SNAICC Conference Travel Subsidy Fund

Guidelines and Application

**Applications open 15 June and close 14 July 2017.**

To apply for a travel subsidy, Non-Government Organisations (NGOs) are to complete and submit this form on behalf of their staff.

Before applying for a travel subsidy please read the SNAICC Conference Travel Subsidy Fund *Guidelines* carefully and contact the Department of the Chief Minister if you require assistance.

Social Policy Unit

Department of the Chief Minister

Telephone: (08) 8999 5523

Email: [communitysupportdcm@nt.gov.au](mailto:communitysupportdcm@nt.gov.au)

Address: GPO Box 4396, Darwin, NT, 0801, Australia

# Guidelines

**Aim**

This travel subsidy grant is to assist NGOs working in out-of-home care and child protection to attend the Secretariat of National Aboriginal and Islander Child Care Inc. (SNAICC) Conference ‘National Voice of Our Children’ in Canberra on 12-14 September 2017.

**Who can apply?**

Northern Territory based NGOs must apply on behalf of their staff.

Priority will be given to Aboriginal controlled organisations.

Staff working in home care and child protection roles, or similar.

**What can you apply for?**

50% of the travel costs including: flights, accommodation and conference registration fees

Up to $1000 can be provided for each staff member.

A maximum of two staff members can be nominated from each organisation.

**Application process**

Applications for financial assistance will only be accepted on this application form. All sections of the application form must be completed. The person submitting the application on behalf of the organisation must be authorised by an office-holder of the organisation to do so.

**Conditions of grant**

The grant will be made subject to the signing of a funding agreement that includes the need for the grant to be:

* used for the agreed purpose
* acquitted within the agreed time frame
* the grant will be acquitted after the conference by a statement that the applicant attended the conference accompanied by copies of receipts

GST is not payable on the grant.

NGOs with overdue acquittals for previous Northern Territory Government funding are not eligible for travel subsidies.

PART A: Applicant details

|  |  |
| --- | --- |
| **Organisation name** |  |
| **ABN** *(If no ABN, please attach a completed “Statement by Supplier” form which can be obtained from the Australian Taxation Office Website)* |  |
| **GST registered** | Yes ⬜ No ⬜ |
| **Aboriginal controlled** | Yes ⬜ No ⬜ |
| **Postal address** |  |
| **Telephone** |  |
| **Email** |  |
| **Website** |  |
| **Name/s and position of nominated staff member/s.** | 1. Name:  Position:  2. Name:  Position: |

PART B: Assessment Criteria

Answers in this part will be used to assess the purpose, scope and benefits of your application.

Please limit your description to 100 words where possible.

|  |  |
| --- | --- |
| **Provide a brief overview or description of your organisation - its role and purpose.** |  |
| **Does your organisation work with Aboriginal children in the Northern Territory?**  **Where?** |  |
| **Describe the anticipated benefits to your organisation of attending the SNAICC Conference** |  |
| **Provide a brief overview/description of the role of the nominated staff member/s.** | 1.  2. |
| **Provide any other relevant information to assist with assessing this application.** |  |

PART C: Financial Details

### Estimated cost for staff attending the Conference

**Please provide details on all travel cost.** The expenditure items listed in the table below are a guide only and can be changed to suit your project.

|  |  |
| --- | --- |
| **Nominee #1 [ write name here]** | **Estimated cost** |
| Flights |  |
| Other travel  Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Accommodation |  |
| Registration fees |  |
| **Total** |  |
| **Nominee #2 [write name here]** | **Estimated cost** |
| Flights |  |
| Other travel  Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Accommodation |  |
| Registration fees |  |
| **Total** |  |

### Other funding

Has your organisation applied, or does it intend to apply, for funding from any other source for the staff member/s named above to attend the SNAICC Conference?

If yes, please specify the source(s) and amount(s) applied for.

PART D: Privacy

The information you provide in this application is necessary to determine your suitability for Northern Territory Government funding under grants programs administered by the Department of the Chief Minister. If you do not provide the requested details, the office may not be able to process your application.

If your application is successful, the Northern Territory Government may make details of the project publicly available. By signing this application form you consent to this information being provided to the Department of the Chief Minister and other agencies for the purpose of promoting and reporting the outcomes of the grant.

PART E: Declaration and details of the representative completing this application form

I declare that the information I have given in this form is accurate and the organisation that I represent supports the project. ⬜

I have read and understand the Guidelines and Application form. ⬜

I agree that individuals or the organisations mentioned in this application may be  
contacted as part of the assessment process. ⬜

I understand that information in this application may be provided to other agencies,   
as appropriate. ⬜

I understand that DCM cannot guarantee funding for any application, and cannot  
guarantee funding to the full amount requested by an applicant. ⬜

I have been authorised by to make this application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title First name Surname

Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b/h \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a/h

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This declaration must be signed by an authorised representative of the applicant organisation)*

**To lodge your application, please send the completed application form to the Social Policy Unit via email to** [**communitysupportdcm@nt.gov.au**](mailto:communitysupportdcm@nt.gov.au)

**Note:** By submitting your application by email, you acknowledge that you are duly authorised to submit an application on behalf of the organisation that is seeking grant funding. Further you acknowledge the absence of a hand-written signature in the application for funding does not invalidate your electronic submission.

**Please attach any additional information you feel necessary to support this application.**

**Applications received after the closing date will not be considered**.

**Please keep a copy of the entire application for your organisation’s records.**

**You are responsible for ensuring that this application is received.**