



Community Assistance 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)?

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

Yes

No

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)?

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

Yes

No

Is your organisation GST registered?

Yes

No

Number of organisation members:

Board members are:

Elected

Appointed

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

DETAILED DESCRIPTION OF THE PROJECT:

Purpose of the grant:

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

Where and how to do you propose to expend the grant?:

Does your organisation have any other source of funding?

Yes

No

If YES, please outline all other sources of funding:

Description of project (including details such as: brief history of the project development, description of the project, activities to take place):

What benefits will the project bring to the Alice Springs community and specifically who will benefit?

Who will be involved in the project?

When and where will the project take place?

How do you propose to promote the project to the community?

Other information that may assist your application (please attach a separate page if necessary):

Signature of Applicant _____

Date _____

OFFICE USE ONLY

Date received: _____ **Date submitted to Council:** _____

Approved: Yes No

Amount approved: \$ _____

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.

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.

