

# Application Form

## Northern Territory Suicide Prevention

### Community Grants 2019/2020

This Application Form is to be read in conjunction with the Northern Territory Suicide Prevention Community Grants 2019/2020 application guidelines.

#### Applicant Details

Name of organisation/individual:	
Primary contact person:	
Position within organisation:	
Telephone number(s):	/
Email address:	
Postal address:	
If you (or your organisation) propose that the grant is administered on your behalf, please provide the details below and attach <u>a letter from the organisation to confirm this arrangement.</u>	
Name of organisation:	
Primary contact person:	
Position within organisation:	
Telephone number(s):	/
Email address:	
Postal address:	

#### Title of active/project:

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**Connection to the Northern Territory Suicide Prevention Strategic Framework 2018-2023:**

Please indicate the focus area/s of the NT Suicide Prevention Strategic Framework 2018-2023 addressed through your project or activity.

GOAL		MET Y / N
1	Building inclusive communities and strengthening community resilience	
2	Addressing stigma and discrimination	
3	Raising awareness of effective suicide prevention practices	

**Description of your activity/project**

Please provide a description of your proposed activity project

Why is this project needed?

Do you have any supporting evidence for your proposal? Please circle and provide brief description (for example: current research literature, existing evaluations, and/or testimonials), you may attach or provide links to supporting documents if relevant.

NO

YES (Please provide details below)

Please indicate the priority group/s that will be included in your project or activity (can be more than one)

Male	<input type="checkbox"/>	Older people	<input type="checkbox"/>
Young people	<input type="checkbox"/>	Rural and remote communities	<input type="checkbox"/>
Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) people	<input type="checkbox"/>	Aboriginal and Torres Strait Islander people	<input type="checkbox"/>
Migrant and refugee communities Please describe _____	<input type="checkbox"/>	People experiencing mental illness Please describe _____	<input type="checkbox"/>
People who have previously attempted suicide or who engage in self-harm Please describe _____	<input type="checkbox"/>	Current/former Australian Defence Force personnel Please describe _____	<input type="checkbox"/>
People in custody Please describe _____	<input type="checkbox"/>	People bereaved by suicide Please describe _____	<input type="checkbox"/>
Other. Please describe _____			<input type="checkbox"/>

How will the project support the intended audience?

How many people are likely to benefit from your activity/project?

What is the proposed time frame of your activity/project?

### Evaluation

Please describe how and when you will evaluate your project/activity to identify successes and detail actions.

## Budget

What is the value of the grant you are applying for?

\$	
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Please include details of how you propose to use the grant (add rows as required)

Item	Cost
<b>Total</b>	

## Project Personnel

Please include the contact details of all personnel involved in delivering the proposed project/activity (add rows as required)

Name	Role	Contact details (telephone number and postal address)

## References

Please include the details of at least two contacts who are able to support your proposal.

Name	Relationship to applicant	Contact


### Submission

Once you have completed this application, please submit via email to [Suicide.Prevention@nt.gov.au](mailto:Suicide.Prevention@nt.gov.au) by 3:00pm (ACST) Friday 28 June 2019.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

### What if I have any questions?

Please contact the staff at the Mental Health and Alcohol and Other Drugs Branch via email [Suicide.Prevention@nt.gov.au](mailto:Suicide.Prevention@nt.gov.au) or telephone on 08 8999 2829.