

NT Mental Health Week 2024 Mini-Grant Application Form

CELEBRATING OUR STRENGTHS

PLEASE FILL OUT ALL REQUIRED INFORMATION

Date	
Organisation	
ABN Australian Business Number	A current ABN is required
Contact Name	Name: Position:
Contact Job Title	(If applicable)
Mobile Number	
Email Address	
Location of Event	
Event Name	
Organisational Partners	(Are you partnering with another service, group or organisation?)
Description of the Event.	300 words or less. Include how the event relates to the theme.
Who is the event for?	
Estimated Attendance	
How wil you publicize it?	
Is the event open to the public?	YES / NO (please circle)
Dollar Amount Requested	*Up to a maximum of \$1,000. If you will be charging GST for the event, this must be identified in the dollar amount you are requesting.



NORTHERN TERRITORY
MENTAL HEALTH
COALITION