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

| **Organisation Details** | | | | | | | | | | | | | | | |
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| Organisation name: | | | | | |  | | | | | | | | | |
| Postal address | | | |  | | | | | | | | | Postcode | |  |
| Street address | | | |  | | | | | | | | | Postcode | |  |
| Telephone: | | | |  | | | | | | | Mobile: | |  | | |
| Email: | | | |  | | | | | | |  | |  | | |
| ABN: | |  | | --- | |  | | | | | | | | | | 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: | | | |
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|  | | | |
| | **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 be contacted 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 cannot guarantee 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](mailto: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:

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| **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.