

Name of applicant/organisation:			
Postal address:			
Name of person organising the activity:			
Position title:			
Name of activity:			
Location of activity:			
Date/s of activity:			
Telephone:		Fax:	
Email:			
Would you like to be added to our Mailing List?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to be added to our Email Distribution List?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have policies and procedures in place to protect and care for young people?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please contact us if you would like help in this regard)

1. Is your organisation incorporated? (Please note: all major grants [\$501-2,000] must be awarded through a legally incorporated organisation).		
<input type="checkbox"/> Yes	Please provide date of incorporation:	
<input type="checkbox"/> No	Please provide details of sponsoring body:	

2. Is your organisation/sponsoring body registered for GST?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your organisation's/sponsoring body's Australian Business Number (ABN)?	

3. Are you/sponsoring body an income tax exempt body?			
<input type="checkbox"/> Yes	Please provide:	Date of effect:	
		Tax exempt category:	
		A copy of your tax exempt endorsement	
<input type="checkbox"/> No			

WHO ARE YOU TARGETING?

7.	What age group are you targeting and why?

8.	Are there any particular groups you are targeting and why? For example Aboriginal and Torres Strait Islander young people, culturally and linguistically diverse young people, young people with disabilities or young people living in regional, remote or rural areas of the Territory.

ABOUT THE GRANT

9.	What grant are you applying for?
<input type="checkbox"/> Mini (up to \$500)	<input type="checkbox"/> Major (\$501-\$2,000)

10.	How much funding are you requesting? (Maximum available is \$2,000)

11.	What category of activity do you need funding for?
<input type="checkbox"/> Drug and Alcohol Free Entertainment	<input type="checkbox"/> Youth Development/Leadership

12.	Have you applied for/or received funding from another Australian, Territory or Local Government agency or another organisation for the activity you are applying for? If yes, please provide details of the organisation, amount awarded or the dates you expect to be advised on whether your application was successful. In addition you need to advise us on the purpose of the funding, for example, catering, materials, promotion etc. to ensure that you are not funded twice for the same portion of the activity should the application be successful.

THE BUDGET GUIDE

13. Please detail what you will be spending the youth engagement grant funding on. Please check the grants guidelines for details of what is eligible for funding and what is not.	
ITEM	AMOUNT
Wages/fees (up to 25% of the total grant) (please specify who's wages/fees)	
Catering	
Hire of venue	
Hire of equipment (please specify)	
Consumables (please specify)	
Travel	
Airmiles	
Accommodation	
Other (please specify)	
Advertising/Promotion	
Pamphlets	
Other (please specify)	
Other (please specify)	
TOTAL EXPENDITURE	\$

HOW WILL YOU ORGANISE IT?

14. Which steps are young people involved in? How many young people are involved? Please specify approximate numbers.			
<input type="checkbox"/> Planning:		<input type="checkbox"/> Organising:	
<input type="checkbox"/> Promoting:		<input type="checkbox"/> Running it:	
<input type="checkbox"/> Evaluating:		<input type="checkbox"/> Attending:	
<input type="checkbox"/> Reporting:		<input type="checkbox"/> Other (specify)	

15. What kind of commitment will your organisation give to this activity? Please specify.	
<input type="checkbox"/> Financial:	
<input type="checkbox"/> Administration:	
<input type="checkbox"/> Staff/Volunteers:	
<input type="checkbox"/> Insurance:	
<input type="checkbox"/> Use of Facilities:	
<input type="checkbox"/> Other (specify)	

NORTHERN TERRITORY GOVERNMENT SPONSORSHIP

16. Recognition of the sponsorship of the Northern Territory Government is a condition of the funding. Please select how you will promote the Northern Territory Government.	
<input type="checkbox"/> Media Advertising	<input type="checkbox"/> Posters
<input type="checkbox"/> Website	<input type="checkbox"/> Program
<input type="checkbox"/> Tickets	<input type="checkbox"/> Printed Materials
<input type="checkbox"/> Banners	<input type="checkbox"/> Other (specify)

EVALUATION

17. How will you measure the success of the project? Please select from the following and specify.	
<input type="checkbox"/> Statistics:	
<input type="checkbox"/> Questionnaires/Surveys:	
<input type="checkbox"/> Interviews:	
<input type="checkbox"/> Other (specify)	

18. Would you be willing to provide the Office of Youth Affairs with CDs, photos and other materials when returning your evaluation and acquittal forms, demonstrating the success of your project?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. How did you find out about the Youth Engagement Grants Program?	
<input type="checkbox"/> Newspaper Ad (please specify):	
<input type="checkbox"/> Mail Out	
<input type="checkbox"/> Email	
<input type="checkbox"/> Youth Website (www.youth.nt.gov.au)	
<input type="checkbox"/> Fax Out	
<input type="checkbox"/> Other (please specify):	

20. Before sending this application to the Office of Youth Affairs, please complete the following checklist:	
Completed all the questions	<input type="checkbox"/>
Signed and completed the authorisation	<input type="checkbox"/>
Taken a copy of all documentation for your records	<input type="checkbox"/>

AUTHORISATION

I certify, as an authorised representative of the organisation, that the information given in this application is true and correct (applicants under the age of 18 must obtain the signature of their parents/guardian). I understand that should this application be successful, some of the information herein may be used for promotional purposes.

Signature:		Date:	
Printed Name:			
Position Held:			
Sponsoring Body:			

Completed applications may be submitted by:	
Post:	Hand delivery:
Youth Engagement Grants Project Officer Department of Health and Families PO Box 40596 CASUARINA NT 0811	Youth Engagement Grants Project Officer Department of Health and Families 4 th Floor Health House 87 Mitchell Street DARWIN NT 0800
Fax:	(08) 8999 3883

PRIVACY NOTICE

The Office of Youth Affairs (OYA) is collecting the information on this form to ascertain whether or not your application meets the Youth Engagement Grants criteria. If you do not provide all the information requested, OYA may be unable to process your application for funding.

Should this application be successful, some of the information in this application form will be provided to the Office of the Minister for Young Territorians, Department of Health and Families (DHF), media organisations, youth organisations, local governing bodies and young people for the purpose of promoting and reporting on your activity. Information will be distributed via press releases, promotional material on the youth and DHF websites, and other departmental publications.

The personal information you provide is able to be accessed and corrected if necessary by you or your nominated representative by application or request to OYA. If you have any queries, please telephone the Office on 8999 3881, email oya@nt.gov.au or by post to PO Box 40596, CASUARINA NT 0811.