



COMMUNITY DEVELOPMENT FUNDS

COMMUNITY EVENTS
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 or 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: _____

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): _____



COMMUNITY DEVELOPMENT FUNDS

3. FUNDING AVAILABLE

3.1 Community Events

Terms and Conditions

- 1 Applications will be assessed on a case by case basis.
- 2 Funding is provided to the organization not the individual and can be used to assist with catering or the purchase of items for the event
- 3 Funding must be acquitted
- 4 Funding **cannot** be used for operating expenses such as salaries, rent and electricity
- 5 The SSRT must be acknowledged publicly 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 DEVELOPMENT FUNDS

COMMUNITY EVENTS

In the box below, please provide specific details of the community event funding that is required for i.e. the catering for Anzac Day Celebrations or NAIDOC week celebrations etc.

<i>(Please provide a detailed budget)</i>	Dollar Value



COMMUNITY DEVELOPMENT 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 2020 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.



COMMUNITY DEVELOPMENT FUNDS

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			
Has the applicant applied for Donations funding previously? If yes, provide date: ____ / ____ / ____.		Y	N
Has all previous funding been acquitted? If yes, provide date: ____ / ____ / ____.			
If NO, application cannot progress and discuss with the 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
Application approved by the SSRT Board of Directors? Resolution Number:		Y	N
Successful or Non Successful Letter Sent? Date sent: ____ / ____ / ____.		Y	N
Goods delivered? Date delivered: ____ / ____ / ____.		Y	N
Other Comments:			
Acquittal Process			
Acquittal Guidelines Sent	Y	N	Date sent: ____ / ____ / ____.
To whom?			
Acquittal Completed		Y	N