



TRADITIONAL OWNER GROUPS

**OUTSTATION EQUIPMENT
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 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**



TRADITIONAL OWNER GROUPS

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): _____

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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.

3.1 Outstations – Equipment

The Southern Sub-Regional Trust Board of Directors will only fund items essential for life on Outstations.

These include such items as:

- Water Tanks
- Generators
- Chainsaws
- Mowers
- Whipper Snippers
- Tools
- Gas Stoves/Burners
- Showers
- Utensils
- Water containers
- Tents
- Tarpaulins
- Ropes & Poles
- Camp Ovens
- Esky's/Camp Fridges
- Billie's
- Plates and Cups

Terms and Conditions

1. Applications will be considered individually to the capped amount of \$6,000 per application
2. Only those with an Outstation will be eligible to received funding.
3. Applicants must provide proof of low income by supplying a Centrelink statement or valid Centrelink issued pension/health care card.
4. Applicants can only apply every second calendar year.
5. Excludes personal clothing and bedding
6. Proof of appropriate licences must be provided for the purchase of chainsaws.
7. Safety gear will be provided with the purchase of chainsaws and must be used
8. The purpose is to assist people living on outstations
9. Funding must be for the necessities of life and to improve the standard of living on outstations
10. Funding must not be used for commercial profit or money-making
11. Applicants are responsible for the maintenance, up-keep and housing of these items
12. **Please note** that if approved applicants are found to have on-sold/gifted their goods then they will no longer be eligible to be considered to receive future funding, due to them breaching our charitable trust guideline conditions.

OUTSTATIONS - EQUIPMENT

Please provide specific details on how these funds will be used in the relevant box provided below.



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*Please note the amount available for funding may not be enough to purchase all you are requesting.
Please place a 1, 2 etc in the box next to the item to confirm your order of preference.*

<u>Please provide the name of your Outstation</u>		Office use only
Please provide a detailed list of the items you wish to purchase. (*Please attach a copy of the relevant operational license to this application)		



TRADITIONAL OWNER GROUPS

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



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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, 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 MUST be entered on the Grant Funding Spreadsheet.			Date entered: ____ / ____ / ____.
Total Value (\$) of this application			
Has the applicant applied for Outstation Assistance 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:			
Successful or Non Successful Letter Sent?		Y	N
Date sent: ____ / ____ / ____.			
Other Comments:			
Acquittal Process			
Acquittal Guidelines Sent	Y	N	Date sent: ____ / ____ / ____.
To whom?			
Acquittal Completed		Y	N