

COMMUNITY STRATEGIC PLAN GRANT PROGRAM APPLICATION FORM 2025

Before You Begin

Read ALL the information below before completing and submitting this application form.

If you have any questions about the form or the due dates, contact Customer Service on 22001 or email customercare@nirc.gov.nf. The guidelines for this Program can be viewed on Council's website at: <http://www.norfolkisland.gov.au/council/grants-program>

Submitting Your Application

You can submit your application in one of the following ways:

Email: customercare@nirc.gov.nf
In person: Bicentennial Building, 39 Taylors Road
Post: PO Box 95, Norfolk Island 2899

You may need to submit attachments to support your application.

An **asterisk (*)** indicates that the information is mandatory.

Incomplete applications may be ineligible for grant funding.

Applications must be received no later than **5:00pm** (NI time) on **Friday 12 September 2025**.

Applicant Details

Applicant? *

- ☐ Individual
☐ Organisation

Organisation Name:	
Full Name (Title, First & Surname): *	
Applicant Primary Address: *	
Applicant Primary Phone Number: *	
Applicant Primary Email: *	
Applicant Postal Address: *	
Applicant Mobile Phone Number: *	

Additional Organisation Information

Does your organisation have an ABN?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide ABN:
Organisation Contact Person:	
Organisation Contact Person Position:	
Organisation Primary Address:	
Organisation Primary Phone Number:	
Organisation Primary Email:	
Organisation Website:	
Organisation Postal Address:	

Proposal Details

Project Title: *	
Short Project Description: *	
Project Start Date: *	
Project End Date: *	
Total Amount Requested: * (Max. \$5,000)	
Total Project Cost: *	

What are the proposed activities? *

What are the expected outcomes of the project? *

How will you measure that these outcomes have been achieved? *

Grant Category

Please select one strategic direction from the list below:

For more information on answering the following two (2) questions and the strategic direction priorities please refer to The Community Grants Program Guidelines.

<p>Which strategic direction/s is your grant application applying under? *</p> <p>(Please select the Strategic Direction that is most strongly reflected in your proposal)</p>	<p><input type="checkbox"/> SD1 An Environmentally Sustainable Community</p> <p><input type="checkbox"/> SD2 A Proud, Diverse and Inclusive Community</p> <p><input type="checkbox"/> SD3 A Caring Community</p> <p><input type="checkbox"/> SD4 A Successful and Innovative Community</p> <p><input type="checkbox"/> SD5 An Informed and Accountable Community</p> <p><input type="checkbox"/> SD6 A Healthy and Safe Community</p>
<p>Referring to your chosen strategic direction in the above question, please describe how your proposal addresses the chosen strategic direction and its objectives. *</p>	

Community Benefits

<p>Describe the benefits of your project to the community, environment or economy of Norfolk Island: *</p>	
<p>Does your proposal include community partnership/s? *</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If your answer is "Yes" you are required to attach a letter * from the partner/s to support this claim.</p>
<p>Describe how your proposal fosters community collaborations /partnership/s. *</p>	

Budget

Please itemise all income and expenditure for your proposal. Must include all in-kind contributions as costed by supplier.

Lack of supporting budget information may affect the success of your application.

Your contribution must be a minimum of 25% of the total proposed budget either in cash or in-kind to be eligible.

PLEASE NOTE: Expenditure line items >=\$500.00 need to be supported by attaching quotes to the application form at time of submission. *

Income Item *	\$ *
TOTAL	\$

In-Kind Item *	Supplier *	\$ *
TOTAL		\$

Expense Item *	\$ *
TOTAL	\$

Budget Totals

Income Total *	In-Kind Total *	Expenditure Total *
\$	\$	\$

Declaration

1. I certify that to the best of my knowledge the statements made in this application are true.
2. I have read the Community Strategic Plan Grant Program Guidelines and declare that I/we satisfy the eligibility criteria to complete this application.
3. I understand that if the Council approves a grant, I will be required to accept the conditions of the grant in accordance with the Council audit requirements.
4. I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
5. I understand that if the Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with the Council.
6. Council does not accept any liability or responsibility for the proposal.

7. I/we have been a recipient of Council Grant Funding under previous rounds of the Community Strategic Plan Grant Program?
☐ Yes
☐ No

8. If answer to 7; is “Yes”, has all required acquittal reporting for grant funding provided previously under the Council’s Community Strategic Plan Grant Program been completed?
☐ Yes
☐ No

9. Have you previously received funding from Council for your proposed project?
☐ Yes
☐ No

I/We comply with all requirements of the above Declaration and certify this Declaration,

Application, and all supporting evidence attached as true and accurate: *

☐ Yes

Authorising Person

Nominated authorising person will be responsible should your application be successful:

Full Name (Title, First & Surname): *	
Position: *	
Date: *	
Signed: *	