



**COMMUNITY DEVELOPMENT FUNDS**

**AURUKUN SHIRE COUNCIL**  
**APPLICATION FORM**

Before completing this form you should read the **“Southern Sub-Regional Trust 2020 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](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 DEVELOPMENT FUNDS**

**1. APPLICANT DETAILS**

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

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 DEVELOPMENT FUNDS

### 3. FUNDING AVAILABLE

#### 3.1 Aurukun Shire Council

The Southern Sub-Regional Trust supports community development projects that benefit individuals and families as well as the physical infrastructure that is or could be available to the Community.

Funding will be provided to the Aurukun Shire Council to plan for, deliver and maintain such community infrastructure in the Shire of Aurukun.

#### Terms and Conditions

1. The Aurukun Shire Council must apply for grants that meet charity guidelines
2. Funding will be allocated against the Council's Capital Works, Community or Town Plan
3. Funding must be used in the respective calendar year and will not be rolled over to the next year
4. Funding must be acquitted
5. Council must have unqualified audits to be eligible to receive funding
6. Funding **cannot** be used to start businesses
7. Funding **cannot** be used for operating expenses such as rent and electricity
8. The Aurukun Shire Council must acknowledge the Southern Sub-Regional Trust 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.***



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**4. FUNDING REQUESTED**

*In the box below, please provide a detailed description of the community development project **and** how it will benefit the community members of the Aurukun Shire.*

Please provide details of how this funding will be used? (i.e. planning, delivery and/or maintenance of community infrastructure)	Dollar Value



**COMMUNITY DEVELOPMENT FUNDS**

Please provide a detailed costing as set against Council's Capital Works, Community or Town Plan.



**COMMUNITY DEVELOPMENT FUNDS**

Please provide details of how will this benefit the community members of the Aurukun Shire?

Have you attached a copy of Council's Capital Works, Community or Town Plan to this application (compulsory)

YES/NO (please circle)

Have you attached a copy of Council's unqualified audit from the most recent financial year (compulsory)

YES/NO (please circle)

If you answered No to the above 2 questions, please provide a detailed explanation as to why the Capital Works Plan and previous financial year unqualified audit have not been attached.



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**5. 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 2020 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 and details regarding any required tax invoice with your designated bank account details for electronic funds transfer. A copy of the Grant Acquittal Form and Policy will also be sent with this letter.

**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 <b>MUST</b> be entered on the Grant Funding Spreadsheet.			Date entered: ____ / ____ / ____.
Total Value (\$) of this application		\$	
Has the applicant applied for Aurukun Council funding previously? If yes, provide date: ____ / ____ / ____.		Y	N
Has all previous funding been acquitted? If yes, provide date: ____ / ____ / ____.		Y	N
If NO, application cannot progress and discuss with Finance Manager.			
Letter of Acknowledgement Sent	Y	N	Date sent: ____ / ____ / ____.
Does the application meet the conditions contained in the SSRT 2020 Grant Funding Guidelines?		Y	N
Has the applicant included a copy of the Capital Works, Community or Town Plan		Y	N
Has the applicant included a copy of the unqualified Audited Financials		Y	N
Application approved by the SSRT Board of Directors? Resolution Number:		Y	N
Approval details <b>MUST</b> be entered on the Grant Funding Spreadsheet.			Date entered: ____ / ____ / ____.
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	