



Community Grants Program

Grant Application Form

Please read the [Program Guidelines](#) before you complete this form.

If there is not enough space on the form, please attach more information with your application.

COMPLETED APPLICATIONS MAY BE SUBMITTED BY:	
Post: The Bill Raby Diabetes Fellowship Chief Executive Officer Healthy Living NT PO Box 40113 CASUARINA NT 0811	Hand Delivery: The Bill Raby Diabetes Fellowship Chief Executive Officer Healthy Living NT Shop 2, Tiwi Place (Tiwi Shopping Centre) TIWI NT 0810
Email: ceo@healthylivingnt.org.au	Fax: (08) 8927 8515

Privacy Statement

The information requested by this form is being collected by Healthy Living NT for the purpose of assessing Community Grants Program applications. Your application will not be able to be processed if you do not provide this information. Your personal information is managed in accordance with the Healthy Living NT's privacy policy which is available on [our website](#) or on request from Healthy Living NT. Healthy Living NT may only disclose the information provided by you if required or authorised by law, or in accordance with our privacy policy, or in accordance with the terms and conditions of the grant funding.

Closing Dates:

Applications to the Fellowship can be made at any time of the year. Governors meet twice a year to consider applications, in June and December annually. Applications should be submitted by no later than 31 May and/or 30 November respectively to be considered in the current funding round.

SECTION 1 APPLICANT INFORMATION

(a) Name of organisation applying	
The 'organisation' is the group applying for the grant and undertaking the proposed project or activity. If incorporated, the exact name of the organisation, as indicated on the Incorporation Certificate, is recorded here.	
Name of Organisation:	
ABN:	
Where is your organisation located:	
GST Registered, please tick one Yes <input type="checkbox"/> No <input type="checkbox"/>	
Postal Address:	
Email Address:	
Contact Person: (for enquiries regarding application)	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Full Name:	
Telephone (business hours):	
Email Address:	
Position in Organisation:	

(b) Are you an Incorporated organisation? (please tick the relevant box below to indicate eligibility)
Incorporated <input type="checkbox"/> Please provide a copy of your Certificate of Incorporation
Unincorporated <input type="checkbox"/> (organisations who are not incorporated must have a sponsoring body that is incorporated) Please provide copies - Certificate of Incorporation of sponsoring organisation. of: - letter from the sponsor confirming acceptance of responsibility for the project.

(c) Sponsor Details (if applicable)
The 'sponsor' is an incorporated body which will accept legal and financial responsibility for your Project or activity.
Name of Sponsor:
ABN:
GST Registered, please tick one Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal Address:
Street Address:
Email Address:

SECTION 2 PROJECT DETAILS

(a) Name of the Project

Please provide the name of the project for which a grant is sought.

(b) About your Project

You can attach more Project information if you have it.

What do you want to do?

Where did this idea come from (e.g. members or volunteer's suggestion, community inquiry)?

What you are aiming to achieve by doing this Project?

Are you working with other organisations on this Project? (Please attached any letters of support from other organisations or groups)

Will you need ongoing support to maintain the work of the Project after the grant has been spent? If so, where will the support come from?

(c) *Timing and location of the Project*

Please outline when and where the project will take place. Please provide a timeline for the project including a projected start and completion date.

(d) *Participation*

- ***Who will participate in the work of this Project (e.g. working group, committee, general public, community members invited to workshop)?***

- ***How many volunteers and volunteer hours do you anticipate being contributed?***

- ***Who will benefit from this Project (e.g. neighbouring community, children's groups)?***

(e) *Evaluation of the Project*

Please outline how you will evaluate the success of the project e.g. a debrief with the organisers after the event, asking participants about their experience, feedback from other groups and organisations involved in the project.

SECTION 3 BUDGET DETAILS

(a) Project Costs	
<i>Please list the costs for your Project with as much detail as you can. If you're buying equipment, for example, give an approximate cost for each type of equipment</i>	
Budget Item	Total Cost (GST Inclusive)
Total Project Cost	\$
Less: Organisation's contribution to project (where applicable)	\$
Less: Funds to be raised in other ways (where applicable)	\$
TOTAL Bill Raby Diabetes Fellowship Community Grant sought	\$

(b) Other Funding			
<i>Have you made, or do you intend to make, an application for a grant for this project or activity from any other source?</i>			
No	<input type="checkbox"/>	Yes	<input type="checkbox"/> (Please provide details)
Program Name			
Program Source			
\$ Amount		Date the outcome is expected	

SECTION 4 AGREEMENT AND DECLARATION

I have been authorised by	(name of organisation or sponsor)
to make this application.	
I have read and accept the Privacy Statement included in the Administration Section:	Yes / No
I have read and accept the Conditions of the Fellowship:	Yes / No
I understand that neither Healthy Living NT nor the Fellowship have taken any role in the planning or preparation for this activity and accept no liability in the conduct of the activity.	Yes / No
State Full Name:	
Position in Organisation:	
Signature:	
Date:	