**Northern Territory Disaster Resilience Emergency Volunteer Fund 2017/18**

Application Form

**Before completing this application** you must read the Northern Territory Disaster Resilience Emergency Volunteer Fund (DREVF) Applicant Guidelines which can be viewed at [https:// nt.gov.au/ndrp](https://nt.gov.au/ndrp)

**Failure to follow the DREVF Applicant Guidelines may result in the application being rejected.**

Registration Number:

**DREVF2017/18 –**

Office Use Only

**Applications close: Midnight, Sunday 01 April 2018**

**Section 1. Applicant Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit Name** |  | | | | | |
| **Agency Name** |  | | | | | |
| **Australian Business Number (ABN)** |  | | | | | |
| **Postal Address** | **Street Address or**  **PO Box Number** | |  | | | |
|  | | | |
| **Suburb** | |  | | **Post Code** |  |
| **Contact Person** | **Title** |  | **Given Name** |  | **Last Name** |  |
| **Position** |  | | | | | |
| **Telephone** |  | | **Mobile** |  | **Fax** |  |
| **E-mail** |  | | | | | |
| **Secondary Contact Person** | **Title** |  | **Given Name** |  | **Last Name** |  |
| **Position** |  | | | | | |
| **Telephone** |  | | **Mobile** |  | **Fax** |  |
| **E-mail** |  | | | | | |

**Section 2. Communication***(Double click on square box to select)*

|  |
| --- |
| Email  Postal Address  Email **and** Postal Address |

**Section 3. Project Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Name** |  | | | |
| **Project Area/location** | **Town or Locality** |  | **Post**  **code** |  |
| **Funding Sought** | **Total (GST inclusive)** |  | | |
| **Total (GST exclusive)** |  | | |

**Section 4.** **Sponsoring Organisation**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organisation Name** |  | | | | | | | | | | |
| **Australian Business Number (ABN)** |  | | | | | | | | | | |
| **Postal Address** | **Street Address or**  **PO Box Number** | | | |  | | | | | | |
| **Suburb** | | | |  | | | **Post code** | | |  |
| **Contact Person for your Project** | **Title** |  | **Given Name** | | |  | | **Last Name** | |  | |
| **Position** |  | | | | | | | | | | |
| **Telephone** |  | | | **Mobile** | | |  | | **Fax** |  | |
| **E-mail** |  | | | | | | | | | | |

**Section 5. Project Outline, Outputs and Outcomes**

|  |  |
| --- | --- |
| **Project Outline** |  |
| **Project Outputs** |  |
| **Project Outcomes** |  |
| **Are other complimentary measures planned?** |  |
| **Is the project part of a larger scheme or project?** |  |

**Section 6. Project Category***(Double click on square box to select)*

|  |
| --- |
| Attraction and Retention  Training  Resourcing Capacity |

**Section 7. National Strategy for Disaster Resilience Assessment Response***(Please address a* ***maximum of 2*** *key action themes only)*

|  |  |
| --- | --- |
| **Leading change and coordinating effort** |  |
| **Understanding risk** |  |
| **Communicating with and educating people about risks** |  |
| **Partnering with those who effect change** |  |
| **Empowering individuals and communities to exercise choice and take responsibility** |  |
| **Reducing risks in the built environment** |  |
| **Supporting capabilities for disaster resilience** |  |

**Section 8. Assessment Criteria**

|  |  |
| --- | --- |
| **Multi-agency benefit** |  |
| **Wide community benefit** |  |
| **Social inclusion** |  |
| **Strategic alignment** |  |
| **Readiness to proceed** |  |
| **Cost effectiveness** |  |

**Section 9. Adverse Impacts**

|  |
| --- |
|  |

**Section 10. Project Management**

|  |  |
| --- | --- |
| **Project Manager** |  |
| **Reporting Arrangements** |  |

**Section 11. Maintenance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is responsible for future maintenance and upkeep?** |  | | |
| **Maintenance actions required** |  | | |
| **Frequency of maintenance** |  | **Estimated Annual Cost** | $ |

