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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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]](#footnote-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 | | | | | | |  | Unincorporated | | | | | | | | | |  | Associations Act (NT) | | | | | | | | | | | | | | |  |
| Not for Profit company | | | | | | |  | Office of the Registrar of Indigenous Corporations | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Other, please specify | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | Mr / Mrs / Ms / Miss / Other | | | | | | | | | Other, please specify: | | | | | | | | | | | | | |  | | | | | | | | | |
| Full name: | |  | | | | | | | | | Position in organisation: | | | | | | | | | | |  | | | | | | | | | | | | |
| Mobile | |  | | | | | | | | | Email: | | | | | |  | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Other funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your organisation currently receive funding from Commonwealth, Territory or local government, or non-government sources? If yes, please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding | | | | | | | | | | | | | | | | | | | | | | | | | | | Amount | | | | | | | |
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| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | |  | | Carers | |  | | | | Families | | | | | | | | |  | | | | Community - general | | | | | | | |  |
| Isolated people | | | | |  | | Children | |  | | | | Men | | | | | | | | |  | | | | People with disabilities | | | | | | | |  |
| Older people | | | | |  | | Women | |  | | | | Young people | | | | | | | | |  | | | | Unemployed people | | | | | | | |  |
| Families in crisis situations | | | | | | | | |  | | | | Members of ethnic communities | | | | | | | | | | | | | | | | | | | | |  |
| **Project description – project 2 (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project 2 title: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grant detail (you may attach additional information to your application is 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 | | | | |  | | Carers | |  | | | | Families | | | | | | | | |  | | | | Community - general | | | | | | | |  |
| Isolated people | | | | |  | | Children | |  | | | | Men | | | | | | | | |  | | | | People with disabilities | | | | | | | |  |
| Older people | | | | |  | | Women | |  | | | | Young people | | | | | | | | |  | | | | Unemployed people | | | | | | | |  |
| Families in crisis situations | | | | | | | | |  | | | | Members of ethnic communities | | | | | | | | | | | | | | | | | | | | |  |
| **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 | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. <https://nt.gov.au/community/community-grants-and-volunteers/community-grants/community-benefit-fund-minor-community-grant> [↑](#footnote-ref-1)