Introduction

* indicates a required field

Environment & Climate Change Grants 2024/25

Welcome to the City of Darwin's grant application portal.

The Environment & Climate Change Grants support local projects that will deliver positive and measurable environmental outcomes for Darwin.

Priority is given to applications that demonstrate:

- Contribution to achieving one or more actions within the City of Darwin 2030 <u>Climate</u> <u>Emergency Strategy</u>, <u>Greening Darwin Strategy</u> and/or <u>Waste and Resource Recovery Strategy</u>
- Positive and measurable environmental outcomes for Darwin
- Innovative and sustainable initiatives

Applications should meet the following criteria:

- · Identify which strategy actions will be addressed
- Demonstrate how the identified strategy actions will be addressed and how outcomes will be measured
- Explain how the initiative will provide environmental benefits to the Darwin community

Each year, \$50,000 in funding is available to eligible projects under these grants.

Applicants are strongly encouraged to discuss applications with the responsible officer prior to submission via environment@darwin.nt.gov.au or 088930.0300.

Completing Your Application

Please read the City of Darwin **Funding Guidelines** before applying to ensure that your project aligns with the grant criteria.

Incomplete applications and/or applications received after the closing date will not be considered.

For any questions or advice on completing your application or addressing the grant criteria, please contact the City of Darwin Environment Team on environment@darwin.nt.gov.au or (08) 8930 0431.

Confirmation of Eligibility

I confirm that the applicant:

- has read and understands the City of Darwin Funding Guidelines;
- can demonstrate alignment between their application and the purpose of this grants program;
- is incorporated, or is auspiced by an incorporated organisation, for the purpose of this application;
- is located in Darwin;

- is able to demonstrate financial viability;
- has the appropriate type and level of insurance for the activities that are the subject of this program; and
- has, or will supply if successful, appropriate ethics or other research information if required.

Yes	O No
Contact Details	
* indicates a required field	
Privacy Notice	
updating our administrative system	form is collected by City of Darwin for the purpose of ms to carry out our functions. If you do not provide this ot be able to process your personal details.
as required in accordance with the	formation provided by you on this form to a third party e NT Information Act or the City of Darwin Privacy Policy, larwin.nt.gov.au or upon request at City of Darwin offices
	ormation held by City of Darwin by submitting a request ne at www.darwin.nt.gov.au or by contacting City of 8) 8930 0300.
Applicant Organisation De	tails
Organisation name * Organisation Name	
	me. Check your spelling and make sure you provide the same station such as with the ABR, ACNC or ATO.
Street address * Address	
Must be an Australian postcode. If your organisation operates in multipprimary address.	ple locations or from multiple offices, please pick one as your
Postal address (if different to Address	above)

Suburb	State	Postcode
Organis	ation ph	one number
	-	
Must be a	n Australia	an phone number.
Organis	ation em	nail address
Must be a	n email ad	ldress.
Organis	ation we	ebsite
Must be a	LIDI	
Must be a	UKL	
	person First Na	
Title	FIRST Na	me Last Name
This is the	person w	e will correspond with about this application
Role *		
o a Mana	gor Board	l Member, Volunteer
e.g. Maria	ger, board	Member, volunteer
Phone n	umber *	:
Must be a	n Australia	an phone number.
Email ad	ddress *	
This is the	address v	we will use to correspond with you about this application.

ABN and Auspice Information

* indicates a required field

City of Darwin grants do not fund individuals or unincorporated organisations.

Individuals and unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. This means an arrangement where one organisation agrees to receive project funds on behalf of another group running the project. As an individual or unincorporated organisation, if you do not have an auspice you should not apply for this grant. Applicants should have an agreement in place with their auspice organisation prior to applying.

Does your organisation have an ABN? *

○ Yes	○ No
ABN *	
The ABN provided will be used to check that you have entered the	look up the following information. Click Lookup above to ABN correctly.
Information from the Australian Busi	ness 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	
application? O Yes	by another organisation for the purposes of this O No issations applying for a grant must be auspiced by an
Auspice Organisation Det	ails
Name of auspicing organisation organisation Name	on *
Auspicing organisation's stree	et address *
Suburb State Postcode	
Auspicing organisation's post Address	al address (if different to above)

Suburb	State	Postcode	!					
Ausnicii	na orazn	isation's	wehe	sito				
Auspicii	ig Organ	isacion s	WEDS	Site .				
Must be a	URL							
Contact Title	person a	at auspic me	_	rganisat Name	ion *			
We may c	ontact this	person to	verify	that this a	uspicing a	arrangeme	ent is val	id and current.
Role								
e.g. Mana	ger, CEO							
Phone n	umber *							
	ata.							
Email ac	ddress *							
Must be a	n email ad	dress						
D.							.	
	ment is v	etter fro valid and			ng orga	inisation	confir	ming this
		ed by an ap position, s				son (e.g. n	manager	r, CEO, Board Chair) and
Does th ○ Yes	e auspici	ng orgar	nisati	on have	an Aust		usines	s Number (ABN)? *
ABN of	auspicing	g organis	ation	1				
The ADN	provided	will be us	od to	look up th	o followi	ina inform	nation	Click Lookup above to
		ve entered				ing inioni	nation.	Click Lookup above to
Informati	on from th	e Australia	n Busii	ness Regist	er			
ABN								
Entity na								
ABN state								
Entity type	JE							

Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN		
	of Incorporation for auspicing	organisation
Attach a file:		
About Your Organisation	า	
* indicates a required field		
What is the main function of y	your organisation? (max 100 w	ords) *
Do you have any outstanding matters with the City of Darw	debts, acquittal reports, legal in? *	or compliance
About Your Project		
* indicates a required field		
Responses in this section should benefit to the Darwin community	demonstrate how your project will .	deliver environmental
All projects will be received as co	mmercial in confidence.	
All projects must take place withi 30 June 2025.	n the City of Darwin municipality b	etween 1 July 2024 and
Project title: *		
Provide a name for your project. You	r title should be short but descriptive	

Project start date

Project end date

If unknown, provide your best guess	If unknown, provide your best guess
Describe your proposed project, included liverables: *	ding the planned approach and key
You are encouraged to attach any supporting p	roject documents to this application below.
Supporting documentation Attach a file:	
Describe how this project takes a new existing environmental projects (up to	, innovative approach and/or builds on 300 words)? *
Word count:	
List any key partnerships (if applicabl	e)
Will you or have you established partnerships w	vith other organisations to conduct this research?
Project Outcomes	
How will you measure the outcomes o	f the project? *
of the project? *	unity benefit from and/or use the outcomes
Describe how you anticipate the project outcomstrategies	nes will be used or support future activities, plans or
Project Risks	

Describe how you will mitigate potential risks associated with your project (up to

300 words). *

Word count: Must be no more than 300 words.	
	copy of all relevant permits, approvals and insurances Liability coverage) will be required by City of Darwin if ful? *
O Yes	
This is at the expense of the appli	cant organisation.
City of Darwin Strateg	jic Alignment
* indicates a required field	
their project will contribute to	Climate Change Grants are required to demonstrate how achieving one or more actions, objectives and/or initiatives mate Emergency Strategy, Greening Darwin Strategy, Recovery Strategy.
With which of the following all that apply * ☐ Greening Darwin Strategy ☐ Climate Emergency Strateg ☐ Waste Resource & Recover	
Specify which strategy acti contributes to from the stra	ons, objectives and/or initiatives your project ategy/s selected above. *
Describe how your project objectives and/or initiatives	contributes to each of these strategy actions, s. *
Project Budget	
Amount Requested	
Total amount requested	\$ Must be a dollar amount.

	What is the total financial support you are requesting in this application?
Total other funding or in-kind support	\$ Must be a dollar amount.
Total project cost	\$ What is the total budgeted dollar cost of your project?
How would your project be affected if you receive less money than	
requested?	Outline how your project would be affected and how you may alter the project to fit a reduced budget (e.g. proceed on a reduced scale, or not proceed at all).

Budget Outline

Please outline your project budget in the **Income** and **Expenditure** tables below, including any other support or funding that you have applied for (including in-kind) whether confirmed or not. All amounts should be GST exclusive. Your budget does not need to balance income and expenditure.

Please provide clear descriptions for each budget item. Examples of income include 'NTG grant', 'University fundraising night', 'company X sponsorship'. Example expenses include specified materials, 'onsite storage for 6 months', or 'venue hire'.

Income Description	Income Type	Funding Confirmed?	Income Amount Notes (\$)
			\$
			\$
			\$
		Ì	\$
			\$

Expenditure Description	Expenditure Type	(\$)	Notes
		\$	
		\$	
		\$	
		\$	
		\$	

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.
Budget Documentat	ion	
Unload any additional h	audast sutlins documents	tion hara
Attach a file:	oudget outline documenta	tion here:
Upload quotes to suppo Attach a file:	ort your proposed expendi	ture here:
What other non-financi	al or non-cash Confirm	ed?
support will you need in successfully carry out t	n order to	
Non-financial inputs could inc time/expertise, equipment, fa		
in-kind contributions, advoca		
support.		
Other Funding		
_		
Have you or do you inte	end to apply for other spo	nsorship, grants or funding for
Yes		
○ No		
Other Funding Detai	Is	
What have you applied	for?	
- 7 - 2		
Please note government dep	artment or organisation name, a	nd grant program if applicable
What is the amount you	u have applied for?	
\$	• • • • • • • •	
Must be a dollar amount.		

Was the application succe	ssful?
If unresolved, when is the	outcome expected?
Supporting Documen	tation and Additional Information
	Please upload or link any additional documentation that may support your application, including photos.
Upload files	Attach a file:
	or
Provide web link:	Must be a URL
If your application requires any additional or explanatory	
information, please provide here (up to 200 words).	Word count:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct.

I understand that if City of Darwin accepts this Environment and Climate Change Grant proposal, I will be required to meet the eligibility criteria as outlined in the <u>FUNDING GUIDELINES</u>.

I certify that I have been authorised by the following organisation to make this application.

l agree *	○ Yes		○ No		
Name of authorised person *		First Name senior staff member, d volunteer	Last Name , board member or	appropriately	
Position *	Position h	eld in applicant orgar	nisation (e.g. CEO, 1	reasurer)	
Contact Phone Number	Must be a We may c	Must be an Australian phone number. We may contact you to verify that this application is authorised by the applicant organisation			
Contact Email *					
	Must be a	n email address.			
Date *	Must be a	date			
Applicant Feedback					
Before you review and submit your application, please take a few moments to provide some feedback.					
How you have you found the online application process? ○ Easy and simple to ○ Somewhat easy and ○ OK but some online simple to follow sections were confusing confusing					
How many minutes in total did it take you to complete this application? *					
Please provide any suggested improvements and/or additions to the application process/form for applicants.					