



COMMUNITY SUPPORT FUNDS

**RANGERS AND RANGER PROGRAMS  
APPLICATION FORM**

Before completing this form you should read the **“Southern 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](mailto:fgo1@westerncape.com.au) or [fgo2@westerncape.com.au](mailto:fgo2@westerncape.com.au)

NAME OF APPLICANT: \_\_\_\_\_

APPLICATION MUST BE RETURNED BY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NEXT SCHEDULED SOUTHERN SUB-REGIONAL TRUST BOARD MEETING: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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



**COMMUNITY SUPPORT FUNDS**

**1. APPLICANT DETAILS**

Name of Applicant: \_\_\_\_\_

Traditional Owner Group: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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): \_\_\_\_\_



## COMMUNITY SUPPORT FUNDS

### 3. FUNDING AVAILABLE

The Southern Sub-Regional Trust is committed to supporting Rangers and Ranger Programs of the Southern WCCCA region.

#### 3.1 Rangers and Ranger Programs

A total of \$50,000 has been allocated to the Rangers and Ranger Programs for the 2018 calendar year.

#### Terms and Conditions

1. Funding must be used for project based operations
2. Funding cannot be used for operational costs such as wages, rent and electricity.
3. Applications will be considered on a case by case basis
4. Funding must be acquitted.
5. Applicants must acknowledge the SSRT for its funding support

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



**COMMUNITY SUPPORT FUNDS**

**RANGERS AND RANGER PROGRAMS**

*In the box below, please provide details of your project based operation you are applying assistance for.*

<p>Please provide details of how this funding will be used? (eg description about the project how you wish to utilize the funding) Please attach any quotes you may have regarding the funding</p>	<p>Office use only</p>
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**COMMUNITY SUPPORT FUNDS**

**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 Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother 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

**Please complete in full**



**COMMUNITY SUPPORT FUNDS**

**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, Southern 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 Southern 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 Southern Sub-Regional Trust have considered my application?***

**Successful Applicants**

Following the Southern 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.

**Unsuccessful Applicants**

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



**COMMUNITY SUPPORT FUNDS**

Official Use Only			
Date Application Received: ____ / ____ / ____.		Reference Number:	
Application details <b>MUST</b> be entered on the Grant Funding Spreadsheet.		Date entered: ____ / ____ / ____.	
Total Value (\$) of this application			
Has the applicant applied for Ranger funding previously? If yes, provide date: ____ / ____ / ____.		Y	N
Has all previous funding be acquitted? If yes, provide date: ____ / ____ / ____.		Y	N
If NO, application cannot progress and contact Finance Manager			
Letter of Acknowledgement Sent	Y	N	Date sent: ____ / ____ / ____.
Does the application meet the conditions contained in the SSRT 2018 Grant Funding Guidelines?		Y	N
Application approved by the SSRT Board of Directors? Resolution Number:		Y	N
Successful or Non Successful Letter Sent? Date sent: ____ / ____ / ____.		Y	N
Other Comments:			
Acquittal Process			
Acquittal Guidelines Sent	Y	N	Date sent: ____ / ____ / ____.
To whom?			
Acquittal Completed		Y	N