**MULTICULTURAL GRANTS PROGRAM APPLICATION FORM**

The Northern Territory Government is committed to supporting migrant and multicultural Territorians to expand their own and the Territory’s social and cultural development.

The Multicultural Grants Program (MGP) assists migrant and multicultural communities by offering funds towards projects that provide benefits to the Northern Territory in terms of social inclusion, social cohesion and/or cultural and linguistic diversity.

The grants program is administered by the Office of Multicultural Affairs in the Territory Families and has two application rounds each year:
Round 1 - Applications open 1 March and close 31 March for activities starting from July
Round 2 - Applications open 1 September and close 30 September for activities starting from January.

Outside these usual rounds, an application for a Quick Response Grant for projects up to $2000 can be submitted for consideration for unplanned events or changing circumstances, and up to $1000 for Harmony events. Applications are to be submitted 4-6 weeks prior to the event using the application form.

This Application form will assist you in applying for and acquitting grants under the Multicultural Grants Program.

Before applying for a grant please read the *Multicultural Grants Program Guidelines* carefully. If you need further information or would like assistance with your application, please contact the Office of Multicultural Affairs.

Office of Multicultural Affairs

Territory Families

Telephone: (08) 8999 3894

Email: TF.multiculturalaffairs@nt.gov.au

**Please note:** The Cultural and Linguistic Awards are no longer a separate grants program and applications that would have been considered under this grants program are now considered under MGP Round 2.

Please indicate below the grant your organisation is applying for:

 **□ Round 1 Multicultural Grants Program (MGP)
□ Round 2 Multicultural Grants Program (MGP)
 □ Quick Response Grant (QRG)**

PART A: Applicant organisation details

|  |  |
| --- | --- |
| **Name of your organisation** |  |
| **Type of Organisation: Not For Profit** | Yes ⬜ No ⬜ |
| **ABN** *(If no ABN, please attach a completed “Statement by Supplier Form which can be obtained from the Australian Taxation Office Website)* |  |
| **GST registered** | Yes ⬜ No ⬜ |
| **Has your organisation acquitted previous funding offered through our office?** | Yes ⬜ No ⬜ (If No, please provide details on why the acquittal has not been provided) |
| **Organisation office address** |  |
| **Organisation postal address** |  |
| **Telephone** |  |
| **Email** |  |
| **Website** |  |
| **When was your organisation established?** |  |

**Current office-bearers of your organisation (including school councils):**

|  |  |  |
| --- | --- | --- |
| **Position held** | **Name** | **Telephone** |
| **Public Officer** |  |  |
| **President** |  |  |
| **Treasurer** |  |  |
| **Secretary** |  |  |

**Membership of your organisation:**

|  |  |
| --- | --- |
| **Number of financial members** |  |
| **Number of non-financial members** |  |
| **Annual membership fee** |  |
| **Is your organisation incorporated?** | YES ⬜ Date of Incorporation: ………………............................NO ⬜ Please refer to **Part B: Administering organisation details** |
| **Certificate of Incorporation** | Previously Provided ⬜ Attached ⬜ |
| **Constitution** | Previously Provided ⬜ Attached ⬜ |
| **Current audited financial statements** | Previously Provided ⬜ Attached ⬜ |

**History of your organisation:**

|  |  |
| --- | --- |
| **What are the aims of your organisation?** |  |
| **What have been the major achievements of your organisation in the last three years?** |  |
| **What are the current activities of your organisation?** |  |

PART B: Administering organisation details

If the applicant has an administering organisation which will administer the grant please complete this section. The administering organisation must be incorporated and is required to sign this section.

|  |  |
| --- | --- |
| **Name of administering organisation** |  |
| **ABN** |  |
| **GST registered** | Yes ⬜ No ⬜ |
| **Postal address** |  |
| **Email** |  |
| **Website** |  |
| **Telephone** |  |
| **Date of Incorporation** |  |
| **Certificate of Incorporation** | Previously Provided ⬜ Attached ⬜ |
| **Constitution** | Previously Provided ⬜ Attached ⬜ |
| **Current audited financial statements** | Previously Provided ⬜ Attached ⬜ |

|  |  |  |
| --- | --- | --- |
| **Position held** | **Name** | **Telephone** |
| **Public Officer** |  |  |
| **President** |  |  |
| **Treasurer** |  |  |
| **Secretary** |  |  |

As the administering organisation, we agree that we will manage the grant provided to

