|  |  |
| --- | --- |
|  | 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 detailsApplicants 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 |
|  |  |
|  |  |
|  |  |
| **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)