

2025/26 COMMUNITY GRANTS

Major Events Grant Application Form

Please check one: Centenary Grants Community Grants	
Dates: Applications will be accepted between 8am Friday 1 August to 4pm Sunday 31 August 2025	
Major Grant: You may apply for a grant up to \$5000 to be used on Major Events	
More information: If you have any questions regarding the application process, please contact Katherine Town Council on 08 8972 5500 or email records@ktc.nt.gov.au	
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 Friday 1 August and closes 4pm Sunday 30 August 2025.
- 4. Application outcomes will be advised by email September 2025 to the contact details provided in this application form.

Event Details					
Event Name:					
Event Start Date:		Event End Date:			
Amount Requested:		Total Event Cost:			
Briefly summarise the event you are seeking funding for:					



Event Details

Will the event still p	ill the event still proceed with less money? Yes No									
How does this event align with the Katherine 2027 Five Year Strategic Plan?										
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)?: Yes No										
Certificate of incorporation No:										
Is your organisation supported by an Incorporated Association that accepts legal and financial responsibility of the grant:										
(If yes, details to be	provided at end of t	his appl	ication	1)	Υe	es	N	o		
Australian Business	Number (ABN):			-		·				
(If not ABN, please s	supply a copy of the	Stateme	ent by S	Supp	lier Fo	rm.)				
Public Liability Insur	ance Number:									
Is your organisation	registered for GST?	\	⁄es	١	No					
Postal Address:										
Street Address:										
Name of Authorised Representative (President or Chairperson): Name of contact person for the project:										
Position:			1	Posit	ion:					
Phone Number:		١	Phone Number:							
Email: Email:										
Briefly describe what activities and services your organisation provides?										



Budget

Event Budget: the budget is critical for 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	
Total Income	

Please itemise the event expenditure

Event Expenditure	
Total Income	

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

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 <u>not</u> an Incorporated Association)

Organisation Name:				
Contact Person Name:				
Organisation Chairperson/President Name:				
Contact Person Positio	n:			
Postal Address:				
Organisation Physical L	ocation:			
Daytime Telephone:				
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 Events Coordinator on (08) 8972 5500.