**COMMUNITY GRANTS PROGRAM APPLICATION FORM**

Applications may be lodged by emailing your completed form to the Grants Coordinator, at [grants.ropergulf@ropergulf.nt.gov.au](mailto:grants.ropergulf@ropergulf.nt.gov.au).

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| **APPLICANT DETAILS** | | |
| **Name of organisation** |  | |
| **Organisation background** |  | |
| **Contact person name** |  | |
| **Contact person position** |  | |
| **Contact phone** |  | |
| **Contact email** |  | |
| **Incorporated Association?** |  | |
| **Australian Business Number** |  | |
| **Previous Projects – reports, photos & acquittals submitted?**  \* RGRC Community Grant Guidelines require previous projects to be complete and acquitted before new projects can be funded. | | **YES** / **NO** |

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| **PROJECT DETAILS** | |
| **Grant amount requested** | *$* |
| **Name of project** |  |
| **Project description** | *Please insert a short description describing how the grant will be used.* |
| **Project start date** | *Day / Month / Year* |
| **Project finish date** | *Day / Month / Year* |

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| **PROJECT FINANCIALS** | | |
| **Income** |  |
| Community Grant | *$* |
| Applicant Cash Contribution | *$* |
| Applicant In-kind Contribution | *$* |
| **Total** | ***$*** |
|  |  |
| **Expenses** |  |
| *1* | *$* |
| *2* | *$* |
| *3* | *$* |
| *4* | *$* |
| *5* | *$* |
| **Total** | ***$*** |

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| **ASSESSMENT CRITERIA** |
| **Criterion 1 - The social benefits of your project for the community (10 points).** |
| *Please write 100 words or less* |
| **Criterion 2 - Your capacity to deliver the project (10 points).** |
| *Please write 100 words or less* |

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| **BANKING DETAILS** |  |
| **Financial Institution** |  |
| **Account Name** |  |
| **BSB Number** |  |
| **Account Number** |  |

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| **APPROVAL** | |
| Signed by the individual applicant or on behalf of the incorporated organisation (only a person formally delegated the authority of the incorporated organisation can sign).  *I certify that all the information provided is current and correct and I give permission to the Council to contact any persons or organisations relevant to the processing of this application.* | |
| **Signature** |  |
| **Name** |  |
| **Position** |  |
| **Date** | *Day / Month / Year* |