



Application Form

Araluen Community Access Grants

Araluen Community Access Grant Application Form

APPLICANT DETAILS

Full name of Organisation

Postal Address Postcode

Contact Person

Contact Numbers (W) (AH) (Fax)

Email

Position held within Organisation

Title of Project

Timeframe

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 _____

OFFICE USE ONLY

Approved: Yes No Amount approved: \$ _____

Signed and Dated by 3 Committee Members:

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

GRANT DETAILS

Amount applied for \$

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

If YES, please provide details of the grant received, name of the project, the date it was received and the date it was acquitted.

Has your organisation applied for or is it receiving any other sources of funding for this event including any other Council community grants? Yes No

If YES, please outline all other sources of funding.

Which organisations have you applied to?

How much have you applied for?

When will you be advised of the funding decision?

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

DETAILED DESCRIPTION OF THE PROJECT

Please describe how you will use the grant by giving specific details in relation to the following headings.

Time frame of the project (including start and completion date):

Where will the project take place?

Describe the project, including its aims and objectives (include details such as: brief history of the project development, description of the project, activities to take place).

How is the project a response to local needs and interests?

Which specific sections of the community is this project/activity targeted at?

How will it stimulate further activity in the Arts in the Alice Springs community?

What benefits will the project bring to the Alice Springs community? (For example, skills development)

COMMUNITY INVOLVEMENT

How has the community been involved in the planning of the project?

Who will be involved in the project (Including local arts/community groups)?

What are the expected project/activity attendance figures?

What is this estimate based upon?

How will it stimulate further activity in the Arts in the Alice Springs community?

ADMINISTRATION

How do you propose to promote the project to the community (to increase community participation)?

How will the project be documented (for example, photographs, video, press clippings, participant responses)?

How do you intend to acknowledge the Alice Springs Town Council's sponsorship of the project?

I am aware a project evaluation and acquittal report will be required to be submitted within 30 days of the completion of the project:

Yes

**NB Successful applicants need to be aware that random audits of entire project budgets may occur throughout each year, all records and documentation must be kept for a period of 12 months after the completion of the project*

END PRODUCT

Will the project result in a tangible end product?

Yes

No

If yes, what will it be?

Who will own it?

Where will it be kept?

Will it be displayed?

Yes No

If yes, when?

Where will it be displayed?

Will you make it available for use by Alice Springs Town Council?

Yes No

How?

ESTIMATED ARALUEN ARTS CENTRE EXPENDITURE

Please submit a signed copy given to you by Araluen Arts Centre of estimated breakdown costs and include any in kind support received.

PROCESSING OF GRANTS

Alice Springs Town Council will forward successful agencies a letter of success and will require the organisation to receive a cheque contribution towards the hire of Araluen Arts Centre facilities at an Alice Springs Town Council meeting at a date specified to the hire of Araluen facilities. Successful agencies will also be required to settle their individual accounts with Araluen Arts Centre.

Unsuccessful agencies will receive a notification letter.

If you have any queries regarding this application please contact:

The Community Projects Officer
Alice Springs Town Council
P.O. Box 1071, Alice Springs NT 0871
Phone: 08 8950 0505
Fax: 08 89530558
Email: fstoops@astc.nt.gov.au

ESTIMATED INCOME AND EXPENDITURE

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

Income	Total \$	Expenditure	Total \$
Box Office takings *		Box office costs *	
Cost of tickets		Professional wages	
Number of tickets sold		Coordinators wages	
Performance fees		Travelling expenses	
Stall fees		Materials (please itemise)	
Advertising income		Equipment hire	
Membership/Subscriptions		Publications/programs	
Sponsorship		Advertising	
Donations		Vehicle expenses	
In-kind support		Postage and phone	
Own contribution *		Printing and stationery	
Applicant's cash contribution		Insurance Services	
Other funding		Other	
State funding		Araluen expenses	
Other funding		Own drawings *	
Araluen grant requested			
TOTAL \$		TOTAL \$	

*Box office income includes all income generated from this area. Box office expenditure includes booking fees and credit card charges. Own contribution and own drawings are the input from the project organisation itself.

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.