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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: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 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: | | | |  | | | | | | | | | | | | | |
| **Sponsor details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete if applicant is not incorporated, refer to grant application guidelines | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsoring organisation legal 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 | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | |  | | | | | | | | | | Mobile: | | | | | | | |  | | | | | | | |
| **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 | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| **Activities of the applicant organisation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please briefly describe the activities and services provided by your organisation to the community | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Detailed overview of projects should be attached separately | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project title: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project summary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated start date: | | | | |  | | | | | | Estimated date of completion: | | | | | | | | | | | | |  | | | | |
| **Please briefly describe how the community will benefit from this grant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does this project have a community development focus? Please describe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What capacity does your organisation have to deliver the project?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What community support and / or involvement does your project have?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Performance Indicators** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the expected outcomes?  For example: Obtain certificate of occupancy. | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| How will you know if these outcomes have been achieved? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Capital works and tenancy arrangements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your project is for capital works, please advise if the property is owned by your organisation.  If the property is leased, please provide the lease expiry date, and the name of the property owner. | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Property address (leased or owned): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| If the requested amount for your project exceeds $50,000 please attach supporting documentation of your above lease arrangements | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |  |
| **Proposed budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please summarise your budget requirements and **provide a detailed budget attached to this application**. Your detailed budget should be attached separately and clearly identify how the CBF money will be allocated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Budget | | | | | | | | | | | | | | | | | | Total Cost $ | | | | | | | | | | |
| Total project cost (A): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Less organisation’s contribution to project if applicable (B) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Less funds to be raised if applicable (C) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Total Major Community Grant sought (A-B-C) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other funding** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  | | | | | | |
| Does your organisation currently receive funding from Commonwealth, Territory or local government, or non-government sources? If yes, please specify: | | | | | | |
| Funding | | | | Amount | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| **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 |
| Is your organisation up to date with all your mandatory reporting under the Associations Act or other legislation? | | | | | | 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 and explained why if quotes are not local? | | | | | | Yes / No |
| Have you advised us of other sources of funding your organisation may receive? | | | | | | Yes / No |
| Does your organisation have any outstanding NT Government grant acquittals? | | | | | | 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:   * 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 | | | | | | |
| End of form | | | | | | |

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