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2019 International Women’s Day Grants application form

**Office of Gender Equity and Diversity**

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| Applicant/Organisation | |
| Name of applicant/organisation: |  |
| Number of members in organisation: |  |
| Contact person/position title: |  |
| Contact number: |  |
| Email address: |  |
| Postal address: |  |

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| Proof of Northern Territory residency or registration as a business or charity in the Northern Territory | NT driver licence number: |  |
| NT business registration number: |  |
| NT charity registration number: |  |

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| **Are you/ or your organisation registered for GST?** | | | |
| **Yes** |  | **No** |  |
| **Australian Business Number:** | |  | |
| **Public Liability Insurance Cover\*** | | | |
| **Yes** |  | **No** |  |

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| **Bank details** | Account name: |  |
| BSB: |  |
| Account number: |  |

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| **Is your organisation/community group incorporated?** | | | | |
| **Yes** |  | | **No** |  |
| **Date of incorporation:** | |  | | |
| **Details of sponsoring body:** | |  | | |

\* Grant recipients may be required to hold a Public Liability Insurance Policy with a recognised insurance provider. Grant recipients must produce a copy of the policy within 14 days of a request to do so.

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| **About the funding** | | | |
| **How much funding are you requesting?** | | | |
| $ | | | |
| **Are you the lead organisation applying in collaboration with other organisations/groups?** Please provide confirmation (letter or email) of their support with your application. | | | |
| **Yes** |  | **No** |  |
| **Please provide details.** | | | |
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| **Activity details** | |
| **Title of activity/activities/program:** |  |
| **Date of activity:** |  |
| **Time of activity:** |  |
| **Location and venue of activities:** |  |

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| **International Women’s Day Grant $3,000 (max)** | | | | | | | | | | |
| International Women’s Day is held on 8 March and celebrates the social, economic, cultural and political achievements and contribution of women. The day also calls for action to accelerate gender parity.  Applications from rural and remote areas are encouraged. The application must address at least two of the following criteria.  The International Women’s Day activity being planned must:   * + Celebrates International Women’s Day   + Celebrates women’s diversity and social, political and economic achievements   + Educates the community about International Women’s Day   + Encourages reflection and discussion about issues regarding gender inequality   + Encourages community participation in International Women’s Day events | | | | | | | | | | |
| ***Please provide a detailed narrative in response to at least two of the above criteria.*** | | | | | | | | | | |
| **Financial details** | | | | | | | | | | |
| **Have you applied for or received funding from another funding source for this activity?** If yes, please provide details below. | | | | | | | | | | |
| **Yes** | |  | | **No** | | | |  | | |
| **Organisation:** | | |  | | | | | | | |
| **Amount sought/awarded:** | | |  | | | | | | | |
| **Date funding will be/was received:** | | |  | | | | | | | |
| **Purpose of funding:** | | |  | | | | | | | |
| **Do you intend to apply for funding from another funding source for this activity?** If yes, please provide details below. | | | | | | | | | | |
| **Yes** | |  | | **No** | | | |  | | |
| **Organisation:** | | |  | | | | | | | |
| **Amount sought/awarded:** | | |  | | | | | | | |
| **Purpose of funding:** | | |  | | | | | | | |
| **Is there a conflict of interest between yourself and a Northern Territory Government employee (personal or family relationship)?** If yes, please provide details below. | | | | | | | | | | |
| **Yes** | |  | | **No** | | | |  | | |
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| **Provide a detailed budget on what the grant funding will be utilised for.** | | | | | | | | | | |
| **Attached?** | | | **Yes** | | |  | **No** (using provided) | | |  |
| **What kind of commitment/in kind support will your organisation give this activity/activities/program? If collaborating with another party, what kind of commitment will the collaborator/s offer to this activity/activities/program?**  e.g. financial, administration, volunteers, catering, transport, promotion and venue/use of facilities | | | | | | | | | | |
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| **Expenditure (GST exclusive)\*** | | | | | | | | | | | | |
| **Item (please specify)** | | **Total cost**  **(GST exclusive)** | | | | **Your contribution (in-kind support)** | | | | **Requested grant contribution**  **(GST exclusive)** | | |
| Fees | |  | | | |  | | | |  | | |
| Venue / equipment hire | |  | | | |  | | | |  | | |
| Consumables | |  | | | |  | | | |  | | |
| Other | |  | | | |  | | | |  | | |
| Staff hours | |  | | | |  | | | |  | | |
| Transport | |  | | | |  | | | |  | | |
| Accommodation | |  | | | |  | | | |  | | |
| Program resources | |  | | | |  | | | |  | | |
| **TOTAL EXPENDITURE** | |  | | | |  | | | |  | | |

