

# KATHERINE TOWN COUNCIL

## *2019 Community Grants Application*

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**Dates:** Applications will be accepted between 8am Monday 5 August and 4pm Friday 6 September

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**Minor Grant:** You may apply for a grant up to \$2000 to be used on capital purchases

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**Major Event Grant:** You may apply for up to \$5000 for major events within the Katherine region

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**More information:** If you have any questions regarding the application process, please contact

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Katherine Town Council on **8972 5500** or email **Contactus@ktc.nt.gov.au**

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## Application Process

To apply for funding through the Katherine Town Council Community Grants Program, please follow the instructions below:

1. Download the PDF application form to your computer.
2. Complete the application form. The form can be partially completed, saved, reopened and edited as often as required until you are ready to submit.
3. The grant round opens 8am Monday 5 August and closes 4pm Friday 6 September.
4. Application outcomes will be advised by email end of September 2019 to the contact details you provide on the application form.

## Project Details

Project Title:

Project Start Date:

Project End Date:

Amount Requested:

Total Project Cost:

Briefly summarise the project you are seeking funding for:

Will the project still proceed with less money?

Yes

No

## Applicant Details

Full registered name of Organisation:

Does your organisation operate as a not for profit?

Yes

No

Is your organisation incorporated under the Associations Act (NT)?  
Certificate of incorporation No:

Yes

No

Is your organisation supported by an Incorporated Association that accepts legal and financial responsibility of the grant: Yes

Yes

No

(if yes, details to be provided at end of this application)

Australian Business Number (ABN):

(If not ABN, please supply a copy of the Statement by Supplier Form.)

Is your organisation registered for GST?

Yes

No

Postal Address:

Street Address:

Name of Authorised Representative (President or Chairperson):

Position:

Phone Number:

Email:

Name of contact person for the project:

Position:

Phone Number:

Email:

Briefly describe what activities and services your organisation provides?

# Budget

**Project Budget:** the budget is critical to the consideration of your grant application. It is important that you be as specific and as accurate as possible.

| Project Income                         |  |
|--|--|
| Amount sought from KTC community grant |  |
| Organisations contribution             |  |
| Other sources of grant funding         |  |
| In-kind* contributions                 |  |
| Sponsorship(if applicable)             |  |
| Fundraising(if applicable)             |  |
| Other                                  |  |
|  |  |
| <b>Total Income</b>                    |  |

**Please itemise the project expenditure:**

| Project Expenditure      |  |
|--------------------------|--|
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
|                          |  |
| <b>Total Expenditure</b> |  |

**Note that the budget must balance i.e. the total income must equal total expenditure.**

\*In-kind contributions are non-cash contributions of equipment, materials, time and services. An estimated value should be given for each item. In-kind contributions should be listed as both an income and an expense item.

# Declaration

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 other-wise 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 or event. 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 the 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.

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.

Signature:

Name:

Position:

# Incorporated Associations Consent

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 Governance Officer on (08) 8972 5500.