**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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|  |  |
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|  |  |
|  |  |
| **Total** | **$** |

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

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

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

1. **Other Funding**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:       /      / |
| **Workers Compensation** | | | 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:** |  | | | | |
|  | | | | |
| **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](mailto: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](mailto:tf.ost@nt.gov.au).