



TRADITIONAL OWNER GROUPS

**OUTSTATION ACCESS  
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 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**

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**TRADITIONAL OWNER GROUPS**

**1. APPLICANT DETAILS**

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

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

Name of Outstation: \_\_\_\_\_

Do you have a Marine Licence? (please tick)     YES                       NO

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

## **TRADITIONAL OWNER GROUPS**

### **3. FUNDING AVAILABLE**

The Southern Sub-Regional Trust is committed to supporting Elders and Wik and Wik-Waya Traditional Owners to access and live on their outstations.

To assist families to access their outstations, the purchase of one boat will be considered on an individual basis **only** (this could include the purchase of motors for existing boats).

Using this form, applicants may apply for funding for:

- 1) Access to Outstations

#### **3.1 Terms and Conditions**

1. **Proof of appropriate licences must be provided for the purchase of boats.**
2. **Applicants must provide support for their application from their family group.**
3. **Only those holding a current marine licence can operate a boat purchased with funding provided by the SSRT.**
4. The carriage of alcohol is **not** permitted and all Alcohol Management laws apply
5. No open water access is permitted – Boats seen being used beyond Boyds Bay will be reported and confiscated.
6. Boats must not be used for commercial profit or money-making
7. If any conditions are breached the boat **will** be returned to the SSRT for re-sale
8. Applicants are responsible for the maintenance, up-keep and housing of these items
9. The WCCT Administration staff will at no time be involved with any disputes over boat usage.
10. The above conditions are not negotiable
11. The WCCT Finance Team will arrange purchase and delivery of the goods with its preferred suppliers for cost-effectiveness.
12. Funding is **not** provided to applicants



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**4. FUNDING REQUESTED**

- PURCHASE OF BOAT & MOTOR.....Go to Page 5
- PURCHASE OF MOTOR ONLY.....Go to Page 5



**TRADITIONAL OWNER GROUPS**

**ACCESS TO OUTSTATIONS – BOAT AND/OR MOTOR**

<p>Please provide details of how this funding will be used? (eg your current travel situation, the distance required and how this would be improved, average number of people travelling etc. )</p>	<p>Office use only</p>
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**\*Please attach a copy of the relevant operational (boating) license to this application**



**TRADITIONAL OWNER GROUPS**

**SIGNATURES OF SUPPORT FROM FAMILY MEMBERS**

**Please note: By signing your name below you acknowledge that the applicant, if approved, will have full authority over the boat and they alone will decide when and by whom the boat is to be used.**

**\*Please attach a copy of the relevant operational (boating) license to this application**



## **TRADITIONAL OWNER GROUPS**

### **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.

#### **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 Outstation Access funding previously?		Y	N
If yes, provide date: ____ / ____ / ____.			
Has all previous funding be acquitted?		Y	N
If yes, provide date: ____ / ____ / ____.			
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 2020 Grant Funding Guidelines?		Y	N
Application approved by the SSRT Board of Directors?		Y	N
Resolution Number:			
Approval details <b>MUST</b> be entered on the Grant Funding Spreadsheet.			Date entered: ____ / ____ / ____.
Telephone call to advise applicant of decision of Board?		Y	N
Call made: ____ / ____ / ____.			
Successful or Non Successful Letter Sent?		Y	N
Date sent: ____ / ____ / ____.			
Good Delivered?		Y	N
Date: ____ / ____ / ____.			
Other Comments:			
Acquittal Process			
Acquittal Guidelines Sent	Y	N	Date sent: ____ / ____ / ____.
To whom?			
Acquittal Completed		Y	N