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| **Income** | |
| In-Kind support (required) | $ |
| Any other Government funding | $ |
| Any other corporate sponsorship | $ |
| Income earned from the activity | $ |
| Any other income (please specify) | $ |
| Total income: | $ |

\*Please note: all Grants are a GST exclusive amount\*

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| **Promotion** | | | | | |
| **Promotion campaign plan: List how you will promote the project, e.g. which advertising medium you plan to use, timeline and anticipated budget.\*** | | | | | |
|  | **Provide name of newspaper, magazine, radio station, TV station** | **Start date of promotion campaign** | | **Timeline (how often)** | **Budget $** |
| Media release |  |  | |  |  |
| Free listing |  |  | |  |  |
| Paid print advertisement |  |  | |  |  |
| Paid television advertisement |  |  | |  |  |
| Radio paid advertisement |  |  | |  |  |
| Direct mail e.g. post, email, newsletter, invitation |  |  | |  |  |
| Promotional material e.g. posters, flyers, banners |  |  | |  |  |
| Online (web, social media) |  |  | |  |  |
| **How will your organisation acknowledge grant assistance provided by the Northern Territory Government? \*** | | | | | |
| Media advertising | | | Banners | | |
| Website | | | Posters | | |
| Tickets | | | Program | | |
| Other (please specify) | | | Printed materials | | |

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| **Evaluation** | |
| **How will your organisation measure the success of the project? Please select from the following and specify** (as part of the acquittal process, all grant recipients are required to provide a written report detailing the results of the funded project).  **Successful applicants will need to provide feedback from participants where appropriate.** | |
| Statistics |  |
| Questionnaires/ surveys |  |
| Interviews |  |
| Other (please specify) |  |

\*Please note: grant recipients are responsible for promoting and advertising the activity, which must also acknowledge Northern Territory Government sponsorship. Northern Territory Government guidelines are in place outlining the use of logos and the representation of the government on receipt of funding and grants. For further information see the Northern Territory Government Brand Guidelines available at: <http://www.territoryremembers.nt.gov.au/sites/default/files/uploads/documents/nt_government_brand_guidelines.pdf>

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| **Authorisation** |

* I certify, as an authorised representative of this organisation/business/charity, that the information given in this application is true and correct.
* I declare that I will ensure the grant funds are acquitted according to the Funding Agreement entered into with the Office of Gender Equity and Diversity.
* I have read and understood 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 should this application be successful, some of the information may be used for promotional purposes.

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| **Name:** |  | | |
| **Position** |  | | |
| **Organisation/business/ charity:** |  | | |
| **Signature:** |  | **Date:** |  |

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| **Submitting your application** | |
| Checklist - have you: | |
|  | completed all questions |
|  | signed and completed the authorisation |
|  | kept a copy of all documentation for your records |
|  | attached written confirmation from other organisations/community groups for collaboration |
|  | attached a copy of detailed budget plan |

Completed applications should be submitted to [tf.oged@nt.gov.au](mailto:tf.oged@nt.gov.au) or

**Office of Gender Equity and Diversity, Territory Families, PO Box 37037, WINNELLIE NT 0820**

If you have any queries, please call Office of Gender Equity and Diversity on (08) 8999 8373 or email between 8:00am and 4:00pm, Monday to Friday.

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| **Privacy Notice** |

Territory Families is collecting the information on this form to establish whether or not the application meets the Office of Gender Equity Grant guidelines and eligibility. If you do not provide all of the information requested, we may be unable to process your application for funding.

If this application is successful, some of the information may be provided to the Office of the Minister for Territory Families, Territory Families, Media Organisations or Stakeholders for the purpose of promoting your activity.

If you need to update your contact information, please email [tf.oged@nt.gov.au](mailto:tf.oged@nt.gov.au).