*(insert name of applicant)*

and abide by the conditions outlined in the Multicultural Grants Program Guidelines.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Telephone** |  |
| **Signature and date** |  Date:  |

PART C: Project description

If the project/event/activity involves people under the age of 18, you must comply with the Northern Territory *Care and Protection of Children Act,* which will involve relevant staff and volunteers obtaining a valid Working with Children Clearance and obtaining permits and parental consents. Visit **www.workingwithchildren.nt.gov.au** for more information.

|  |  |
| --- | --- |
| **Describe the proposed project/activity/event and title**(Explain what you want to do, attach a separate sheet if there isn’t sufficient space) |  |
| **This project is related to address an emerging issue in the Multicultural Community** | Yes ⬜ No ⬜ |
| **Date of project** |  |
| **What are the aims / objectives of the proposed project?**(What do you want to achieve with this project?) |  |
| **Where are you planning to hold the proposed project?** |  |
| **Who will benefit from the proposed project and how will they benefit?** |  |
| **List all the activities and associated timetable required to implement the proposed project?** |  |
| **How will your organisation involve the community that it represents in the implementation of the proposed project?** |  |

PART D: Financial details

### Estimated expenditure and income for the project

How much would you like to apply for? List all items you would like a grant for and their cost in the *Total cost* and *Grant amount requested* columns. Provide copies of quotes where applicable.

If applicable, include details of any income you expect to receive and how that will be spent on the project using the *Applicant organisation’s contribution* columns.

**Please provide details on all itemised expenditure.** The expenditure items listed in the table below are a guide only and can be changed to suit your project.Well detailed applications with clear expenditure items are rated a higher priority.

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMISED EXPENDITURE*****(PLEASE PROVIDE DETAILS FOR ALL ITEMS)*** | **Total cost**  | **Applicant organisation’s contribution** | **Grant amount requested** |
| **Fees\***Fees – for artist *(please specify)*Fees – other *(please specify)* |  |
| $ | $ | $ |
| $ | $ | $ |
| **Wages** *(please specify)* | $ | $ | $ |
| **Venue Hire** *(please specify)* | $ | $ | $ |
| **Equipment Hire** |  |
| Sound system | $ | $ | $ |
| Lighting | $ | $ | $ |
| Stage | $ | $ | $ |
| Power | $ | $ | $ |
| Toilet hire | $ | $ | $ |
| Other *(please specify*) | $ | $ | $ |
| **Materials/stage props** *(please specify)* | $ | $ | $ |
| **Costumes** *(please specify)* | $ | $ | $ |
| **Instruments** *(please specify)* | $ | $ | $ |
| **Travel costs\*\***AirfaresAccommodationOther *(please specify)* |  |
| $ | $ | $ |
| $ | $ | $ |
| $ | $ | $ |
| **Advertising/promotion costs** *(please provide detailed information in Part E)* | $ | $ | $ |
| **Administration costs** | $ | $ | $ |
| **Insurance costs** | $ | $ | $ |
| **Cleaning costs** | $ | $ | $ |
| **Other** *(please specify)* | $ | $ | $ |
| **TOTAL COST OF PROJECT** | **$** | **$** | **$** |
|  |  |
| **INCOME / APPLICANT ORGANISATION’S CONTRIBUTION***(If applicable, please detail any income you expect to receive and how that will be spent on the project.)* |
| In kind support | $ |  |  |
| Other government funding (not MGP/QRG) | $ |  |  |
| Corporate sponsorship | $ |  |  |
| Earned income (e.g. fundraising) | $ |  |  |
| Any other income (e.g. ticket sales) | $ |  |  |
| **TOTAL INCOME OF PROJECT** | **$** |  |  |
| **TOTAL COST MINUS INCOME** | **$** |  |  |
| **TOTAL AMOUNT BEING SOUGHT FROM MGP/QRG** | **$** |  |  |

**If full funding is not available, would you still like your application considered? ⬜ YES ⬜ NO**

\* **Note:** Funding for a *Fee* will only be provided in exceptional circumstances where significant benefit can be demonstrated.

\*\* **Note:** Airfares and accommodation to travel interstate or overseas will only be provided in exceptional circumstances where significant benefit can be demonstrated. However, events for people visiting the Territory to share their knowledge with Territorians may be considered.

### Other funding

Has your organisation applied, or does it intend to apply for funding from another government/agency (Australian, Northern Territory or local government) for this project? If yes, please provide government agency name(s) and amount(s) applied for.

