

Important Information

Summary of Community Grants Program

This round of funding is for activities taking place between 1 January to 30 June 2027.

Funding level - Tier 1: up to \$5,000.

This category supports arts, music, culture, multiculturalism, innovation and diversity programs and projects delivered to broader community of Alice Springs.

NOTE there are prompts throughout this application form to assist you; please read each section carefully.

Eligibility

Please read the [Community Support Guidelines](#) which are available on the Alice Springs Town Council website, before completing the application form.

Applicant must:

- be a *Not-For-Profit* organisation, community group or school
- be incorporated or auspiced*
- meet in the Alice Springs municipality &/or show that the grant will substantially benefit residents of Alice Springs
- hold current Public Liability insurance for minimum \$20 million
- have satisfactorily acquitted previous funding received by Alice Springs Town Council.

*Auspice applicants must obtain letter of agreement from the auspice organization.

Applicant Details

* indicates a required field

Organisation Details

Organisation name *

Organisation Name

Organisation Address *

Address

ABN Details

Community Grants Application - R1 26/27

Form Preview

Does your organisation have an ABN? *

- ☐ Yes (enter ABN below)
- ☐ No

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Statement by Supplier Form

If you do not have an ABN, please attach a completed ATO Statement by Supplier Form.

This form can be downloaded from Australian Tax Office [website](#). **NOTE:** Form must be completed in the name of the group / organization applying for the grant and not the individual completing the application form.

*

Attach a file:

Contact Details

Note that any emails automatically generated by SmartyGrants will be sent to the email listed as the User (i.e. the email used to login) for this application

Applicant *

First Name

Last Name

Position held in organisation *

Eg. Manager, Board Member, Secretary

Community Grants Application - R1 26/27

Form Preview

Phone Number *

Email *

Incorporation Association Status

Is your group or organization incorporated? *

- ☐ Yes
☐ No - we are auspiced

If your group is not incorporated you require an incorporated association (auspice organisation), to manage the grant funds on your behalf.

Please provide your Incorporation Number *

Australian Company Number (ACN), Indigenous Corporation Number (ICN)

Auspice Organisation Details

*** indicates a required field**

It is the responsibility of the organisation being auspiced to ensure that a clear agreement is reached before applying for funding.

Signed certification letter from Auspice Organisation *

Attach a file:

Name of Auspice Organisation *

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed

Community Grants Application - R1 26/27

Form Preview

ATO Charity Type [More information](#)
ACNC Registration
Tax Concessions
Main Business Location

Must be an ABN.

Auspice Organisations Incorporation Number *

Primary Auspice Contact *

First Name Last Name

Phone Number *

Must be an Australian phone number.

Email *

Public Liability Insurance

* indicates a required field

Public Liability Insurance

NOTE: Cost of Public Liability Insurance is *not eligible* for funding under this grant.

Please attach a current Public Liability Insurance Certificate: *

Attach a file:

Project Details

* indicates a required field

Project Information

Project Name *

Project start date: *

Community Grants Application - R1 26/27

Form Preview

Must be a date and between 1/1/2027 and 30/6/2027.

Project end date: *

Must be a date and between 1/1/2027 and 30/6/2027.

Provide a brief summary of your project (may be used for publication): *

Word count:

Must be no more than 60 words.

This statement will be used in reports, media statements and external communications related to this grant.

Project Impact and Outcomes

Assessors want to see details of:

- the issue or opportunity that the project addresses
- who benefits
- how they benefit
- how far the benefits reach

Who will the project support and how? *

What groups will benefit, and how does the project benefit them

Why is this project needed? *

Identify the problem, gap or opportunity that the project addresses and why it is important.

How many people do you expect will take part or benefit? *

What outcomes will the project achieve? *

What difference will the project make, are there long-term benefits?

Project Delivery and Management

Assessors want to see:

- That you have thought the project through
- That your team has the skills and experience to deliver it

Community Grants Application - R1 26/27

Form Preview

- That you have considered any risks and how to manage them
- Whether you are working with any partners

What activities will you deliver as part of the project? *

Include dates and milestones.

Have you delivered this project or similar projects before? If so, please describe: *

Word count:

Must be no more than 200 words.

Who will deliver the project? *

Word count:

Must be no more than 200 words.

Summary of project team, skills and experience.

Are you working with any partners? If yes, who and what is their role? *

Word count:

Must be no more than 200 words.

What risks could affect project delivery and how will you manage them? *

Word count:

Must be no more than 250 words.

Strategic Alignment

Programs or events must align with Council's Priority areas listed in the pillars below. See guidelines and Council's [2026-2030 Strategic Plan](#) for further information.

Please choose the strategic pillar/s that your event best aligns to? *

- ☐ Pillar 1: A Great Place to Live, Every Day
- ☐ Pillar 2: A Safe, Supported and Strong Community
- ☐ Pillar 3: A Healthy and Resilient Natural Environment
- ☐ Pillar 4: A Thriving and Sustainable Local Economy

At least 1 choice must be selected.

