



ATI Grants Program: Application Form 2008–09


1.1 NAME (MANDATORY)

Your name or name of contact person:	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)
Given names:	
Family name:	
Date of birth:	
Name of your organisation/group (if applicable):	
 Go to 1.2	

1.2 CONTACT DETAILS (MANDATORY)

Street address:	
Suburb/Town:	State: Postcode:
Postal address:	
	(if the same as your street address, write 'as above')
Suburb/Town:	State: Postcode:
Contact Numbers:	Work: () Home: () Fax: () Mobile:
	Email: Website address:
Contact Number for Media Inquiries:	
 Go to 1.3	

1.3 SUMMARY INFORMATION (MANDATORY)

What is the name of your project?	
What amount of money are you requesting? (AUD)\$	
Does this amount include GST?	
What is the start date for this activity?	
What is the end date for this activity?	
Briefly describe your activity.	
Where will you undertake your activity?	
Have you or your organisation previously requested or received funding from the ATI? If yes, please give details.	
 Go to 1.4	

1.4 PROJECT INFORMATION (MANDATORY)

(maximum two pages)

What are the objectives of the project?

How will you achieve these objectives?

How will you judge if the project is a success?

What, if any, publicity will you use to promote the project?

Who will be involved in the project and what are their qualifications and/or experience?

Additional Comments

Please attach letters of support from two referees with no direct financial interest in this project. Referees should comment on the project's objectives and the strategies to achieve them.

1.5 PROJECT BUDGET (MANDATORY)

Budget Template (maximum two pages)

Please note: If you are **GST-registered**, your budget should be exclusive of GST and we will pay the grant plus GST. You should provide amounts in Australian dollars (AUD\$). If you are **not GST-registered**, your budget should include GST as this is part of the cost of the project. We do not add any amount to the grant to cover this expense as you are not obliged to charge DFAT GST.

- List all projected income and expenditure items under the headings given (some of the items below may not be relevant to your proposal).
- Indicate all **expenditure items** to be covered by this grant with an asterisk (*).
- You may substitute your own budget page but it must conform to the format below.
- Please ensure that the project totals of your income and expenditure are exactly equal.

Income	
Earned income	AUD\$
Subtotal	\$

Expenditure	
Salaries and fees	AUD\$
Key personnel (please itemise)	
Marketing and publicity personnel	
Administrative and management personnel	
Agent's fee/commission	
Other	
Subtotal	\$

Grants	
Australian Federal Government (please itemise)	
Australian State Government (please itemise)	
Australian Local Government (please itemise)	
Other Governments (please itemise)	
Subtotal	\$

Travel Costs	
Airfares	
Other fares	
Accommodation	
Car Hire	
Taxis	
Meals	
Travel allowances	
Other	
Subtotal	\$

Own contribution	
In Kind	
Other	
Subtotal	\$

Overhead/administrative costs	
Venue Hire	
Hospitality	
Postage	
Telephone and fax	
Stationery and printing	
Other	
Subtotal	\$

Sponsorship/donations	
In Kind	
Other	
Subtotal	\$

Marketing/promotion costs	
Advertising	
Printed material	
Programs	
Merchandise	
Other	
Subtotal	\$

1.7 ABN DETAILS (OPTIONAL)

Your ABN:

In what name is the ABN registered? _____

What is your trading name or professional name? _____

If you do not have an ABN you may want to nominate a legally constituted organisation or individual to administer the grant, should one be awarded (complete section 1.8).

▶ Go to 1.8

1.8 ADMINISTERING ORGANISATION/INDIVIDUAL (OPTIONAL)

Groups, or unincorporated entities must nominate an individual or legally constituted organisation to take responsibility for administering any grant that may be offered.

Successful applicants who do not have an Australian Business Number (ABN) may have 46.5% of their grant withheld. This amount is forwarded to the Australian Taxation Office and you may seek to claim it as part of your annual tax return.

Individual applicants who do not have an ABN may wish to nominate an organisation to administer their grant. Where an applicant does not quote their ABN, they must provide an Australian Taxation Office *Statement by a Supplier* declaration. If they do not, DFAT will be required to withhold 46.5% of the grant.

Legal name of organisation or individual
who will administer your grant

Street address: _____

Suburb/Town: _____

State: _____

Postcode: _____

Postal address: _____

(if the same as your street address, write 'as above')

Suburb/Town: _____

State: _____

Postcode: _____

Telephone: Work () _____

Home () _____

Fax: () _____

Mobile: _____

Email: _____

Signature: X _____

Date: _____

/ /

Name in full: _____

Position in organisation: _____

1.9 STATISTICAL INFORMATION (OPTIONAL)

This section is voluntary and is not used to assess applications and is not provided to the assessment committee. The information is collated with other statistical information and may contribute to the evaluation of the ATI Grants Program and administrative processes. Collated information may also be used to measure whether the ATI Grants Program is accessible and equitable. Please help us to improve our services by filling out the questionnaire.

INDIVIDUAL APPLICANTS - please complete section A

GROUPS AND ORGANISATIONS - please complete section B

ALL APPLICANTS – please complete section C

SECTION A—Details about individuals

- I am male
- I am female
- I am Aboriginal. My Language is:
- I am Torres Strait Islander. My Language is:
- I was born overseas and my first language is not English. Language:
- I was born in Australia and the first language of at least one of my parents (or the people who raised me) is not English.
Language:
- I have a disability

SECTION B—Details about organisations and groups

Please indicate, from the groups below, the role and percentage of involvement of those people engaged and employed in the project/activities for which you are seeking funding.

Involved personnel	Percentage of involvement in project
No specific group	
Aboriginal people or communities	
Torres Strait Islander people or communities	
Ethnic groups/communities	
People with a disability	
Other (please specify)	

SECTION C—Details about completing the form

- I completed the application form for people with a visual impairment: Yes No
- An interpreter assisted me in completing this application form: Yes No
- An Indigenous Language Centre assisted me in completing this application form: Yes No
- Please estimate the time taken to complete this whole application form: