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|  | **CELEBRATING ABORIGINAL CULTURE (Australia Day)Grant Program - Application form** |

| **Organisation Details** |
| --- |
| Organisation name: |  |
| Postal address |  | Postcode |  |
| Street address |  | Postcode |  |
| Telephone: |  | Mobile: |  |
| Email: |  |  |  |
| ABN: |

|  |
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|  |

 | GST registered | [ ]  Yes [ ]  No |
|  |  |
| Incorporated association [ ]  | Unincorporated [ ]  |  |
| Not for Profit organisation [ ]  | Office of the Registrar of Indigenous Corporations [ ]  |
| Other (please state) [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Contact Officer Details** |
| [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ] Other  |  |
| Full name: |  |
| Position in organisation: |  |
| Telephone: |  |
| Email address: |  |

| **Event/Activity Details** |
| --- |
| Event/Activity Name |  |
| Date of Event |  |
| Community/location  |  |
| Number of people it will reach |  |
| Have you applied or are you going to apply for any other funding in relation to this Event/Activity? |
| Yes [ ]  No [ ]  If Yes, please specify: |
|  |
|  |
|

| **Estimated cost to run your event/activity**The expenditure items listed in the table below are a guide only and can be changed to suit your project.We understand that the breakdown may change once you have been given a grant and as long as appropriate acquittals are provided in line with the requirements, this is acceptable. All unspent funds must be returned to the department on acquittal. |
| --- |
| **Item** | **Total Cost** | **Any other contributions?** | **Amount requested** |
| Venue hire | $ |  |  |
| Equipment hire | $ |  |  |
| Catering (note the department will not pay for alcohol purchases) | $ |  |  |
| Resources (entertainment & materials) | $ |  |  |
| Promotion/marketing | $ |  |  |
| Other Activity costs | $ |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total  |  |  |  |

| **Assessment Criteria**Answers in this part will be used to assess the purpose, scope and benefits of your application. Please limit your description to 100 words where possible. |
| --- |
| Provide a brief description of your organisation and the event you intend to run  |  |
| Confirm which region and/or community your event is to be held in |  |
| Does your organisation work specifically with Aboriginal Territorians?If so, in what way? |  |
| Describe the anticipated benefits of the event/activity you propose to hold |  |
| Provide a brief description of the event details including place/venue and who will participate. |  |
| Provide a description of how the event contributes to celebrating and recognising Aboriginal culture, language and history |  |
| Is the event open to anyone to attend or are there restrictions on participation? Please provide details |  |
| Provide any other relevant information to assist with assessing this application. |  |

| **Acquittals** |
| --- |
| The organisation provided with the grant must acquit all funds by Friday 29 March 2019 as follows:* Provide a breakdown of all costs for the event and receipts for all expenditure
* Provide details of any remaining grant funding (which must be returned to the department)
* Provide a statement outlining the benefits of the event
* Provide details of how the NT Government was acknowledged in promotion of the event (this should include copies of material used for promotion) and photos of your event where possible
* Return the acquittal survey (see attachment A)
 |

 |
| **Agreement and Declaration** |
| I declare that the information I have given in this form is accurate and the organisation/business that I represent supports the project. [ ]  |
| I have read and understand the Guidelines and Application form. [ ]  |
| I agree that individuals or the organisations mentioned in this application may becontacted as part of the assessment process. [ ]  |
| I understand that information in this application may be provided to other agencies, as appropriate. [ ] I understand that DCM cannot guarantee funding for any application, and cannotguarantee funding to the full amount requested by an applicant. [ ]  |
| I have been authorised by |  | to make this application. |
|  |  (name of organisation) |
| Full name |  |
| Position in organisation: |  |
| Signature: |  |
| Date: |  |
|  |

**Submitting your Application**

Please send completed applications via email (preferred method) or via post to the Office of Aboriginal Affairs – Celebrating Aboriginal Culture Consultative Secretariat at:

**Email**

oaa@nt.gov.au

**Post: Telephone:**

GPO BOX 4396 08 8999 8352

DARWIN NT 0801

**Attachment A**

**Acquittal Survey Form**

To assist is in planning for future funding programs, please answer the questions below as fully as you are able to:

|  |  |
| --- | --- |
| **Do you consider your event successful** **and if so, why?** |  |
| **How many people participated in the event?** **Provide breakdown of male v female and/or age groups if possible** |  |
| **If funding was available to you again, would you run this event annually?** |  |
| **What were the key benefits/outcomes of the event?** |  |
| **Do you have any suggestions as to how NT Government could support Australia Day celebrations in the Northern Territory in the future?** |  |

Please feel free to provide any additional detail or feedback that you think may be useful to us in managing this grant program.