How will your program or event respond to the selected pillar/s? *

Community Grants Application - R1 26/27

Form Preview

Word count:
Must be no more than 250 words.

Accessibility, Inclusion and Environment

Examples of **accessibility and inclusion** measures:

- level access to the event
- accessible toilets
- designated parking
- clear signage

Examples of measures to reduce **environmental** impact:

- not allowing single use plastic (SUPs)
- energy efficiency
- appropriate waste management
- Visit [Council's Environment Initiatives](#) for further information.

How will you make sure the project is open and accessible to everyone? *

Word count:
Must be no more than 200 words.
See guidelines for more information.

What steps will you take to reduce environmental impacts? *

Word count:
Must be no more than 200 words.

Project Budget

* indicates a required field

Funding Request

Assessors want to see:

- A clear, detailed and transparent budget
- Costs that make sense
- Efficient use of funding
- Good value for money
- Financial contribution from other funding sources, including your own organisation

Amount Requested: *

Must be a dollar amount and no more than 5000.
excluding GST

Community Grants Application - R1 26/27

Form Preview

Total Project Cost: *

\$
excluding GST

Have you secured any In-Kind support, or do you expect to? *

- ☐ Yes
☐ No

This includes In-Kind support from ASTC and any other organisation.

Please note, the following sections relate to delivery of the full project.

Please provide comprehensive Income and expenditure.

Total Project Income

List all expected income.

Examples include:

- internal funds
- grant funding or sponsorships
- fundraising and donations
- ticket sales

Income Description	Amount (\$)	Funding confirmed?
Description and contributor (example: Venue fee waiver - ASTC)	Excluding GST. Please enter numbers only.	
	\$	
	\$	
	\$	
	\$	
	\$	

In Kind Support

In-kind support is a contribution of goods or services other than money, such as supply of equipment, free advertising, etc.

Please list all In-Kind support that you expect to receive.

Estimated Value (\$)	Estimated Value (\$)	In-Kind Confirmed?
description and contributor (example: Venue fee waiver - ASTC)	Must be a dollar amount.	Is this funding confirmed?
		☐ Yes ☐ No

Community Grants Application - R1 26/27

Form Preview

		☐ Yes ☐ No
		☐ Yes ☐ No

Total Project Expenditure

Provide clear descriptions for each expenditure item.

Examples may include:

- venue & equipment hire
- talent fees
- materials purchase
- catering
- marketing & advertising

'Source of funding for this item' should correspond to the 'Income Description' lines that you entered in the *Project Income* section above, including ASTC grant funding.

We strongly recommend obtaining quotes before submitting your application. Quotes included with your application will be used as a guide to assess the accuracy of your budget estimates and to verify the feasibility of your project.

To check what *cannot be funded* by this grant, please refer to [Community Support Guidelines](#).

Expenditure Description	Amount (\$)	Source of funding for this item
	Excluding GST. Please enter numbers only. Must be a dollar amount.	refer to your 'income description' above under Project Income.
	\$	
	\$	
	\$	
	\$	
	\$	

Budget Totals

The below totals are calculated from the figures entered in the *Project Income* and *Project Expenditure* sections above.

Income - Expenditure = Balance

- The Total Balance **must equal 0** or you will not be able to submit. If your balances are not 0 please check your figures.

Total Income Amount

\$

Total Expenditure Amount

\$

Total Balance

\$

Community Grants Application - R1 26/27

Form Preview

This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

Budget Documentation

The project budget should be comprehensive and reflect the size and nature of the project.

Note, lack of detail and feasibility in your project budget may impact the assessment of your application.

Please attach:

- Budget
- Quotes
- Any other supporting documentation

Upload documents *

Attach a file:

Declaration and Privacy Statement

* indicates a required field

Privacy Statement

The Alice Springs Town Council is committed to protecting your privacy. The information requested on this form is being collected by Alice Springs Town Council for the purpose of assisting with the management of applications for grants and sponsorship. All information collected is securely stored in SmartyGrants and Alice Springs Town Council computer systems. The personal information will be disclosed to assessment panel members for the purpose of assessing your application. It will not be disclosed to any other external party without your consent, unless required or authorized by law. Should you need to change or access your personal details, please contact Council on (08) 8950 0500 astc@astc.nt.gov.au.

You can [view the Alice Springs Town Council Privacy Policy](#) on our website.

By submitting an application you consent to Council publishing the successful applicant's name, project name and description and amount funded on our website. This information may also be used for promoting the Alice Springs Town Council's grant and sponsorship programs more generally.

Declaration

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group. I have read the accompanying guidelines for applicants provided with this application form. I agree that I will contact the Alice Springs Town Council immediately if any information provided in this application changes or is incorrect.

I agree to the above terms and conditions *

☐ Yes

Community Grants Application - R1 26/27

Form Preview

Authorised Person's Name *

Title	First Name	Last Name

Position held *

Date of declaration *