

# NFPO Tourism Attraction Survival Payment Application Form Preview

## Eligibility

\* indicates a required field

The Not-for-Profit Tourism Attraction Survival Payment program ('Program') is established under the NT Government's Jobs First Plan to support Eligible Not-for-Profit Organisations significantly impacted by COVID-19.

***BEFORE YOU START: you must read and agree to the Program [Terms and Conditions](#) in full. Note in particular:***

An **Eligible Not-for-Profit Organisation or Organisation:**

- is an established not for profit trading tourism attraction physically located in the Northern Territory; and
- was incorporated under a law of the Commonwealth, a State or the Northern Territory prior to 1 October 2019; and
- is actively trading and holds a valid Australian Business Number as at 1 October 2019; and
- can demonstrate a minimum of 50% reduction in Turnover experienced in October 2020 when compared to its documented trading figures in October 2019; and
- can provide valid conclusive evidence of its number of employees and its financial situation; and
- is not an Excluded Recipient.

The Department will in its absolute discretion ascertain and decide whether a recipient is eligible under this program.

**Excluded Recipients** are organisations that are government owned or controlled bodies, statutory corporations, local government owned or controlled bodies, and/ or organisations which operate any other business undertaking or function in or to the community other than directly related to it being a tourist attraction.

**FTE** means a Full Time Equivalent Employee of the Eligible Not for Profit Organisation.

**Grant** means a once-off cash payment as described in Clause 3.3. Organisations should note they can apply only once for a Grant.

The Department reserves the right to conduct an Audit at any time during the Program or within 12 months after the Program's End Date.

**I am an Eligible Recipient as defined under the Program Terms and Conditions \***

- Yes  No - ineligible - do not continue

**This application is not submitted by anyone other than myself as the Eligible Recipient \***

- Yes  No - ineligible - do not continue

**I consent to my personal information being shared between/ with relevant NT Government and external agencies/ advisers/ bodies for the purposes of ascertaining and validating my eligibility under this Program \***

- Yes  No - ineligible - do not continue

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## Monitoring and evaluation of the Program

These questions are for research and evaluation purposes only. Your answers are not used as part of your registration and will remain confidential.

### How did you hear about the Program? \*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Newspaper              | <input type="checkbox"/> TV                          | <input type="checkbox"/> Friend/ family/ acquaintance |
| <input type="checkbox"/> Social media           | <input type="checkbox"/> Radio                       | <input type="checkbox"/> Other: <input type="text"/>  |
| <input type="checkbox"/> Internet search engine | <input type="checkbox"/> Press Release/ Announcement |   |

### Not-for-profit organisation services the following sectors

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcohol & Other Drugs               | <input type="checkbox"/> Environment    | <input type="checkbox"/> Mental Health               |
| <input type="checkbox"/> Carers                              | <input type="checkbox"/> Gambling       | <input type="checkbox"/> Recreation & Sport          |
| <input type="checkbox"/> Children & Families                 | <input type="checkbox"/> Health         | <input type="checkbox"/> Senior's Services           |
| <input type="checkbox"/> Community                           | <input type="checkbox"/> Housing        | <input type="checkbox"/> Volunteer                   |
| <input type="checkbox"/> Culturally & Linguistically Diverse | <input type="checkbox"/> Indigenous     | <input type="checkbox"/> Women's Services            |
| <input type="checkbox"/> Disability                          | <input type="checkbox"/> Law & Justice  | <input type="checkbox"/> Youth                       |
| <input type="checkbox"/> Employment & Adult Education        | <input type="checkbox"/> Men's Services | <input type="checkbox"/> Other: <input type="text"/> |

Choose all that apply

## Applicant details

### Not-for-profit organisation name \*

Organisation Name

Legal entity name (not trading name). If a Trust, you must give the name of the Trustee of the Trust and attach a copy of the entire trust deed further below in this application form

### Incorporation Number \*

### ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed

# NFPO Tourism Attraction Survival Payment Application Form Preview

ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Not-for-profit organisation's operational address \*

Address

  

If no search results are found, Please click "Can't find your address?"

## Not-for-profit organisation's contact phone number \*

Please provide a phone number you can be contacted on if required. Include area code if a landline. Must contain 10 characters eg 0889995511

## Not-for-profit organisation's email \*

Please enter your preferred email address for all written correspondence, if approved your voucher/s will be sent here.

## Not-for-profit organisation's website \*

Must be a URL.

