

GAMBLING AMELIORATION GRANT APPLICATION FORM

How to apply:

- Please complete this form after having read the Guidelines for the submission of a Community Benefit Fund Gambling Amelioration Grant application. This will help you to understand what selection criteria needs to be met by your project and what documents are required for your application to be complete.
- We encourage potential applicants to contact the Community Benefit Secretariat and discuss points requiring clarification before filling out the application form.
- Ensure that your written proposal is clear and concise.
- Make sure that all the questions are answered and ensure that all relevant supporting information is attached. Failing to do so will delay the assessment process and may even disqualify your application.
- Please make a copy of your submission (application and supporting documents) for your own records.
- Do not send important original documents with your application. Copies are sufficient.
- Submit your application to the address provided before the cut off date of **31 May 2008**.
- Contact details can be found at the end of the Guidelines.

1. Project title (provide a short descriptive title):

2. Applicant details

Name of Organisation:	
Street Address:	
Postal Address:	
Telephone:	Fax:
Email Address:	

3. Contact Person

Mr	Mrs	Ms	Miss	Other_____	(Please circle one)
Surname:			First Name:		
Position in Organisation:					
Street Address:					
Postal Address:					
Telephone:			Fax:		
Email Address:					

4. Sponsor Details (if applicable)

Name of Sponsor Organisation:	
Postal Address:	
Telephone:	Fax:
Email Address:	

5. Description of Project

Attach a detailed statement of the project. The statement must address the following aspects:

- Demonstrated need and support for the project (letters of support may be provided).
- Timeline for the project, including start and end dates and any other major milestones.
- Description of target group and how it will be accessed.
- Explanation of the approach or model of intervention to be used and clear statement of relevance to problem gambling.
- Evidence of likely effectiveness of proposed project for preventing or minimising problem gambling or the negative effects of problem gambling.
- Brief outline of how the project will be implemented.
- Expected outcomes and how these will be demonstrated.
- Details of financial and practical contributions made by the organisation or any others.
- If the project requires the cooperation of other agencies/organisations, a letter indicating their willingness to participate.
- Capacity of the organisation to successfully conduct the project and deliver results
- Funding arrangements beyond period of CBF grant.

Budget Overview

Full cost of project:

Amount requested from CBF:
(Excluding GST)

Budget Item	Amount	Salary Rate	On Costs
Personnel			
Administration			
Fixed assets			
Other assets			
Other Costs			
Total Expenditure:	\$		

Note: Please state if GST is included or excluded from your calculations

Expected Duration of the project:

If more than one year, estimated cash flow requirements:

Year	One	Two	Three
Cash flow for project:	\$	\$	\$
Cash flow wanted from CBF	\$	\$	\$

I note that the Community Benefit Fund Committee:

- reserves the right to request additional information from applicants for the consideration of a Gambling Amelioration Grant.
- reserves the right to use intellectual property of the project to further its objectives.
- has the right to retain the ownership of any items of capital expenditure over \$5000, purchased under a Community Benefit Fund Gambling Amelioration Grant.

Name: _____ Signature: _____

Position: _____ Date: _____

9. Incorporation Details

Please state the organisation's legal status (such as incorporated, educational institution, association etc) and date of establishment.

Legal status: _____

Date established: _____

If incorporated or another legally constituted organisation, please provide:

copy of current Certificate of Incorporation, and:

- latest annual report; **or**
- most recent audited financial statements of the organisation (if more up to date than the one appearing in your annual report); **or**
- copies of two most recent bank statements

Does your organisation receive any revenue or other benefits from gambling (eg sponsorship, donations, scholarships)?

Yes No

If yes, please describe:

10. Agreement by Accountable Officer

I acknowledge:

- I have read and understood the guidelines which describes the Community Benefit Fund Gambling Amelioration Grant;
- If a grant is awarded, the funds will be used only for the purposes described in the application;
- All funds shall be fully accounted for and audited on conclusion of the project and any funds not expended shall be returned to the Community Benefit Secretariat (Receiver of Territory Monies);
- I will comply with and provide the outcomes stipulated in those guidelines.

Name: _____ Signature: _____

Position: _____ Date: _____

CHECK LIST

Information to accompany this application:

Question 4	Letters of support for the project	Yes / No
Question 4	Copy of Project Statement	Yes / No
Question 12	Certificate of Incorporation and a copy of either latest Annual Report, audited financial statement or two recent bank statements.	Yes / No

OFFICE USE ONLY

Please rate this application for the Community Benefit Fund Gambling Amelioration Grant against each of the criterion below. A rating of 1 to 5 can be made, with 5 indicating highest level of endorsement.

CRITERION	RATING
Overall merit of proposed project	
Articulation of aims and objectives	
Clarity and appropriateness of project	
Reasonableness of budget	
Evidence of likely success/effectiveness	
Appropriateness of contributions made by applicant	
Capacity of applicant to undertake project	
Previous performance of organisation in delivering amelioration programs	
Future funding considerations	
Other Comments:	