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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: | | | | |  | | | | | | | | | | | | | | | |
| **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  (if more space is required please attached it separately) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Briefly, how will the community benefit from the activity for which you are seeking the grant?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Does this have a community development focus? Please describe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Vehicle Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate with an X your vehicle of preference. Please note vehicles in the bottom list have limited availability and may not be available at the time of your request. If a vehicle is not available you will be notified prior to the assessment of the round. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Sedan – for example; Hyundai i30, Yaris, Corolla | | | | | | | | | |  | | | | | Medium Sedan – For example; Camry, Lancer, Holden Cruise | | | | | | | | | | | | | | |  | |
| Large Station Wagon – for example; Hyundai iX35 | | | | | | | | | |  | | | | | Large Station Wagon (SUV), AWD or 2 WD for example; X-trail, Forrester, CX5 | | | | | | | | | | | | | | |  | |
| Utility 4WD – for example; Hilux Dual cab, Hilux Single Cab | | | | | | | | | |  | | | | | Utility 2WD – for example; Hilux Dual cab, Hilux Single Cab | | | | | | | | | | | | | | | | |
| Vehicles with limited availability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4WD Sedan – for example; Land cruiser, Prado | | | | | | | | | |  | | | | | Small Bus – For example Toyota Aventis, Kia Carnival) | | | | | | | | | | | | | | |  | |
| Mini Bus – For example 12-14 seat Commuter | | | | | | | | | |  | | | | | Work Van - for example; Toyota Hiace | | | | | | | | | | | | | | |  | |
| Coaster Bus – for example 22 seater | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |
| **Purpose for which vehicle is required** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How will the vehicle be used?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Fall-back position if vehicle is not available to be gifted?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provide detail about your organisation’s ability to maintain the vehicle should it be gifted to you** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your organisation have any vehicle policies that may make a vehicle gift unsuitable** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Performance indicators** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the expected outcomes | | | | | | | | | | | | | | How will you know if these outcomes have been achieved? | | | | | | | | | | | | | | | | | |
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| **Please indicate with an X the target group for your project** (you may select 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 | | | | | | | | | | | | | | | | | |  |
| **Other funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your organisation currently receive funding from Commonwealth, Territory or local government, or non-government sources? If yes, please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding | | | | | | | | | | | | | | | | | | | | | | | | | Amount | | | | | | |
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| **Potential funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you applied or are you going to apply for any other funding in relation to this application | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| If Yes, please specify below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agreement and declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a vehicle gift application is approved, I agree on behalf of the gift recipient, to the following terms and conditions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| It is the responsibility of the gift recipient to ensure that any driver of the vehicle is properly licensed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| It is the responsibility of the gift recipient to meet the costs of stamp duty and running the vehicle, including appropriate insurances and modifications required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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, use this checklist. Incomplete applications will not be considered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you confirmed that your organisation is eligible to apply? (i.e. not-for-profit) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Have you provided your organisation’s details including your ABN and GST information? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Have you completed all sections of the application | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Have you attached any supporting documents you feel may add strength to your application? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Have you provided the name of your Accountable Officer and have they signed the application form? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Have you kept a copy of your application for your organisation’s internal records? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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