**Harmony grants**

Application – community group

**Harmony grants guidelines**

The Northern Territory has a thriving multicultural community, it’s who we are. The richness and vibrancy of culture in the Territory is unique, a blend of the oldest living culture on earth with a diverse mix of migrant cultures from all over the world.

National Harmony Day is an initiative of the Commonwealth Government celebrated on 21 March each year. The continuing Harmony Day message that ‘Everyone Belongs’ is promoted each year through participation in community events and projects that demonstrate inclusiveness, a sense of belonging and respect for everyone. In the Northern Territory Harmony Day presents an opportunity for us to celebrate and share the Territory’s rich cultural diversity.

The Office of Multicultural Affairs (OMA) administers Harmony grants which are available to organisations (including schools) for the purposes of sharing and celebrating our cultural diversity. Applications open 1 October and close 31 October for activities at any time, not just in March. **Applications for funding under Harmony must be submitted using the separate Harmony Grant application forms** – please refer to the OMA website.

For 2019 OMA encourages organisations to consider participation at the Darwin Waterfront Harmony Soiree event at the Darwin Waterfront planned for **25 May 2019**. Information on this event can be obtained from OMA. The Expression of Interest forms to participate in the Soiree are also available on the OMA website.

(**Please note:** Please use the Harmony Grant application form to request financial assistance for participation in the Darwin Waterfront Harmony Soiree.)

Before applying for a Harmony grant please read all sections of the guidelines document carefully. Please note you will need to provide a report on how the grant was spent and information on how to do this is provided in the guidelines. If you need further information or would like assistance with your application, please contact OMA on 8999 3894.

**Please forward completed application form to OMA via any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Post:**  PO Box 37037  WINNELLIE NT 0820 | **Delivery:**  Level 6, Darwin Plaza, 41 Smith Street Mall  DARWIN NT 0800 | **Email:**  TF.MulticulturalAffairs@nt.gov.au |  |

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.

**Late applications will not be accepted unless discussed with OMA prior to the closing date**.

**Part A: application details**

|  |  |
| --- | --- |
| **Name of your Organisation** |  |
| **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 OMA funding?** | Yes ⬜ No ⬜ (If No please provide details on why the acquittal has not been provided) |
| **Organisation Office Address** |  |
| **Organisation Postal Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **Email** |  |
| **Website** |  |
| **When was your organisation established?** |  |
| **Is your organisation incorporated?** | YES ⬜ Date of Incorporation: …………............................  NO ⬜ Please refer to **Part B: Administering Organisation Details** |

**Part B: administering organisation details**

*Administering organisation must be incorporated. If the applicant has an administering organisation, please complete this section.*

|  |  |
| --- | --- |
| **Name of Administering Organisation** |  |
| **ABN** |  |
| **GST Registered** | Yes ⬜ No ⬜ |
| **Postal Address** |  |
| **Email** |  |
| **Website** |  |
| **Telephone** |  |
| **Fax** |  |
| **When was your organisation established?** |  |
| **Date of Incorporation** |  |
| **Certificate of Incorporation** | Previously Provided ⬜ Attached ⬜ |

As the Administering Organisation, we agree that we will manage the grant provided to

*(Please insert Name of Applicant)*

and abide by the conditions outlined in the Harmony Grant Guidelines.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Telephone** |  |
| **Signature and Date** | ………………………………………………………………………………………….  Date |

**Part C: details of the grant proposal**

If the project/event/activity involves people under the age of 18, you must comply with the Northern Territory 2011 *Care and Protection of Children Act* (including relevant staff and volunteers obtaining a valid Working with Children Clearance and obtaining permits and parental consents).

|  |  |
| --- | --- |
| **Describe the proposed project / activity / event and title**  (Explain what you want to do, attach a separate sheet if there isn’t sufficient space) | …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  ………………………………………………………………………………………….. |
| **Date of project** |  |
| **Where are you planning to hold the proposed project?** | …………………………………………………………………………………………..  ………………………………………………………………………………………….. |
| **List all the activities and associated timetable required to implement the proposed project?** | …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  ………………………………………………………………………………………….. |
| **How will your organisation involve the community that it represents and the wider community in the implementation of the proposed project?** | …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  ………………………………………………………………………………………….. |

**Part D: financial details**

**Estimated expenditure and income for the proposed project**

Against this list, indicate items for which Harmony funding is requested and the amount.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Itemised Income** | |  | **Itemised Expenses** | |
| Amount | Description |  | Amount | Description |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total Income: $ Total Expenses: $

**What is the total amount of sponsorship being sought?**

|  |  |
| --- | --- |
| **Please give details of your organisation’s contribution to the proposed project *(financial or in-kind).*** | …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………..  ………………………………………………………………………………………….. |

**Part E: privacy**

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

If your application is successful OMA will make details of the event/project/activity 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 OMA.

**Part F: grant application 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? ⬜

Have you signed the application form? ⬜

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

**Part G: 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 agreement with OMA, 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b/h\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a/h

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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