



TRADITIONAL OWNER GROUPS

**OUTSTATIONS EQUIPMENT
APPLICATION FORM**

Before completing this form you should read the **“Northern Sub-Regional Trust 2018 Grant Funding Guidelines”**. You **must** also meet the eligibility criteria on Page 4 of the Guidelines. Please ensure the entire application is completed.

If you have any queries or need assistance to complete this form please contact the Finance Grants Officer (see contact details below).

When completed please return to the:

Finance Grants Officer
Western Cape Communities Trust
PO Box 106
Weipa Qld 4874
Phone: (07) 4069 7945
Fax: (07) 4069 9947

Email: fgo1@westerncape.com.au or fgo2@westerncape.com.au

NAME OF APPLICANT: _____

APPLICATION MUST BE RETURNED BY: ____ / ____ / ____

NEXT SCHEDULED NORTHERN SUB-REGIONAL TRUST BOARD MEETING: ____ / ____ / ____

**LATE APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE NEXT NORTHERN SUB-REGIONAL TRUST
DIRECTORS BOARD MEETING**



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1. APPLICANT DETAILS

Name of Applicant:

Traditional Owner Group:

Street Address:

**(must be completed for
delivery purposes)**

Postal Address:

Phone Number:

Email (if available):

2. NOMINATED CONTACT

You may wish to nominate a person who can be contacted on your behalf in regards to your application. This person must be acquainted with the details of your application.

Name of Contact:

Phone Number:

Email (if available):



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3. FUNDING AVAILABLE

The Northern Sub-Regional Trust is committed to supporting the Elders and Traditional Owners from the Northern WCCCA region to access and live on their outstations.

3.1 Outstation Equipment

Funding for outstation equipment is capped at a maximum of \$10,000 per application.

Applications will be considered individually and applicants can only apply every 5 years.

Funding is available for items such as:

- Tents
- Tarpaulins
- Poles
- Ropes
- Generators
- Water bottles
- Chainsaws
- First aid kits

Terms and Conditions

1. Applicants must provide proof of low income by supplying a Centrelink Statement or a copy or a valid Centrelink issued concession card.
2. The purpose is to assist people living on outstations.
3. Funding must be for the necessities of life.
4. Funding must be used to improve the standard of living.
5. Funding must not be used for commercial profit or money-making.
6. Proof of appropriate licences must be provided for the purchase of chainsaws.
7. Safety gear must be purchased along with chainsaws and must be used.
8. Applicants must be responsible for the maintenance, upkeep and housing of items.
9. The property is to be used for organised activities (such as teaching traditional skills)
10. Applicants must provide quotes at the time of application
11. Funding must be acquitted and applicants must acknowledge the NSRT for its funding support.

You must agree to the Terms and Conditions listed above for this application to be forwarded to the Northern Sub-Regional Trust Board of Directors for consideration. Your signature is to be recorded on the last page of this application.



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OUTSTATION EQUIPMENT

Please provide specific details on how these funds will be used in the relevant box provided below.

Please note the amount available for funding may not be enough to purchase all you are requesting. Please place a 1, 2 etc in the box next to the item to confirm your order of preference.

Quotes and details of planned activities should be attached with the application.

Please provide name of the Outstation / Area		
Tents (Please provide details of the amount and type of tents, if any, required)		Dollar Value
Tarpaulins (Please provide details of the amount and type of tarpaulins, if any, required)		
Poles (Please provide details of the amount and type of poles, if any, required)		
Ropes (Please provide details of the amount and type of ropes, if any, required)		
Generators (Please provide details of the amount and type of generators, if any, required)		
Water Bottles (Please provide details of the amount and type of water bottles, if any, required)		
Chainsaws (Please provide details of the amount and type of chainsaws, if any, required)		
First Aid Kits (Please provide details of the amount and type of first aid kits, if any, required)		

Please ensure you have attached your proof of low income before submitting your application.



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4. DECLARATION

I declare that the information I have provided on this form is complete and accurate and that my application meets the Western Cape Communities Trust, Northern Sub-Regional Trust 2018 Grant Funding Guidelines.

I accept and agree to the Terms and Conditions as outlined in this application.

I understand that my application will be considered at the next meeting of the Northern Sub-Regional Trust Board of Directors.

I understand and accept that the Directors decision to approve or not approve this application is final.

I understand that I may be requested to provide additional information.

Signature of Applicant:

**Signature of Contact (if
different from Applicant):**

Date:

_____/_____/_____

What happens after the Directors of the Northern Sub-Regional Trust have considered my application?

Successful Applicants

Following the Northern Sub-Regional Trust Board of Directors Meeting you will receive a letter from the WCCT Finance Team to notify you of the outcome of your application.

The letter will include details of the Board Decision, an Acceptance of Conditions Form and details regarding any required tax invoice with your designated bank account details for electronic funds transfer.

Unsuccessful Applicants

You will receive a letter advising of the Board Decision and details of why the application was not successful.



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Official Use Only			
Date Application Received: ____ / ____ / ____.		Reference Number:	
Application details MUST be entered on the Grant Funding Spreadsheet.			Date entered: ____ / ____ / ____.
Total Value (\$) of this application			
Letter of Acknowledgement Sent	Y	N	Date sent: ____ / ____ / ____.
Has the applicant applied for Outstation Equipment Funding previously?		Y	N
If yes, provide date: ____ / ____ / ____.			
Has all funding been acquitted?			
If yes, provide date: ____ / ____ / ____.			
Does the application meet the conditions contained in the NSRT 2018 Grant Funding Guidelines?		Y	N
Application approved by the NSRT Board of Directors?		Y	N
Resolution Number:			
Successful or Non Successful Letter Sent?		Y	N
Date sent: ____ / ____ / ____.			
Goods delivered?		Y	N
Date delivered: ____ / ____ / ____.			
Other Comments:			
Acquittal Process			
Acquittal Guidelines Sent	Y	N	Date sent: ____ / ____ / ____.
To whom?			
Acquittal Completed		Y	N