Remote Aboriginal Governance and Capacity Building Grant Program Application form

Applicants should read the guidelines carefully before completing this form.

Organisation Details

Organisation legal name:

Postal address _____ Postcode _____

Street address _____ Postcode _____

Telephone: _____ Mobile: _____

ABN: _____ GST registered ☐ Yes ☐ No

Incorporated association ☐   Unincorporated ☐

Not for Profit organisation ☐   Office of the Registrar of Indigenous Corporations ☐

Other (please state) ☐ _____

Contact Officer Details

☐ Mr   ☐ Mrs   ☐ Ms   ☐ Miss   ☐ Other _____

Full name: _____

Position in organisation: _____

Telephone: _____

Email address: _____

☐ Grant
(under 20K)

☐ Grant
(between 20k-50k)

Location

Please indicate the region in the Territory where your organisation conducts its main activities (you may select more than one region if applicable).

For the purposes of the program, remote is defined as being outside of the key population centres of the Northern Territory including Greater Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs, and is inclusive of homelands/outstations and/or town camps.

Organisations and/or projects must be based in remote areas.

Top End Region (incl. Tiwi Islands, Jabiru, Maningrida) ☐
East Arnhem Region ☐
Big Rivers Region ☐
Barkly Region ☐
Central Region ☐
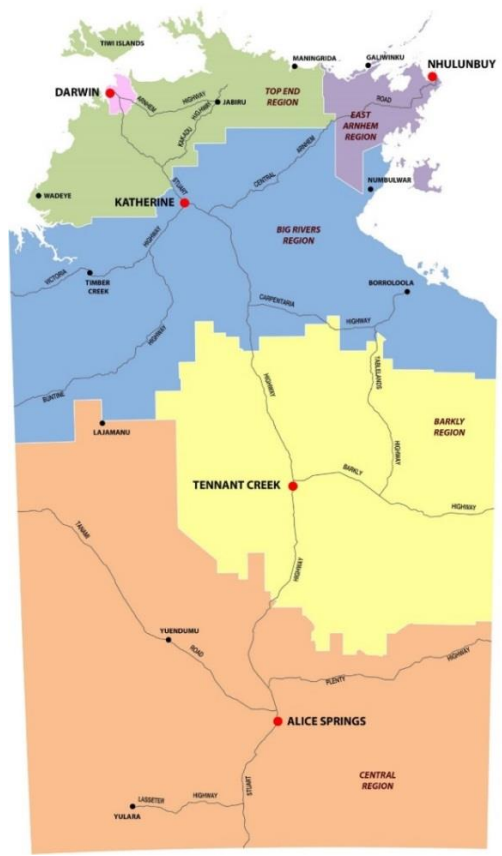
Please indicate which regional location that will benefit from the grant (you may select more than one region if applicable).

Top End Region (incl. Tiwi Islands, Jabiru, Maningrida) ☐
East Arnhem Region ☐
Big Rivers Region ☐
Barkly Region ☐
Central Region ☐

Community Location_____

DEPARTMENT OF **THE CHIEF MINISTER**

NORTHERN TERRITORY GOVERNMENT

Activities of the Applicant Organisation

Please briefly describe the activities and services provided by your organisation to the community. (If more space is required please attached it separately)

Summary of Grant – Detailed overview of Projects Should be Attached Separately

Project Title:

Provide a summary of the grant and include benefits to Aboriginal people in terms of governance, leadership and community capacity building

What community support and / or involvement does your project have?

Approved Provider (outline of provider you maybe be engaging)

Performance Indicators

What are the expected outcomes?	How will you know if these outcomes have been achieved?
For example, provide Leadership training to youth	• Number of sessions conducted • Number of attendees

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

☐ Older people   ☐ Carers   ☐ Families

☐ Women   ☐ Children   ☐ Men

☐ Young People   ☐ Whole of Community

Proposed Budget for this Application

Please summarise your budget requirements and provide a detailed budget attached to this application and please attach quotes

Budget	Total Cost $ (GST Excl.)
Total project cost:	
Less organisation's contribution to project (if applicable)	
Less funds to be raised (if applicable)	
Total amount sought:	

If unable to obtain any Territory quotes please explain why?

If full funding is not available would you like your application considered? ☐Yes   ☐No

Other Funding

Does your organisation currently receive funding from Commonwealth, Territory or local government sources? (including non-government sources)

Yes ☐   No ☐   If Yes, please specify:

Program	Amount $

Have you applied or are you going to apply for any other funding in relation to this project?

Yes ☐   No ☐   If Yes, please specify:

Agreement and Declaration

I certify that the statements in this application are true.

☐

I acknowledge that if the grant is approved, I will be required to meet the eligibility criteria.   ☐

I acknowledge that the grant may vary and the level of funding provided through the program is at the Departments sole discretion.

☐

There is no guarantee funding for any application, and cannot guarantee funding to the full amount requested by any applicant.

☐

I have been authorised by		to make this application.
	(name of organisation)	
Full name		
Position in organisation:		
Signature:		
Date:		

Grant application checklist

Before submitting your application, please use this checklist to ensure your application is accurately completed. Incomplete applications will not be considered.

Have you confirmed that your organisation is eligible to apply? (i.e. Not for Profit) ☐

Have you provided your organisation's details including your ABN and GST information? ☐

Have you indicated the region and or communities where the funding will be utilised? ☐

If your group is not incorporated, have you provided details of your sponsor? ☐

Have you completed the project description and given details of your budget? ☐

Have you included quotes for all the budget items listed in your application? ☐

Have you advised us of other sources of funding your organisation may receive? ☐

Have you indicated the target group for your project? ☐

Have you provided the name of your Accountable Officer and have they signed the application form? ☐

Have you kept a copy of your application for your organisation's internal records? ☐

Submitting your Application

Please send completed applications via email (preferred method), post or delivered to Aboriginal Affairs Strategic Partnerships via:

Email

oaa@nt.gov.au

Post:

Aboriginal Affairs Strategic Partnerships

Darwin Office	**Alice Springs Office**
GPO BOX 4396	GPO Box 2605
DARWIN NT 0801	ALICE SPRINGS NT 0871

Remote Aboriginal Governance and Capacity Building Grant Contact Details

Telephone: (08) 8951 5183

Email: oaa@nt.gov.au

Web: www.nt.gov.au