**Section 12. Evaluation and Performance Measures**

|  |
| --- |
|  |

**Section 13. Pending Funding Applications**

|  |  |  |
| --- | --- | --- |
| **Name of Fund and Department** | **Year of Funding** | **Funding Sought** |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Section 14. Co-Contributions**

|  |  |  |
| --- | --- | --- |
| **Name of Organisation** | **Amount of Funding** | **Letter of Support Attached** |
|  | $ | Yes / No |
|  | $ | Yes / No |
|  | $ | Yes / No |

**Section 15. Supporting Documentation and Other Comments***(Double click on square box to select)*

|  |  |
| --- | --- |
| **Attached Supporting Documentation** | Attachment A: Project Budget (must be attached **and signed**)  Attachment B: Project Work Plan (must be attached **and signed**) |
| **Other comments** |  |

**Section 16. Declaration**

|  |  |  |
| --- | --- | --- |
| I declare that the information provided in this form and attachments are, to the best of my knowledge, true and correct and I understand that any omission or false statement may result in the rejection of the application or withholding of any funds already approved.  I understand that the Northern Territory Government, or its agent, may check any of our statements for the purpose of assessing this application and agree to provide any additional information they may request.  I certify that the project as outlined in this application can be completed within 12 months of receiving DREVF funds.  I understand that this is an application only and may not necessarily result in funding approval.  I consent to the release of information in this application (excluding personal details) for non-commercial public information purposes. | | |
| **Signature** |  |  |
| **Name** |  |  |
| **Position** | **Local Volunteer Unit Manager** | **Parent Agency Executive Director, Director or Equivalent** |
| **Date** |  |  |

**Completed applications should be emailed and posted to your Parent Agency.**

**Once endorsed by Parent Agency Executive Director, Director or Equivalent, applications should be submitted to the Northern Territory Program Manager from Parent Agencies in both email and hard copy formats.**

**Applications Close: Midnight Sunday 01 April 2018**

***Applications may not be accepted if they are received after the closing date.***

**Contact Details:**

NTNDRP Manager

Department of the Chief Minister

GPO Box 4396

Darwin NT 0801

P: 08 8999 6281

E: [DCM.NDRP@nt.gov.au](mailto:DCM.NDRP@nt.gov.au)

**Attachment A**



Northern Territory Disaster Resilience

Emergency Volunteer Fund 2017/18

**Project Budget**

**Unit Name:**

**Project Title:**

*The DREVF will provide funding to successful projects for up to $75,000 GST inclusive.*

|  |  |
| --- | --- |
| **ITEM**  **(add more lines if necessary)** | **$**  **GST inclusive** |
| 1. **INCOME** |  |
| *Grant funding sought* |  |
| *Agency contribution* |  |
| *Other income (please specify)* |  |
| ***Income Total (A)*** |  |
| 1. **EXPENDITURE - DIRECT COSTS** *Contractors (e.g. construction, preparation of studies, reports etc.) Equipment (e.g. IT/communications equipment and other items where project involves equipment purchase), Other, etc.* |  |
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|  |  |
|  |  |
| ***Sub-Total (B)*** |  |
| 1. **EXPENDITURE – ADMINISTRATION** *(e.g. telephone & fax charges, printing and stationary, accounting fees, legal fees etc.)* |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ***Sub-Total (C)*** |  |
| 1. **EXPENDITURE – TOTAL (B+C)  *Expenditure Total (D)*** |  |

**Project Manager: Date:**

**Signature:**

**Attachment B**

Northern Territory Disaster Resilience

Emergency Volunteer Fund 2017/18

**Project Work Plan**

**Unit Name:**

**Project Title:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Summary** | ***Brief summary of your project.*** Short and succinct (3-4 sentences), clearly describing your project. | | |
| To: | | | |
| **Task/Strategy** | **Timeframe** | | **Performance Measure/Milestones** |
| List the project activities to be undertaken in the order they will be done. | **Start date** | **Completion**  **date** | State how the results (outcomes/outputs will be measured) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(add more rows as required)

**Project Manager: Date:**

**Signature:**