# 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 a letter from the organisation to confirm this arrangement. | |
| Name of organisation: |  |
| Primary contact person: |  |
| Position within organisation: |  |
| Telephone number(s): | / |
| Email address: |  |
| Postal address: |  |

### Title of active/project:

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| --- |
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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

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Why is this project needed?

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

How will the project support the intended audience?

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

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

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## Evaluation

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

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## Budget

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

|  |
| --- |
| $ |

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

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

## 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)** |
|  |  |  |
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|  |  |  |
|  |  |  |

## References

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

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| --- | --- | --- |
| **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.