

Gambling amelioration application

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/grants-and-volunteers/grants/community-benefit-fund-gambling-amelioration-grants)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:	<input type="checkbox"/>		
Full name:		Position in organisation:			
Mobile		Email:			

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

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)	<input type="checkbox"/>	Barkly	<input type="checkbox"/>
Arnhem (incl. Tiwi Islands, Jabiru, Maningrida)	<input type="checkbox"/>	Central	<input type="checkbox"/>
Katherine	<input type="checkbox"/>		<input type="checkbox"/>

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)	<input type="checkbox"/>	Barkly	<input type="checkbox"/>
Arnhem (incl. Tiwi Islands, Jabiru, Maningrida)	<input type="checkbox"/>	Central	<input type="checkbox"/>
Katherine	<input type="checkbox"/>		<input type="checkbox"/>

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)

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Other funding

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

Funding	Amount

Summary of Grant			
Detailed overview of projects should be attached separately			
Project title:			
Project Summary:			
Estimated start date:		Estimated date of completion:	
Please describe how the project will minimise gambling harm			
Does this project have a community development focus? Please describe			

What capacity does your organisation have to deliver the project and identify key personnel involved in the project?

What community support and / or involvement does your project have?

Project Plan

A detailed project plan must be included with the following information:	Attached
1. Detailed description of the project and what is anticipated to be achieved.	Yes / No
2. Timeline for the project.	Yes / No
3. How the project will prevent or minimise gambling harm	Yes / No
4. List all personnel involved in the project.	Yes / No
5. How the outcomes will be demonstrated	Yes / No

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6. Identify any partnerships the project will create or strengthen	Yes / No				
7. Identify other projects the organisation has been responsible for in the past two years	Yes / No				
8. Budget breakdown – including an annualised breakdown for projects exceeding 12 months	Yes / No				
Proposed budget for this application					
Please summarise your budget requirements and provide a detailed budget attached to this application including quotes where applicable. Your detailed budget included in your project plan should clearly identify how the CBF money will be allocated and for projects exceeding 12 months, a yearly breakdown should be provided.					
Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Total Project Cost					
Less organisation's contribution					
Less funds to be raised (if					
Total amount sought from the Community Benefit Fund					
If full funding is not available would you like your application considered?					Yes / No
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
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
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:			
<ul style="list-style-type: none"> • 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			