

Minor Community Grants form

Community Benefit Fund

Application details

Applicants should read the guidelines carefully before completing this form. To read the guidelines go to the [Northern Territory Government website](https://nt.gov.au/community/community-grants-and-volunteers/community-grants/community-benefit-fund-minor-community-grant)¹.

| Organisation details | | | | | |
|---|------------------------------|--|--------------------------|-----------------------|--------------------------|
| Organisation name: | | | | | |
| ABN: If no ABN, please supply a copy of the 'Statement by a Supplier' form, obtained from the Australian Tax Office website | | GST registered | Yes / No | | |
| Number of members in organisation: | | | | | |
| Postal address: | | | | | |
| Street address: | | | | | |
| Phone: | | Mobile: | | | |
| Please mark with an X the type of organisation | | | | | |
| Incorporated association | <input type="checkbox"/> | Unincorporated | <input type="checkbox"/> | Associations Act (NT) | <input type="checkbox"/> |
| Not for Profit company | <input type="checkbox"/> | Office of the Registrar of Indigenous Corporations | | | <input type="checkbox"/> |
| Other, please specify | <input type="checkbox"/> | | | | |
| Contact details | | | | | |
| Title: | Mr / Mrs / Ms / Miss / Other | Other, please specify: | | | |
| Full name: | | Position in organisation: | | | |
| Mobile | | Email: | | | |

¹ <https://nt.gov.au/community/community-grants-and-volunteers/community-grants/community-benefit-fund-minor-community-grant>

| Sponsor details | | | | |
|--|--|-----------------------|----------|--------------|
| Complete if applicant is not incorporated, refer to grant application guidelines | | | | |
| Sponsoring organisation legal name: | | | | |
| ABN: If no ABN, please supply a copy of the 'Statement by a Supplier' form, obtained from the Australian Tax Office website | | GST registered | Yes / No | |
| Postal address: | | | | |
| Street address: | | | | |
| Phone: | | Mobile: | | |
| COVID-19 declaration | | | | |
| Applications for funding require organisations to comply with all of the Chief Health Officers (CHO) directions including Direction No 52 relating to mandatory vaccinations. Copies of all CHO directions can be found at Chief Health Officer Directions on the Coronavirus website ² . | | | | |
| I confirm that my organisation is compliant with the Chief Health Officers Directions. | | | | Yes / No |
| Name: | | Signature: | | Date: |
| | | | | |
| Regional location | | | | |
| Please indicate with an X the regions in the Territory where your organisation conducts its main activities (you may select more than one region if applicable) | | | | |
| Northern (Darwin and Darwin regional) | | Barkly | | |
| Arnhem (incl. Tiwi Islands, Jabiru, Maningrida) | | Central | | |
| Katherine | | | | |
| Please indicate with an X which regional location that will benefit from the grant (you may select more than one region if applicable) | | | | |
| Northern (Darwin and Darwin regional) | | Barkly | | |
| Arnhem (incl. Tiwi Islands, Jabiru, Maningrida) | | Central | | |
| Katherine | | | | |

² <https://coronavirus.nt.gov.au/chief-health-officer-directions>

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, or non-government sources? If yes, please specify:

| Funding | Amount |
|---------|--------|
| | |
| | |
| | |

Project description – project 1

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

Project 1 title:

Grant detail (you may attach additional information to your application is space provided if 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.

Minor Community Grants form

| | | | |
|---|--------------------------|-------------------------------|--------------------------|
| 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 with an X the target group for your project (you may tick more than one) | | | |
| Indigenous people | <input type="checkbox"/> | Carers | <input type="checkbox"/> |
| Isolated people | <input type="checkbox"/> | Children | <input type="checkbox"/> |
| Older people | <input type="checkbox"/> | Women | <input type="checkbox"/> |
| Families in crisis situations | <input type="checkbox"/> | Members of ethnic communities | <input type="checkbox"/> |
| Families | <input type="checkbox"/> | Young people | <input type="checkbox"/> |
| Community - general | <input type="checkbox"/> | Unemployed people | <input type="checkbox"/> |
| Men | <input type="checkbox"/> | People with disabilities | <input type="checkbox"/> |
| Project description – project 2 (if applicable) | | | |
| Project 2 title: | | | |
| 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. | | | |
| 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 with an X 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 | | | | | | | |
| A detailed budget breakdown for each project may be attached to this form where applicable - list in priority of funding | | | | | | | |
| Project name | | | | CBF grant \$ | | Quote attached | |
| | | | | | | Yes / No | |
| | | | | | | Yes / No | |
| | | | | | | Yes / No | |
| 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 | |

| | | | |
|--|----------|---|-----------------|
| <p>The committee prefer to see quotes from the Northern Territory, if you are unable to obtain Northern Territory quotes please explain why?</p> | | | |
| <p> </p> | | | |
| <p>Have you applied or are you going to apply for any other funding in relation to any of your proposed projects? If yes, please specify below.</p> | | | <p>Yes / No</p> |
| <p> </p> | | | |
| <p>Agreement and declaration</p> | | | |
| <p>I certify that the statements in this application are true. I have read and understand the Community Grants Program guidelines</p> | | | <p>Yes / No</p> |
| <p>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</p> | | | <p>Yes / No</p> |
| <p>I acknowledge that the CBF will not accept late applications</p> | | | <p>Yes / No</p> |
| <p>I acknowledge that the CBF may vary the level of funding provided through the program at its sole discretion</p> | | | <p>Yes / No</p> |
| <p>The CBF cannot guarantee funding for any application, and cannot guarantee funding to the full amount requested by any applicant</p> | | | <p>Yes / No</p> |
| <p>I have been authorised to make this application by (name of organisation)</p> | | <p> </p> | |
| <p>Full name:</p> | <p> </p> | <p>Position in organisation:</p> | <p> </p> |
| <p>Signature:</p> | <p> </p> | <p>Date:</p> | <p> </p> |

| 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) | Yes / No |
| Have you provided your organisation's details including your ABN and GST information? | Yes / No |
| Have you indicated the region where the funding will be utilised? | Yes / No |
| If your group is not incorporated, have you provided details of your sponsor? | Yes / No |
| Have you completed the project description and given details of your budget? | Yes / No |
| Have you included quotes for all the budget items listed in your application? | Yes / No |
| Have you advised us of other sources of funding your organisation may receive? | Yes / No |
| Have you indicated the target group for your project? | Yes / No |
| Have you provided the name of your Accountable Officer and have they signed the application form? | Yes / No |
| Have you kept a copy of your application for your organisation's internal records? | Yes / No |