Applicants should read the guidelines carefully before completing this form.

Only one vehicle can be requested per grant round

| Vehicle Gifts and Long Term Loan Application Form | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Details | | | | | | | | | | | | | | |
| Organisation Details | | | | | | | | | | | | | | |
| Organisation legal name: | | | | | | |  | | | | | | | |
| Number of members in organisation: | | | | | | | |  | | | | | | |
| Postal address | | | |  | | | | | | | | Postcode | |  |
| Street address | | | |  | | | | | | | | Postcode | |  |
| Telephone: | | | |  | | | | | | | Mobile: |  | | |
| ABN: | |  | | --- | |  | | | | | | | | | | GST registered | | | Yes  No | |
| Certificate of incorporation attached  Yes  No | | | | | | | | | | | | | | |
| Contact Officer Details | | | | | | | | | | | | | | |
| Mr  Mrs Ms Miss Other | | | | | | | | |  | | | | | |
| Full name: | |  | | | | | | | | | | | | |
| Position in organisation: | | | | | |  | | | | | | | | |
| Telephone: | | |  | | | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| Accountable Officer Details | | | | | | | | | | | | | | |
| Mr  Mrs Ms Miss Other | | | | | | | | |  | | | | | |
| Full name: | |  | | | | | | | | | | | | |
| Position in organisation: | | | | | |  | | | | | | | | |
| Telephone: | | |  | | | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Regional Location | | | | | | | | | | | |
| ***Please indicate the region in the Territory where your organisation conducts its main activities (you may select more than one region if applicable).***  Northern (Darwin & Darwin regional)  Arnhem (incl. Tiwi Islands, Jabiru, Maningrida)  Katherine  Barkly  Central | | | | | | | | | Map of the regions found within the Northern Territory. | | |
| ***Please indicate which regional location that will benefit from the vehicle (you may select more than one region if applicable).***  Northern (Darwin & Darwin regional)  Arnhem (incl. Tiwi Islands, Jabiru, Maningrida)  Katherine  Barkly  Central | | | | | | | | |
| Activities of the Applicant Organisation | | | | | | | | | | | |
| Outline the scope of the actives of the applicant including the breadth of community benefit resulting from the activities of the applicant. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Outline the target client base of the applicant. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| List the other service providers which provide similar service including other non-government organisations, government and semi-government organisations. | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Revenue Sources and Government Support | | | | | | | | | | | |
| List key revenue sources for the applicant. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Identify and briefly describe commercial activities undertaken by the applicant. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| List amount and names of programs of annual support from Federal, State and Local Governments (excluding Northern Territory Government) over the last 12 months | | | | | | | | | | | |
|  | | | | | | | | | | | |
| List Financial and in-kind support received from the Northern Territory Government over the last 12 months. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| List existing Northern Territory grant programs applicant is eligible for. | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Vehicle Request | | | | | | | | | | | |
| Type of vehicle requested? | | | | | |  |  |  | | | |
| Event or purpose for which vehicle is required | | | | | | | |  | | | |
| Vehicle to be:  Gifted Loaned | | | | | | | |  | | | |
| How will the vehicle be used? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Fall-back position if vehicle is not available to be gifted or loaned? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | |
| Agreement and declaration | | | | | | | | | | |
| If a vehicle gift/loan application is approved, I agree on behalf of the gift recipient, to the following terms and conditions: | | | | | | | | | | |
| 1. The vehicle will be used for the purpose of which it was given. If, for any reason the event or the activities specified in the application do no proceed, the vehicle is to be returned immediately to NT Fleet. 2. It is the responsibility of the gift/loan recipient to ensure that any driver of the vehicle is properly licensed. 3. It is the responsibility of the gift/loan recipient to meet the costs of running the vehicle, including appropriate insurances and modifications required.     I have read and agree to the terms and conditions set out above, I certify that all the information provided is current and correct, and I give permission to NT Fleet to contact any persons or organisations in the processing of this application. | | | | | | | | | | |
|  | | | | | | | | | | |
| I have been authorised by | | | | |  | | | | | to make this application. |
|  | | | | | (name of organisation) | | | | | |
| Full name: | | |  | | | | | | | |
| Position in organisation: | | | |  | | | | | | |
| Signature: | |  | | | | | | | | |
| Date: |  | | | | | | | | | |
|  | | | | | | | | | | |
| Grant application checklist | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Please complete this checklist to ensure you have accurately completed this application.  Incomplete applications will be returned to you for completion and of not returned before closing date, will not be considered in the current round. | | | |  | Have you confirmed that your organisation is eligible to apply for a vehicle gift / loan? |  | |  | Have you provided your Incorporation, ABN and GST information requirements? |  | |  | Have you completed every section of the application? |  | |  | Have you attached all the required supporting documents? |  | |  | Has the Accountable Officer signed the application form? |  | |  | Have you kept a copy of this gift / loan application for your organisations records? |  | | | | | | | | | | | |

## Submitting your Application

Please send completed applications via email (preferred method), post and fax or delivered to the Community Benefit Fund Secretariat at:

**Email Fax:**

[cbf.ntg@nt.gov.au](mailto:cbf.ntg@nt.gov.au) (08) 8923 7616

**Post: Delivery:**

GPO BOX 1154 3rd Floor, NAB House

DARWIN NT 0801 71 Smith Street

DARWIN NT 0800

**Phone:**

(08) 8935 7447