings Required?** |  | **Cost to Participants:** |  |
| **Description the proposed activity/event****(***attach a separate sheet if you need more space, include additional information to support your application for funding)* |
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| **Do you wish to include this event in the 2018 Seniors Month Calendar of Events?**  |
| [ ]  | Yes | [ ]  | No |
| **Calendar of Events Registration Forms can be submitted up to 31 May 2018.** |

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| **Which Seniors Month objective/s does this event support?**  |
| [ ]  | Encourage older people to live healthy and active lifestyles |
| [ ]  | Demonstrate that older age can be a time of learning and adventure |
| [ ]  | Celebrate older people and their continuing contribution to family, friends, workplaces and communities and across generations |

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| **Please specify how your event meets the objective/s and what you hope to achieve:** |
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| **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. |
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| **How will you measure the success of the event?** |
| [ ]  | Statistics | [ ]  | Interviews |
| [ ]  | Quenstionnaires/Surveys | [ ]  | Other (Specify):  |

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| **What is your organisation/business contribution to this event?** |
| [ ]  | Financial  |  |
| [ ]  | Administration |  |
| [ ]  | Staff/Volunteers |  |
| [ ]  | Use of Facilities |  |
| [ ]  | Other |  |

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| **C. FINANCIAL DETAILS** |

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

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| **Item** | **Amount** |
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|  |  |
| **Total** | **$** |

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

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

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

1. **Other Funding**

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| **Has your organisation/business previously received Northern Territory Government funding to hold a Seniors Month event?**  |
| [ ]  | Yes | [ ]  | No |
| **If yes, list previous grants received for the last three years, including purpose and year:** |
| 1. |
| 2. |
| 3. |

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| **Has your organisation/business acquitted previous Seniors Month funding?** |
| [ ]  | Yes | [ ]  | No |
| **If no, provide details on why the acquittal has not been provided:** |
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| **D. AUTHORISATION** |

1. **Organisations (not for profit)**

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| **Is your organisation incorporated?** |
| [ ]  Yes | Date of Incorporation: |       /      /           *If yes, go to Section 3* |
| [ ]  No | Name of Administrating Body: |  |
| **Administrating Body Details:**  |
| **Contact Person** | Mr [ ]  Ms [ ]  | **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.

1. **Businesses**

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| **Is your business registered?** *(Please note: Unregistered businesses are not eligible to apply)* |
| [ ]  Yes | Registration Number: |  |

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

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| --- | --- | --- | --- |
| **Name** | **Position** | **Telephone** | **Email** |
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Please list the details of your organisation’s / business’ **auditor**:

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| **Name:** | Mr [ ]  Ms [ ]   |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  | **Email:**  |  |

1. **General**

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| **Does your organisation/business have an Australian Business Number (ABN)?** |
| [ ]  Yes | ABN: |                                   |
| [ ]  No | Please complete and attach the ATO’s *‘Statement by a Supplier’* form. [ ]  Attached |
| **Sample of organisation Common Seal:** | **Insurance currency:** |
| Please place stamp here if applicable | **Public Liability** | Date:       /      /           |
| **WorkersCompensation** | Date:       /       /           |
| **Loss, Damage,Theft of Property** | Date:       /       /           |
| Have you provided a copy of your Constitution? |
| [ ]  Yes |
| [ ]  No | Please attach a copy. [ ]  Attached |

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.

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| **Signature:** |  | **Date:** |  |
| **Name:** |  |
| **Position:** |  |
| **Postal Address:** |  |
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| **Telephone:** |  | **Email:** |  |

**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 Streel Mall, Darwin City NT 0801

**Email**

tf.ost@nt.gov.au

**Closing Date: 16 March 2018**

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| **How did you find out about the Seniors Month Grants Program?** |
| [ ]  Mail Out | [ ]  Seniors Website – www.nt.gov.au/seniors |
| [ ]  Newspaper Ad (please specify):      | [ ]  Other (please specify):      |

**Further Information:**

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