## Geographic region of operations (You can select more than 1 region) \*

- |  |   |
|--|---|
| <input type="checkbox"/> Alice Springs / Central Australia | <input type="checkbox"/> East Arnhem            |
| <input type="checkbox"/> Daly-Tiwi-West Arnhem             | <input type="checkbox"/> Katherine & Big Rivers |
| <input type="checkbox"/> Darwin & Suburbs                  | <input type="checkbox"/> Palmerston & Suburbs   |
| <input type="checkbox"/> Darwin Rural Area                 | <input type="checkbox"/> Tennant Creek & Barkly |

At least 1 choice must be selected.

## Northern Territory Government Vendor ID Number (if known)

You can leave this blank for now. However you will need a vendor ID to redeem vouchers

If you are unsure or do not have a Vendor ID, please visit <https://invoicentg.nt.gov.au>.

## Authorised Contact

The Department will use the below details to make contact with you, should we require anything further. This is also the person responsible for this application.

### Contact person \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

# NFPO Tourism Attraction Survival Payment Application Form Preview

**Position \***

**Phone number \***

Include area code if a landline

**Alternate phone number**

Include area code if a landline

**Email \***

Must be an email address.

## Employee Details

Payroll details report for the month of October 2019 and October 2020 (rosters and timesheets are not acceptable).

### **This report must include:**

- The employee names
- The hours that employees actually worked

### **FTE principles and calculations are as follows:**

- Employees must work in the Northern Territory
- 1 FTE = 72hrs worked per fortnight, per employee in the business (36hrs worked per week)
- If a single employee works more than 72 hours in a fortnight this is still counted as a single FTE or max 72 hrs per the FTE hours.
- If a single employee works less than 72 hrs per fortnight, the FTE count is proportionate. Eg. Employee A works 18 hours in a fortnight this is calculated as  $18\text{hrs}/72\text{hrs} = 0.25\text{FTE}$  or 18 hours per the FTE hours.
- A standard rounding processes to the nearest FTE will apply to the total. If the total FTE count is below 1FTE, these will be rounded up to 1FTE.

### **I have valid evidence of employees and financials as per the terms and conditions**

\*

- I have valid evidence of employees and financials for October 2019
- I have valid evidence of employees and financials for October 2020

**IMPORTANT** – Applications received without valid evidence of employee details and your financial situation may not be eligible, please ensure you have valid evidence attached within this application **PRIOR** to submitting

**Please save your application and return when you have valid evidence in line with the Program's [Terms and Conditions](#)**

October 2019 Employee Details

# NFPO Tourism Attraction Survival Payment Application

## Form Preview

### How many employees undertook paid work in October 2019? \*

If none, put 0. This can include owners/ directors who worked in the business and drew a wage.

### How many volunteers undertook work in October 2019? \*

If none, put 0.

### Upload October 2019 pay summary \*

Attach a file:

Can be payroll sheet and must include employee names and hours worked

## October 2020 Employee Details

### How many employees undertook paid work in October 2020? \*

If none, put 0. This can include owners/ directors who worked in the business and drew a wage.

### How many volunteers undertook work in October 2020? \*

If none, put 0.

### Upload October 2020 pay summary \*

Attach a file:

Can be payroll sheet and must include employee names and hours worked

## Evidence of Turnover

Upload evidence of annual turnover for each financial year.

This **MUST** be certified by an accountant/ ATO or provided from accounting software.

### October 2019 Turnover \*

Attach a file:

eg. tax return, management accounts, etc.

### October 2020 Turnover \*

Attach a file:

eg. tax return, management accounts, etc.

## Declaration

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\* indicates a required field

### Unattested Declaration under the Oaths, Affidavits and Declarations Act

I (insert full name) \*

#### solemnly and sincerely declare

- I have read, understood and agree to comply with the [Terms and Conditions](#) of the Not-for-Profit Tourism Attraction Survival Payment Program.
- I have read, understood and agree to the [Privacy Statement](#).
- No other application for a voucher under this Not-for-Profit Tourism Attraction Survival Payment Program has been made by any other person in relation to the property/business the subject of this application.
- I will advise the Department immediately if any of the information and details provided in this application change during the course of the grant.
- I accept that the Department will carry out spot audits of grant recipients throughout the duration of the program and for 12 months after it has ended; I agree to provide all requested documents and information in relation to this application.

**This declaration is true and I know that it is an offence to make a declaration that is false in any material particular. \***

Confirm

**This declaration is made at \***

Location or town the declaration is made at, eg. Darwin, Alice Springs, etc.

**Name \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Date of birth \***

Must be at least 18 years of age.

**Position title \***

Must be a principal of the business applying ie. Director, Sole Trader, Partner etc.

**Date of declaration \***

Must be a date.