

Community Benefit Fund Community Organisation Grant Application Form

Applicants should read the Grant Application Guidelines carefully before completing this Grant Application Form.

Applicant details

Organisation Name

Organisation/Group Type

Please tick the **relevant box** below:

Incorporated.....

Associations Act (NT)

ORIC (Office of the Registrar of Indigenous Corporations)

Other State/Territory (list)

Unincorporated

(if unincorporated a sponsor is required refer to Section 3.)

Company Ltd

Other (list)

.....

Number of Members in the Organisation

Postal Address

Postcode

Street Address

Postcode

Email Address

ABN

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If no ABN, please supply a copy of the Statement by a Supplier form.

GST Registered Yes No

Contact Person (for enquiries regarding application)

Mr Mrs Ms Miss Other _____
(please specify)

Full Name

Position in Organisation

Telephone (business hours)

Email Address

Regional Location

Please indicate the region in the Territory where your organisation conducts its main activities.

Darwin

Darwin Regional

East Arnhem

Katherine

Tennant Creek

Alice Springs

NT Wide

Sponsor Details (if applicable)

The 'sponsor' is a not-for-profit body that will accept legal and financial responsibility for the grant. (Please refer to 'Sponsor Details' on page 9 of the *Grant Application Guidelines*).

Name of Sponsor

Sponsor Details (cont)

Postal Address (If same as the organisation, write 'as above')

Postcode

ABN

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Please tick one: GST Registered Yes No

1. Activities of the Applicant Organisation

Please describe briefly the activities and services provided by your organisation.

2. Purpose of the Grant

3. Regional location that will benefit from the grant

- Darwin
- Darwin Regional
- East Arnhem
- Katherine
- Tennant Creek
- Alice Springs
- NT Wide

4. Budget Details

(Please attach budget if space is insufficient).

Budget Item	\$ Total Cost	\$ Total Cost less GST

	\$ Total Cost	\$ Total Cost less GST
Total Project Cost	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Less: Organisation's contribution to project (where applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Less: Funds to be raised (where applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total Project Sought	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

5. Will the project proceed with less money?

No Yes

6. Other Funding

Does your organisation currently receive funding from Commonwealth, Territory or Local Government sources?

No Yes Please specify

Program	Amount

Have you made, or do you intend to make, an application for a grant for this project or activity from any other source (government or non-government)?

No Yes Please specify

Program	Amount

Date Outcome Expected

7. Target Community Group for Project

Please indicate the target group for your project by ticking one of the boxes below.

- Indigenous people
- Carers
- Children
- Community - general
- Families
- Isolated people
- Men
- Older people
- Members of ethnic communities
- People with disabilities
- Unemployed people
- Women
- Families in crisis situations
- Young people

Checklist

GRANT APPLICATION CHECKLIST

Before submitting your application, please use this checklist to ensure your application is accurately completed.

Incomplete applications will be returned to you for completion and if not returned before closing date, will not be considered.

- | | | |
|-------------------|--|--------------------------|
| Section 1 | Have you provided your organisation's details? | <input type="checkbox"/> |
| | Have you provided your ABN and GST information requirements? | <input type="checkbox"/> |
| Section 2 | Have you indicated the region where the funding will be used? | <input type="checkbox"/> |
| Section 3 | If your group is not incorporated, have you provided details of your sponsor? | <input type="checkbox"/> |
| Section 4 | Have you provided the name of your Accountable Officer and they have signed the application form? | <input type="checkbox"/> |
| Section 5 | Have you confirmed that your organisation is eligible to apply as an incorporated/sponsored body or applied for exemption status? | <input type="checkbox"/> |
| Section 7 | Have you described the purpose of the grant clearly? | <input type="checkbox"/> |
| Section 8 | Have you provided full details of your budget items? | <input type="checkbox"/> |
| Section 9 | Have you advised us of other sources of funding your organisation may receive? | <input type="checkbox"/> |
| Section 10 | Have you indicated the target group for your project? | <input type="checkbox"/> |
| Records | Have you kept a copy of your funding application for your organisation's internal records? | <input type="checkbox"/> |

Signatures

Applicant Accountable Officer

Full Name of Accountable Officer

Position in Organisation

Signature

Date

Sponsor - Accountable Officer

Full Name of Accountable Officer

Position in Organisation

Signature

Date

Completed applications should be posted, faxed or delivered to:

Community Benefit Fund:

Community Benefit Secretariat

Posted:

GPO Box 1722
DARWIN NT 0801

Delivered:

Level 3, Old Admiralty Towers
68 The Esplanade
DARWIN NT 0800

Phone:

08 8935 7447

Fax:

08 8935 7798

Tollfree:

1300 650 153

Email:

cbf.doj@nt.gov.au

Internet:

www.justice.nt.gov.au