



**Community Grants Program**

**SERVICE AGREEMENT**

<b>Grant Acquittal Date:</b>	<b>Insert Date</b>
<b>ORGANISATION:</b>	<b>Insert Name</b>
<b>SPONSOR (if applicable)</b>	<b>Insert Name (if Applicable)</b>
<b>PROJECT:</b>	<b>Insert Name</b>
<b>GRANT APPROVED:</b>	<b>\$TBA PLUS GST (If Applicable)</b>

1. The parties to this agreement are:
  - **Organisation/Sponsor Name**, and
  - **Healthy Living NT** (The Diabetes Association of the NT Inc.) on behalf of the Bill Raby Diabetes Fellowship Board of Governors.
2. The award is subject to your written acceptance of the conditions set out below within 1 month of the date of offer.
3. The organisation must apply the Fellowship funding grant to the project or activity, and agrees that the application for Fellowship funding is incorporated into and forms part of this Agreement.
4. Unless otherwise agreed to by the Board of Governors, the Fellowship activity must commence by **1 February 201?** and be completed **by 1 December 201?**; if it is not undertaken within this time, the applicant may, at the absolute discretion of the Board of Governors, forfeit the Fellowship grant.
5. Within 90 days of the conclusion of the activity the organisation shall submit a [Grant Acquittal Report](#) acquitting of funding and describing the outcomes of the project and benefit of Fellowship funding.
6. The organisation will acknowledge the assistance given by the Fellowship through:
  - visibly displaying Healthy Living NT’s logo in promotional material associated with the project;
  - inviting Healthy Living NT and/or Fellowship Governors as appropriate to any functions associated with the project.
7. If for any reason it is no longer possible to carry out the purpose for which the grant was made, any unexpended funds must be repaid to the Bill Raby Diabetes Fellowship within 30 days of a request from the Board of Governors.
8. The organisation/sponsor indemnifies the Board of Governors against all loss, liability and expense arising out of or in connection with all activities of the organisation in the course of the Fellowship. To the fullest extent allowed by law, the applicant releases the Board of Governors from any claim he/she may have against the Board of Governors (including any claim for negligence).The intellectual property and copyright of all reports and related material submitted to the Board of Governors vests in the Fellowship.
9. The organisation agrees to actively promote the knowledge of the aims and ideals of Fellowship and to be as supportive as possible of the Board of Governors before, during and after completion of the Fellowship.

\_\_\_\_\_  
Authorised Delegate of the Board of Governors

...../...../201..  
Date

### ORGANISATION ACCEPTANCE

As delegated on behalf of the organisation/sponsor named below, I agree to accept the grant for the purpose for which it is approved and under the conditions outlined above.

<b>Organisation (conducting project)</b>			
Name		Position	
Signature		Date	
<b>Sponsor Organisation</b>			
Name		Position	
Signature		Date	

Please complete two copies of this form retaining one for your records and returning one to:

**Post:**

The Bill Raby Diabetes Fellowship  
Chief Executive Officer  
Healthy Living NT  
PO Box 40113  
CASUARINA NT 0811

**Fax:** (08) 8927 8515

**Email:** [ceo@healthylivingnt.org.au](mailto:ceo@healthylivingnt.org.au)

### PAYMENT OF FUNDS

Unless otherwise specified in writing, grant funding is paid in advance and in full to the body with legal and financial responsibility for the project. **For those organisations which are sponsored, payment will be made to the Sponsoring Organisation.**

Upon receipt by Healthy Living NT of the signed Service Agreement and a Tax Invoice for the amount of the Grant, payment will be processed.