Northern Territory Government

DEPARTMENT OF **CHILDREN AND FAMILIES**

2012 International Women's Day Grants

Name of applicant/organisation:					
Postal address:					
Name of person organising the activity:					
Position title:					
Name of activity:					
Location of activity:					
Date/s of activity:					
Proposed time of activity:					
Telephone:		**Mobile:**		**Fax:**	
Email:					

Region (please tick):	☐ Darwin ☐ Alice Springs ☐ Katherine ☐ Tennant Creek ☐ West Arnhem ☐ East Arnhem ☐ Other (specify) _____

1. Is your organisation incorporated? (Please note: all grants must be awarded through a legally incorporated organisation).		
☐ Yes	Please provide date of incorporation:	
☐ No	Please provide details of sponsoring body:	

2. Is your organisation/sponsoring body registered for GST?	
☐ Yes	☐ No
What is your organisation's/sponsoring body's Australian Business Number (ABN)?	

3. Are you or your sponsoring body an income tax exempt body?			
☐ Yes	Please provide:	Date of effect:	
		Tax exempt category:	
		A copy of your tax exempt endorsement	
☐ No			

ABOUT YOUR ACTIVITY

4. Please provide a detailed description of the proposed 2012 International Women's Day activity. (This is your opportunity to "sell" your activity! You can attach whatever materials you like to explain and promote your idea).

5. How will this activity promote gender equality for women, educate the community about International Women's Day and/or celebrate the achievements of women?

WHO ARE YOU TARGETING?

6.	Are there any particular groups you are targeting and why? For example Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, women with disabilities, women living in regional, remote or rural areas of the Territory or young women.

ABOUT THE GRANT

7.	How much grant funding is your organisation requesting?

8.	What funding (if any) has your organisation received from another Australian, Territory or Local Government agency or another organisation for the International Women's Day activity you are applying for?

THE BUDGET GUIDE

9. Please detail what you will be spending the 2012 International Women's Day grant funding on. Please check the grants guidelines for details of what is eligible for funding and what is not.	
ITEM	**AMOUNT**
Catering	
Hire of venue	
Hire of equipment (please specify)	

Consumables (please specify)	

Other (please specify)	
TOTAL EXPENDITURE	**$**

10. What kind of commitment will your organisation give to this activity? Please specify.	
☐ Financial:	
☐ Administration:	
☐ Staff/Volunteers:	
☐ Insurance:	
☐ Use of Facilities:	
☐ Other (specify)	

NORTHERN TERRITORY GOVERNMENT SPONSORSHIP

11. Recognition of the sponsorship of the Office of Women's Policy, Northern Territory Government, is a condition of funding. Please select how you will promote this sponsorship at your 2012 International Women's Day event.	
☐ Media Advertising	☐ Posters
☐ Website	☐ Program
☐ Tickets	☐ Printed Materials
☐ Banners	☐ Other (specify)

EVALUATION

12. How will you measure the success of your 2012 International Women's Day activity? Please select from the following and specify.	
☐ Statistics:	
☐ Questionnaires/Surveys:	
☐ Interviews:	
☐ Other (specify)	

18. Would you be willing to provide the Office of Women's Policy with CDs, photos and other materials when returning your evaluation and acquittal forms, demonstrating the success of your project?	
☐ Yes	☐ No

19. How did you find out about the 2012 International Women's Day grants?	
☐ Newspaper Ad (please specify):	
☐ Mail Out	
☐ Email	
☐ Office of Women's Policy Website (www.women.nt.gov.au and www.territorywomen.nt.gov.au)	
☐ Fax Out	
☐ Other (please specify):	

20. Before sending this application to the Office of Women's Policy, please complete the following checklist:	
Completed all the questions/ sections in this application form.	☐
Signed and completed the authorisation	☐
Taken a copy of all documentation for your records	☐

AUTHORISATION

I certify, as an authorised representative of the organisation, that the information given in this application is true and correct (applicants under the age of 18 must obtain the signature of their parents/guardian). I understand that should this application be successful, some of the information herein may be used for promotional purposes.

Signature:		**Date:**	
Printed Name:			
Position Held:			
Organisation/ Sponsoring Body:			

Completed applications may be submitted by:	
Hand delivery:	Office of Women's Policy Level 6, Darwin Plaza Smith Street Mall Darwin NT 0800
Post:	Office of Women's Policy PO Box 40596 Casuarina NT 0811
Fax:	08 8999 2577
Email:	owp@nt.gov.au

PRIVACY NOTICE

The Office of Women's Policy is collecting the information on this form to ascertain whether or not your application meets the grants criteria. If you do not provide all the information requested, the Office of Women's Policy may be unable to process your application for funding.

Should this application be successful, some of the information in this application form will be provided to the Office of the Minister for Women's Policy, Department of Health and Families (DHF), media organisations, local organisations, local governing bodies and Territory women for the purpose of promoting and reporting on your activity. Information will be distributed via press releases, promotional material on the women's and DHF websites, and other departmental publications.

The personal information you provide is able to be accessed and corrected if necessary by you or your nominated representative by application or request to the Office of Women's Policy. If you have any queries, please telephone the Office on 8999 2703, email owp@nt.gov.au or by post to PO Box 40596, CASUARINA NT 0811.