

# Minor Community Grants – Application Form

## Community Benefit Fund

### Application Details

Applicants should read the guidelines carefully before completing this form

#### Organisation Details

Organisation legal name: \_\_\_\_\_

ABN: \_\_\_\_\_ GST registered:  Yes  No

If no ABN, please supply a copy of the 'Statement by a Supplier' form, obtained from the Australian Tax Office website

Number of members in organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Incorporated association  Unincorporated  Associations Act (NT)

Not for Profit company  Office of the Registrar of Indigenous Corporations

Other (please state :)  \_\_\_\_\_

#### Contact Officer Details

Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Full Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Position in organisation: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Sponsor Details (if applicant is not incorporated). Refer to the grant application guidelines.

Sponsoring organisation legal name: \_\_\_\_\_

ABN: \_\_\_\_\_ GST registered:  Yes  No

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Regional Location

Please indicate the region in the Territory where your organisation conducts its main activities (you may select more than one region if applicable)

- Northern (Darwin & Darwin regional)
- Arnhem (incl. Tiwi Islands, Jabiru, Maningrida)
- Katherine
- Barkly
- Central



Please indicate which regional location that will benefit from the grant (you may select more than one region if applicable).

- Northern (Darwin & Darwin regional)
- Arnhem (incl. Tiwi Islands, Jabiru, Maningrida)
- Katherine
- Barkly
- Central

## Activities of the Applicant Organisation

Please briefly describe the activities and services provided by your organisation to the community. (If more space is required please attached it separately)

## Other Funding

Does your organisation currently receive funding from Commonwealth, Territory or local government sources? (including non-government sources) If Yes, please specify:

Program	Amount \$

## Project Description

You may apply for more than one purpose as long as your total request does not exceed the maximum grant allowed.

**Project Title 1:** \_\_\_\_\_

Grant Detail (you may attach additional information to your application if space provided is not sufficient).

Total Cost of Project: \$ \_\_\_\_\_ CBF Grant Required: \$ \_\_\_\_\_

If your organisation is GST registered, please use GST exclusive figures. If your organisation is not GST registered, please use GST inclusive figures. Further information regarding GST can be found in the Minor Grant Information Sheet.

Estimated Start Date: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

Please briefly describe how the community will benefit from this grant

If for capital works, who owns the building / land? \_\_\_\_\_

(Lease expiry date) \_\_\_\_\_

### Please indicate the target group for your project you may tick more than one:

- |                               |                          |          |                          |                               |                          |                          |                          |
|-------------------------------|--------------------------|----------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| Indigenous people             | <input type="checkbox"/> | Carers   | <input type="checkbox"/> | Families                      | <input type="checkbox"/> | Community - general      | <input type="checkbox"/> |
| Isolated people               | <input type="checkbox"/> | Children | <input type="checkbox"/> | Men                           | <input type="checkbox"/> | People with disabilities | <input type="checkbox"/> |
| Older people                  | <input type="checkbox"/> | Women    | <input type="checkbox"/> | Young people                  | <input type="checkbox"/> | Unemployed people        | <input type="checkbox"/> |
| Families in crisis situations | <input type="checkbox"/> |          |                          | Members of ethnic communities | <input type="checkbox"/> |                          |                          |

## Project Description

You may apply for more than one purpose as long as your total request does not exceed the maximum grant allowed.

**Project Title 2:** \_\_\_\_\_

Grant Detail (you may attach additional information to your application if space provided is not sufficient).

Total Cost of Project: \$ \_\_\_\_\_ CBF Grant Required: \$ \_\_\_\_\_

If your organisation is GST registered, please use GST exclusive figures. If your organisation is not GST registered, please use GST inclusive figures. Further information regarding GST can be found in the Minor Grant Information Sheet.

Estimated Start Date: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

Please briefly describe how the community will benefit from this grant

If for capital works, who owns the building / land? \_\_\_\_\_

(Lease expiry date) \_\_\_\_\_

### Please indicate the target group for your project you may tick more than one:

- |                               |                          |          |                          |                               |                          |                          |                          |
|-------------------------------|--------------------------|----------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| Indigenous people             | <input type="checkbox"/> | Carers   | <input type="checkbox"/> | Families                      | <input type="checkbox"/> | Community - general      | <input type="checkbox"/> |
| Isolated people               | <input type="checkbox"/> | Children | <input type="checkbox"/> | Men                           | <input type="checkbox"/> | People with disabilities | <input type="checkbox"/> |
| Older people                  | <input type="checkbox"/> | Women    | <input type="checkbox"/> | Young people                  | <input type="checkbox"/> | Unemployed people        | <input type="checkbox"/> |
| Families in crisis situations | <input type="checkbox"/> |          |                          | Members of ethnic communities | <input type="checkbox"/> |                          |                          |

**Grant Request (list in priority of funding)**

A detailed budget breakdown for each project may be attached to this form where applicable

Project Name	CBF Grant \$	Quote attached
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Total Minor Community Grant sought:** \$ \_\_\_\_\_

If your organisation is GST registered, please use GST exclusive figures. If your organisation is not GST registered, please use GST inclusive figures.

If full funding is not available would you like your application considered?  Yes  No

The Committee prefer to see quotes from the Northern Territory, if you are unable to obtain Northern Territory quotes please explain why?

Have you applied or are you going to apply for any other funding in relation to any of your proposed projects?

Yes  No  If Yes, please specify:


## Agreement and declaration

I certify that the statements in this application are true. I have read and understand the Community Grants Program Guidelines.

I acknowledge that if the CBF approves this application for a grant, I will be required to meet the eligibility criteria as outlined in the Community Grants Program Guidelines.

I acknowledge that the CBF will not accept late applications.

I acknowledge that the CBF may vary the level of funding provided through the program at its sole discretion.

The CBF cannot guarantee funding for any application, and cannot guarantee funding to the full amount requested by any applicant.

I have been authorised by \_\_\_\_\_ to make this application.  
(name of organisation)

Full Name: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Grant application checklist:

*Before submitting your application, please use this checklist to ensure your application is accurately completed. Incomplete applications will not be considered.*

Have you confirmed that your organisation is eligible to apply? (i.e. Not for Profit)

Have you provided your organisation's details including your ABN and GST information?

Have you indicated the region where the funding will be utilised?

If your group is not incorporated, have you provided details of your sponsor?

Have you completed the project description and given details of your budget?

Have you included quotes for all the budget items listed in your application?

Have you advised us of other sources of funding your organisation may receive?

Have you indicated the target group for your project?

Have you provided the name of your Accountable Officer and have they signed the application form?

Have you kept a copy of your application for your organisation's internal records?

## Submitting your Application

Please send completed applications via email (preferred method), post and fax or delivered to the Community Benefit Fund Secretariat at:

**Email**

[cbf.ntg@nt.gov.au](mailto:cbf.ntg@nt.gov.au)

**Fax:**

(08) 8923 7616

**Post:**

GPO BOX 1154  
DARWIN NT 0801

**Delivery:**

3<sup>rd</sup> Floor, NAB House  
71 Smith Street  
DARWIN NT 0800

## Community Benefit Fund Contact Details

Telephone: (08) 8935 7447

Fax: (08) 8923 7616

Email: [cbf.ntg@nt.gov.au](mailto:cbf.ntg@nt.gov.au)

Web: [www.nt.gov.au/cbf](http://www.nt.gov.au/cbf)