



TRADITIONAL OWNER GROUPS

WHITEGOODS AND HOUSEHOLD GOODS

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 Officers (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 supports funding that delivers an enhanced quality of life to the Traditional Owners it represents. ONLY essential items for everyday living, as defined by the Charities Act 2013 (Cwlth) and the ATO, will be funded by the Northern Sub-Regional Trust.

The Northern Sub-Regional Trust Board of Directors will consider funding the following items **ONLY**.

These include:

- Fridges and Freezers
- Washing Machines
- Clothes Dryers
- Bedroom furniture, such as beds, bedside tables or tallboy cupboards.
- Mattresses
- Bed and Bath Linen
- Dining table and chairs
- Basic kitchen utensils
- Small Kitchen Appliances eg microwaves, kettles, toasters – **does not** include novelty type items, coffee machines, electric mixers, deep fryers and so forth
- Air Conditioners
- **DOES NOT** include other electrical goods such as, but not limited to, Lamps, Vacuum Cleaners, Irons, TV's, DVD Players or Stereos etc.
- **DOES NOT** include other furniture items such as, but not limited to, Lounge Suites or Chairs, Sofa Beds, Lamp or Coffee Tables, Entertainment Units etc.

WHITEGOODS AND HOUSEHOLD GOODS FUNDING HAS BEEN FULLY EXPENDED FOR THE 2018 CALENDAR YEAR.

Whitegoods are capped at a maximum amount of \$4,500 and is available to each **household only**.

An additional capped amount of \$1,000 will be provided where required to assist with the cost of air con installation. (This funding is not available to those approved in earlier funding rounds)

If all budgeted funding is allocated applications will be held over to the following year.

Terms and Conditions

1. All applications will be considered on a case by case basis and all applications must be prioritised to those applicants who reside within the Western Cape and Hopevale regions.
2. Applicants **must** be living in their own home or provide written confirmation of being allocated a house and **not** be on the housing waiting list
3. **Proof of being the head tenant (copy of the Tenancy Agreement) must be provided with the application for it to be considered by the Board of Directors**



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4. Applicants **must** provide proof of low income by providing a copy of their Centrelink Statement or valid Centrelink issued concession card.
5. The receipt of Family Tax Benefit alone does not make an applicant eligible.
6. Applicant must be a registered A Class Shareholder.
7. **If you do not meet the requirements of all of the above conditions your application will not be considered.**
8. Goods will only be delivered to the household that has been approved by the NSRT
9. **Applicants can only apply for funding every five (5) calendar years and must sign the statement and declaration in relation to the supply of whitegoods. (page 6 of this form)**
10. Applicants can **only** apply for goods from the list provided
11. Please note that if an approved applicant is found to have on-sold their whitegoods then they will no longer be eligible to be considered to receive future funding, due to them breaching our charitable trust guideline conditions.
12. Applicants take ownership of the goods and must carry out maintenance and general up-keep of the appliances at their own cost
13. The WCCT Finance Team will assist with completion of warranty cards if required
14. The WCCT Finance Team will confirm that a copy of the applicant's family tree is held on file or a copy of the applicant's family tree must be attached to the application.
15. The WCCT Finance Team will arrange for payment of purchased goods with its preferred suppliers upon receipt of an invoice. Funding is **not** provided to applicants.

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 must be recorded on the last page of this application.



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FAMILY TREE FORM

*Please complete the Family Tree below.
 This Family Tree must be completed in full to your Grandparents and preferably to your Great Grandparents where possible.*

MOTHERS FAMILY TREE

FATHERS FAMILY TREE

Great Grandmother Name _____ _____ Traditional Owner Group	Great Grandmother Name _____ _____ Traditional Owner Group	Great Grandmother Name _____ _____ Traditional Owner Group	Great Grandmother Name _____ _____ Traditional Owner Group
Great Grandfather Name _____ _____ Traditional Owner Group	Great Grandfather Name _____ _____ Traditional Owner Group	Great Grandfather Name _____ _____ Traditional Owner Group	Great Grandfather Name _____ _____ Traditional Owner Group
Grandfathers Name _____ _____ Traditional Owner Group	Grandmothers Name _____ _____ Traditional Owner Group	Grandfathers Name _____ _____ Traditional Owner Group	Grandmothers Name _____ _____ Traditional Owner Group
Mother Name _____ _____ Traditional Owner Group		Fathers Name _____ _____ Traditional Owner Group	
Applicants Name _____ _____ Traditional Owner Group		Applicants Partner _____ _____ Traditional Owner Group	



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NSRT – Whitegoods & Household Goods

Statement and Declaration

First Time Applicants:

By lodging this Application for consideration by the NSRT Board for a grant for Whitegoods/Household goods (**Goods**), I make the following Statements and Declaration:

1. I have not previously applied to the NSRT for a grant for any Goods;
2. The Goods that I request in this application will satisfy the basic necessities for living within our household;
3. Our household residence currently does not have the Goods that I wish to acquire;
4. If the application is approved, I will only acquire Goods which will satisfy the basic necessities for living for our household residence; and
5. The Goods will be properly looked after and maintained by the household and will not be sold, gifted or otherwise disposed of by any member of the household.

Subsequent Applications:

By lodging this Application for consideration by the NSRT Board for a grant for Whitegoods/Household goods (**Goods**), I make the following Statements and Declaration:

1. All Goods that have previously been received from a grant by the NSRT are no longer of serviceable condition and none of such Goods have been sold, gifted or otherwise disposed of by me or any person in the household residence;
2. Our household has not received any Goods from a grant provided by the NSRT within the last 3 years;
3. Our household residence currently does not have the Goods that I wish to acquire;
4. If the application is approved, I will only acquire Goods which will satisfy the basic necessities for living for our household residence; and
5. The Goods will be properly looked after and maintained by the household and will not be sold, gifted or otherwise disposed of by any member of the household.

Declaration:

I acknowledge & declare that the above statement to be true and accurate.

Signed: Date:...../...../.....

(Name of Applicant) -

Witnessed: Date:...../...../.....

Name of Witness:



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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?

Following the Northern Sub-Regional Trust Board of Directors Meeting you will receive letter from the WCCT Finance team advising you of the outcome of your application.



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Official Use Only			
Date Application Received: ____ / ____ / ____.		Reference Number:	
Is the applicant a Registered Shareholder of one of the 5 Northern TO Groups?		Y	N
If YES , application details MUST be entered on the Whitegoods Grant Funding Spreadsheet.		Date entered: ____ / ____ / ____.	
If NO , application details MUST be entered on the Non-Shareholder Whitegoods Spreadsheet		Date entered: ____ / ____ / ____.	
Non-Shareholder Notification Letter Sent with Shareholder Application Form?		Date sent: ____ / ____ / ____.	
Total Value (\$) of this application			
Letter of Acknowledgement Sent	Y	N	Date sent: ____ / ____ / ____.
Has the applicant applied for Whitegoods and Household Goods funding within the last five years?		Y	N
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