**Quick Response Grant**

Application to participate in the Darwin Waterfront Harmony Soiree 2019

**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.

The Darwin Waterfront Harmony Soiree will be held on Saturday 25 May 2019, from 4pm-8:30pm. The Soiree is an opportunity for groups to showcase their culture and talent to the wider community through community stalls, performances and food stalls.

The Office of Multicultural Affairs (OMA) administers Quick Response Harmony grants which are available to organisations (including schools) for the purposes of sharing and celebrating our cultural diversity by participating in the Darwin Waterfront Harmony Soiree through community stalls and performances. Funding is not available for food stalls. Please refer to the OMA website. <https://nt.gov.au/community/multicultural-communities/multicultural-events>

For 2018 OMA encourages organisations to consider participation at the Darwin Waterfront Harmony Soiree event at the Darwin Waterfront planned for **Saturday 25 May 2019**. Information on this event and the Expression of Interest forms to participate, (which do not require a grant to participate in the Soiree) are also available on <https://nt.gov.au/community/multicultural-communities/multicultural-events>

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

Before applying for a Harmony Soiree grant please read all sections of the guidelines document carefully and fill in all the section with detailed information. Please note that as part of the acquittal, 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 0821 | **Delivery:**Level 6Darwin Plaza,41 Smith Street 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: applicant 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**

Please indicate whether your organisation will be involved in a Community Celebration only, a Performance only or both.

 Community ⬜ Performance ⬜ Community Celebration and ⬜

 Celebration Performance

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).

1. **Details of community celebration/cultural activities:**

|  |
| --- |
| Please describe how your community will be involved in the Soiree and how many members you hope to engage. Expressions of culture through decorations, cultural items and traditional dress are encouraged.Please provide details of your organisation’s ‘come and try’ style activities which you will be showcasing and sharing with other communities and the general public i.e. tea tasting, lantern making, basket weaving, games, origami, calligraphy, try on traditional dress, henna painting, cultural and/or artistic demonstrations.Please also include number of volunteers that will be helping your organisation at the Soiree.…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

1. **Details of performance:**

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| --- |
| Please provide as much detail on your group’s intended form of performance, i.e. dance or musical instrument. Information should include but is not limited to the number of performers, musical instruments, length of performance, special requirements.……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

1. **Access to the waterfront:**

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| --- |
| Please note that vehicle access to the Waterfront is very limited with only one access point. If you have an amount of equipment that requires vehicle access to the Waterfront for unloading, please indicate yes or no below as access needs to be managed in a timely and coordinated way. It is recommended that you trolley equipment to avoid vehicle access delays.Vehicle Access to the Waterfront Required: Yes / No |

**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)*