



Community Development Application Form

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APPLICANT DETAILS

Full name of Organisation

Postal Address Postcode

Contact Person

Contact Numbers (W) (AH) (Fax)

Email

CERTIFICATION

To be signed by the Chair or Chief Executive of the organisation.

- I certify that to the best of my knowledge the statements made within this application are true.
- I understand that if the Alice Springs Town Council approves a grant, I will be required to accept the conditions of the grant in accordance with Alice Springs Town Council as outlined in the grant application guidelines.

Name

Position in Organisation

Signature _____ Date _____

HOW DID YOU HEAR ABOUT THIS GRANT?

- Word of mouth Centralian Advocate
- Talk of the Town Alice Springs News
- Other

GRANT DETAILS

Amount applied for \$

Have you previously received a grant from the Council? Yes No

If YES, please give details below:

	GRANT RECEIVED	YEAR	NAME OF PROJECT	ACQUITTED
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ORGANISATION DETAILS

Status of Organisation

Incorporated Association (attach a copy of Certificate of Incorporation)

Company Limited by Guarantee

Date of Formation

Cooperative

Registration Number

Established Community Group

Other (provide details)

Does your organisation have an ABN? No Yes > ABN No.

Is your organisation able to provide a 'Statement by Supplier' indicating a reason for not quoting an ABN (refer guidelines)?

Yes

No

If yes, please attach a 'Statement by Supplier'.

Is your organisation GST registered?

Yes

No

Is your organisation a constituted body?

Yes

No

If YES, attach a copy of your Certificate of Incorporation.

If NO, provide the following details of a suitable non-profit organisation that has agreed to receive and administer the grant on your organisation's behalf. Please ensure you attach a letter of agreement and a photocopy of the organisation's Certificate of Incorporation or equivalent. If you are an individual, please write "individual" in the Organisation Name and disregard the following fields.

Administering Organisation Name

Postal Address

Postcode

Contact Person

Contact Numbers

(W)

(AH)

(Fax)

Email

Position held within Group/Organisation

Does the administering organisation have an ABN?

Yes >

No

ABN No.

Is your organisation able to provide a 'Statement by Supplier' indicating a reason for not quoting an ABN (refer guidelines)?

Yes

No

If yes, please attach a 'Statement by Supplier'.

Is your organisation GST registered?

Yes

No

Number of organisation members:

Board members are:

Elected

Appointed

Name of President/Chairperson	<input type="text"/>	Phone	<input type="text"/>
Name of Secretary	<input type="text"/>	Phone	<input type="text"/>
Name of Treasurer	<input type="text"/>	Phone	<input type="text"/>

Please describe the structure of your organisation in terms of: the staff (paid and volunteers); their functions; and members or service users.

Please indicate according to the following categories, the type of project proposed:

- Social Development
- Arts and cultural development
- Environment development
- Sport, recreation, leisure development
- Arts and cultural development
- Other (please specify)

Signature of Applicant _____

Date _____

OFFICE USE ONLY

Date received: _____ Date submitted to Council: _____

Approved: Yes No Amount approved: \$ _____

Information on all the following points will be required to enable Council to assess your application for a Community Development Grant. Please ensure that you provide as much information as possible to enable the selection committee to give full consideration to the points of relevance. Should your application not provide all the required information, your application will be returned to you and not considered for funding.

There is no application form provided for the following information. Please forward this information along with the completed provided application pages, in a typed document.

PROPOSAL

Please provide specific details of the proposal or project by addressing the following:

- Purpose of the initiative.
- Details of the initiative.
- How you propose to involve participants in the project.
- Who you have consulted in developing your initiative.
- Time frame of the project.
- If your project is an event, is it a “one-off” event or will it become an annual event.
- Other.

COSTING

Details of the overall project and basis for costing. Include all other sources of funding. Where appropriate, a copy of your annual report for the previous financial year should be included. Include estimates of income and expenditure. Please refer to ATTACHMENT 1 for an example budget, which shows the required information and format in which this information should be supplied.

EXISTING SUPPORT

- Details of any existing assistance provided by or requested from Local, Territory or Federal Government.
- Details of any proposed support from private enterprise (for example, grants, sponsorship, donations).

PECUNIARY INTERESTS

Please declare any interests that any member of the committee has in the project that is or may become pecuniary during the course of or after the project completion.

MANAGEMENT

Provide information on plans for project management and extent of expertise and costs.

BENEFITS OF FUNDING

Provide details of who will benefit and in what way if the project is successful.

- Detail any benefits to the people of Alice Springs as a result of the project’s success.
- What benefits will Alice Springs receive through promotional activity generated by the project and in particular:
 - How will the project be promoted?
 - How many visitors will be attracted to the event (for example, local, interstate etc)?
 - How will the Alice Springs Town Council be recognised and benefit as a sponsor or supporter of the project?

DOCUMENTATION

Provide information on how the project will be documented and evaluated.

LIST OF ATTACHMENTS

(For example, Management Plan, Promotional Plan etc)

Applications must include a project plan, business plan, marketing plan or other plan that outlines how you determined the scope of the project and the actions you will take to ensure its success.

NOTIFICATION

Applicants will be advised of the outcome of their application in writing.

Alice Springs Town Council's decision will be final and no correspondence will be entered into.

PROJECT BUDGET

This is an example only. Please supply details of your own actual items of income and expenditure.

INCOME	Total \$	EXPENDITURE	Total \$
Box Office		Professional wages	
Performance fees		Coordinators wages	
Stall fees		Travelling expenses	
Advertising income		Materials	
Sponsorship		Equipment hire	
Donations		Publications/programs	
In-kind support		Advertising	
Applicant's cash contribution		Vehicle expenses	
Other funding		Postage and phone	
		Printing and stationery	
		Insurance	
Amount requested from ASTC		Other	
TOTAL \$		TOTAL \$	

Please note: The totals of both the expenditure and income lines must be the same. The budget must balance.