

# Community Benefit Fund Gambling Amelioration Grant Application Form

**Applicants should read the Gambling Amelioration Grant Application Guidelines carefully before completing this 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' 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. Project Title**

**3. 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 .....

**4. Regional location that will benefit from the grant**

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

**5. Budget**

**Total amount requested for the project?**

\$

**Total cost of the project?**

\$

What other grants have been approved or applied for to undertake this project? (government or non-government)?

No  Yes  *Please specify*

Program	Amount

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

No  Yes  *Please specify*

Program	Amount

## 6. Project Description

Attach a detailed statement of the project. The statement must include the following information.

1. Detailed description of the project including the relevance to minimising problem gambling.
2. Timeline for the project.
3. How the project will prevent or minimise problem gambling or the negative effects of problem gambling.
4. List all personnel involved in the project.
5. How the outcomes will be demonstrated.
6. Detailed budget including in-kind support and funding from other sources. (***please identify if GST is included or excluded from your budget calculations***)
7. Identify any partnerships the project will create or strengthen.
8. Identify other projects the organisation has been responsible for in the past 2 years. .

Each application will be assessed in accordance with the following assessment criteria.

The project demonstrates:

- a strong community development focus.
- the capacity of the organisation to deliver the project.
- evidence of sound financial management.
- a clear plan and proposed outcomes relevant to minimising problem gambling or the effects of problem gambling.
- evidence of community support and involvement.
- an accurately costed and viable budget including support from other sources.

## 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 the Community Benefit Fund:  
Community Benefit Secretariat**

**Posted:**

GPO Box 1722  
DARWIN NT 0801

**Fax:** 08 8935 7798

**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