

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:			
Does your organisation have any paid positions?	Yes / No		
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)
Not for Profit company	<input type="checkbox"/>	Office of the Registrar of Indigenous Corporations	
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>

Regional location		
<p>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)</p>		
Northern (Darwin and Darwin regional)	<input type="checkbox"/>	Barkly
Arnhem (incl. Tiwi Islands, Jabiru, Maningrida)	<input type="checkbox"/>	Central
Katherine	<input type="checkbox"/>	
<p>Please indicate with an X which regional location that will benefit from the grant (you may select more than one region if applicable)</p>		
Northern (Darwin and Darwin regional)	<input type="checkbox"/>	Barkly
Arnhem (incl. Tiwi Islands, Jabiru, Maningrida)	<input type="checkbox"/>	Central
Katherine	<input type="checkbox"/>	
Other funding		
<p>Does your organisation currently receive funding from Commonwealth, Territory or local government, or non-government sources? If yes, please specify:</p>		
Funding	Amount	
Activities of the applicant organisation		
<p>Please briefly describe the activities and services provided by your organisation to the community (if more space is required please attached it separately)</p>		

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.							
Estimated start date:				Estimated date of completion:			
Please briefly describe how the community will benefit from this grant and identify how your application meets any of the priorities							
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"/>

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 and identify how your application meets any of the priorities							
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
The Northern Territory Government supports buying local. If you are unable to obtain Northern Territory quotes please explain why below.		
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.		Yes / No

Agreement and declaration			
I certify that the statements in this application are true. I have read and understand the Community Grants Program guidelines			Yes / No
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			Yes / No
I acknowledge that the CBF will not accept late applications			Yes / No
I acknowledge that the CBF may vary the level of funding provided through the program at its sole discretion			Yes / No
The CBF cannot guarantee funding for any application, and cannot guarantee funding to the full amount requested by any applicant			Yes / No
I have been authorised to make this application by (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)			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
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

Privacy collection notice

Community Benefit Fund (CBF) application forms include the contact details of the nominated officer submitting a grant application.

We collect your personal details to:

- Process the grant application and contact you, as your organisation's representative, updates on the application.
- Provide further information to you, as your organisation's representative, about the CBF grant program
- Collect, maintain, and use your personal information, contained in your organisations application as their representative, for our internal administration purposes for purpose of interactions with you.
- Provide your organisation's grant application that may include your contact details, to other NT Government agencies, and the Community Benefit Fund Committee.

The CBF will not disclose your personal information to any other third parties unless:

Authorised or required by law to do so or

You have given us your consent to share your personal information for a specific purpose