

Grant Application Form 2017 Seniors Month

A. APPLICANT DETAILS

Are you an Organisation (not for profit) or Business?	Organisation <input type="checkbox"/>	Business <input type="checkbox"/>
Name of Organisation or Business:		
Contact person:		
Best contact (email / phone):		

B. ABOUT YOUR ACTIVITY

Activity name:			
Time and Date/s:			
Venue:			
Contact Person:			
Email:		Telephone:	
Are bookings required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cost to Participants:	
Description the proposed activity / event <i>(attach a separate sheet if you need more space, include additional information to support your application for funding)</i>			
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.....			
.....			
.....			
.....			

Do you wish to include this event in the 2017 Seniors Month Calendar of Events?

Yes No

Calendar of Events registration forms can be submitted up to 31 May 2017.

Which Seniors Month objective/s does this event support?

- Encourage older people to live healthy and active lifestyles.
- Demonstrate that older age can be a time of learning and adventure.
- Celebrate older people and their continuing contribution to family, friends, workplaces and communities and across generations.

Please specify how your event meets the objective/s and what you hope to achieve:

Are there any particular groups you are targeting, and why? For example culturally and linguistically diverse groups, people with disabilities, people living in regional, remote or rural areas of the Territory, or families.

How will you measure the success of the event?

- | | |
|---|--|
| <input type="checkbox"/> Statistics | <input type="checkbox"/> Interviews |
| <input type="checkbox"/> Questionnaires/Surveys | <input type="checkbox"/> Other (please specify): |

Organisation's Contribution (Please state the contribution your organisation/business will provide to this event)

<input type="checkbox"/> Financial (specific budget details can be listed at Section C):	
<input type="checkbox"/> Administration:	
<input type="checkbox"/> Staff / Volunteers:	
<input type="checkbox"/> Use of facilities:	
<input type="checkbox"/> Partnership arrangement with other organisation:	
<input type="checkbox"/> Other:	

C. FINANCIAL DETAILS

1. Estimated Expenditure *(Please provide details on all itemised expenses)*

ITEM	Amount
TOTAL	\$

2. Estimated Revenue *(Please include details of any income you expect to receive)*

ITEM	Amount
Charge to participants	
Fundraising	
Sponsorship / Grants from other sources	
Other (please specify):	
TOTAL	\$

How much funding are you requesting? *(Maximum available is \$2,000)*

\$

3. Other Funding

Has your organisation / business previously received Northern Territory Government funding to hold a Seniors Month event?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(If Yes, please list previous grants received for the last three years, including purpose & year)</i>

Has your organisation acquitted previous Seniors Month funding?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(If No, please provide details on why the acquittal has not been provided)</i>

D. AUTHORISATION

1. Organisations (not for profit)

Is your organisation incorporated?			
<input type="checkbox"/> Yes	Date of incorporation:	____ / ____ / _____ <i>If yes, go to Section 3</i>	
<input type="checkbox"/> No	Name of administrating body:		
Administrating Body details:			
Contact Person	Mr <input type="checkbox"/> Ms <input type="checkbox"/>	Position	
Email		Telephone:	
Postal Address			
Date of Incorporation			
Organisation's ABN			

As the Administering Organisation, we agree that we will manage the grant provided to (name of Applicant)

.....

and abide by the conditions outlined in the Seniors Month Grant Guidelines.

2. Businesses

Is your business registered? (Please note: Unregistered businesses are not eligible to apply)

Yes Registration number:

3. Current office-bearers of your organisation / business

Name	Position	Telephone	Email

Please list the details of your organisation's / business' **auditor**:

Name:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
Address:			
Email:			
Telephone:		Email:	

4. General

Does your organisation / business have an Australian Business Number (ABN)?

Yes ABN: _____

No Please complete and attach the ATO's 'Statement by a Supplier' form.
 Attached

Sample of organisation Common Seal:

Insurance currency:

Please place stamp here if applicable

Public Liability Date: ____ / ____ / ____

Workers Compensation Date: ____ / ____ / ____

Loss, Damage, Theft of Property Date: ____ / ____ / ____

Have you provided a copy of your Constitution?

Yes

No Please attach a copy. Attached

I certify, as an authorised representative of (name of organisation / business)

that the information given in this application is true and correct. I acknowledge that I have read and accept the **Grant Guidelines** and if successful will undertake to fulfil requirements.

Please note: A condition of funding is to provide a **minimum of 50%** of places available to people outside of the club/organisation.

Signature:		Date:	____ / ____ / ____
Name:			
Position:			
Postal address:			
Telephone:		Email:	

Completed applications may be submitted by:

Post: Seniors Month Grants Program Office of Senior Territorians Territory Families PO Box 40596 CASUARINA NT 0811	Hand delivery: Seniors Month Grants Program Office of Senior Territorians Territory Families Level 7, Darwin Plaza, Smith Street Mall DARWIN
Phone: 8999 3894	Email: ost@nt.gov.au

Closing Date: Friday 7 April 2017

How did you find out about the Seniors Month Grants Program?	
<input type="checkbox"/> Mail out	<input type="checkbox"/> Seniors website - www.nt.gov.au/seniors
<input type="checkbox"/> Newspaper ad (please specify):	<input type="checkbox"/> Other (please specify):

Further information:

Please call the Office of Senior Territorians on (08) 8999 3894 or email ost@nt.gov.au.