List **all** previous financial assistance received by your organisation (include source and the purpose of the funding) for the last three years. Include any previous assistance received though the Multicultural Grants Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of the funding organisation and purpose of the grant  | Funds from MGP (OMA)  | Year | Funds from other organisations | Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

PART E: Promotion and evaluation

### Promotions

Provide details on how your organisation will promote the project i.e. list advertising mediums you plan to use including timelines and budgets.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medium**  | **Name of newspaper, magazine, radio station, TV station etc** | **Frequency**(Once off/ daily/ weekly, number of ads, posts etc)  | **Start date of campaign** | **Budget $** |
| Media release |  |  |  |  |
| Free listing (community service announcement)  |  |  |  |  |
| Newspaper or magazine advertisement  |  |  |  |  |
| TV advertisement  |  |  |  |  |
| Radio advertisement  |  |  |  |  |
| Direct mail e.g. post, email, newsletter, invitation |  |  |  |  |
| Promotional material e.g. poster, flyer, banner |  |  |  |  |
| Online (web, social media) |  |  |  |  |
| Other *(please specify)* |  |  |  |  |

How will your organisation measure the success of the project? Please select from the following and specify. *(As part of the acquittal process, all grant recipients are required to provide a written report detailing the results of the funded project*.)

|  |  |
| --- | --- |
| □ Statistics |  |
| □ Questionnaires/surveys |  |
| □ Interviews |  |
| □ Other *(please specify)* |  |

How will your organisation acknowledge grant assistance provided by the Northern Territory Government?

|  |  |
| --- | --- |
| □ Advertisement | □ Poster or flyer |
| □ Website | □ Program |
| □ Ticket | □ Printed materials |
| □ Banner | □ Other (please specify) |

Grant recipients must prominently acknowledge the assistance provided in **ALL** media releases and promotional material associated with the funded activity using the phrase ‘Proudly supported by the Northern Territory Government’ and/or use the Northern Territory Government logo.

PART F: Privacy

The information you provide in this application is necessary to determine your suitability for Northern Territory Government funding under grants programs administered by the Office of Multicultural Affairs. If you do not provide the requested details, the office may not be able to process your application.

If your application is successful, the Northern Territory Government will make details of the project available to the general public. By signing this application form you consent to your personal information being provided to the Minister for Multicultural Affairs, the Department of the Chief Minister and other agencies for the purpose of promoting and reporting the outcomes of the grant. You can access and update personal information you provide to the office.

PART G: Checklist

*Before submitting your application, please use this checklist to ensure your application is accurately completed.*

Have you provided your organisation’s details including your ABN and GST information? ⬜

If your organisation is not incorporated, have you provided details of your administering body? ⬜

Have you completed the project/event description and indicated the date of the project? ⬜

Have you itemised the estimated expenditure and income for the project and
included any quotes if applicable? ⬜

Have you listed all previous funding assistance received by your organisation? ⬜

Have you provided details on how you are going to promote and evaluate the project? ⬜

Have you signed the application form? ⬜

Have you kept a copy of your application for your organisation’s internal records? ⬜

**PART H: Declaration and details of the representative completing this application form**
I declare that the information I have given in this form is complete and correct
and the organisation that I represent (and the administering body) support the project. ⬜

I declare that the office bearers of the organisation that I represent will acquit the
grant funds according to the funding agreement, and ensure incoming office bearers
understand the acquittal obligations. ⬜

I have read and understand the Guidelines and Application form. ⬜

I agree that individuals or organisations mentioned in this application may be
contacted as part of the assessment process. ⬜

I understand that information in this application may be provided to other agencies,
as appropriate. ⬜

I understand that OMA cannot guarantee funding for any application, and cannot
guarantee funding to the full amount requested by an applicant. ⬜

I have been authorised by to make this application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title First name Surname

Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b/h \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a/h

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This declaration must be signed by a representative of the applicant organisation, not the administering organisation.)*

**Late applications will not be accepted unless discussed with the Office of Multicultural Affairs prior to the closing date.**

**To lodge your application, please send the completed application form to the Office of Multicultural Affairs via any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Post:**Office of Multicultural AffairsGPO Box 37037WINNELLIE NT 0821 | **Delivery:**Level 6, Darwin Plaza41 Smith Street | **Email:**TF.multiculturalaffairs@nt.gov.au |  |

**Note:** By submitting an application by email, you acknowledge that you are duly authorised to submit an application on behalf of the organisation that is seeking a grant. Further you acknowledge the absence of a hand-written signature in the application for funding does not invalidate your electronic submission.