**Alcohol and Other Drugs Youth Grants Program**



Application Form

### Applying Organisation

Name of Organisation:

Postal address:

Residential address:

Contact person: Position:

Phone No: Email: ABN:

### Title of the proposed project or activity (eg: Maningrida AOD Bush Project)

1. **Amount of funding requested (maximum of $20,000)**

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### Dates (s) of proposed project or activities

1. **Proposed project or activity overview**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective(s)**  (What is the project or activity trying to achieve?) | **Activities**  (How are you going to achieve the objectives?? | **Output(s)**  (eg material produced, participation in the activity) | **Evaluation**  (How will you know the objective has been achieved? How will you measure your success?) |
|  |  |  |  |



1. **Detailed project or activity description**

Please attach a detailed description of the proposed project or activity. Include purpose and objectives, staffing structure, location of the service, hours of service, target group, target issues, time frames and proposed service activities.

Please note all projects must demonstrate a direct correlation to the National Drug Strategy 2017-2023, and/or the National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014- 2019 with their application.

*Tick box if project description is attached*

### Proposed budget for your project or activity

Please attach a detailed budget

*Tick box if detailed budget is attached*

### Project Support

Please attach details of other support being provided to your organisation to achieve the project objective.

For example, funding from Northern Territory Government or Australian Government agencies or support from the community.

*Tick box if details of other project support is attached*

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## Application Form

[www.health.nt.gov.au](http://www.health.nt.gov.au/)

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## Complete the AOD Youth Grants Program 2019 Application Form, the

NTG Vendor Creation/Amendment Form, and the NGO Registration/Update Form and attach any additional supporting evidence to your application.

Submit your application by 5 November 2018 via email to: [MHAOD.DOH@nt.gov.au](mailto:MHAOD.DOH@nt.gov.au)