



TRADITIONAL OWNER GROUPS

**SUPPORT OF WIK AND WIK-WAYA
TRADITIONAL PRACTICES AND CUSTOMS
TOMBSTONES & TOMBSTONE FEASTING
(INCLUDING HOUSE OPENINGS)**

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**



TRADITIONAL OWNER GROUPS

1. APPLICANT DETAILS

Name of Applicant: _____

Traditional Owner Group: _____

Location of Tombstone/House
Opening: _____

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

FUNDING AVAILABLE

The Southern Sub-Regional Trust is committed to help with costs to support ceremonies that form part of Wik and Wik-Waya traditional practices and customs relating to funerals.

Funding is available for:

- 1) Tombstones
- 2) T-Shirts for Tombstone Opening
- 3) Tombstone Feasting
- 4) T-Shirts for House Openings
- 5) House Opening Feasting

3.1 Tombstones

Terms and Conditions

1. Funding is capped at \$8,000 per tombstone.
2. Funding can be used for the purchase of the tombstone, tiles and tombstone base.
3. An additional amount of \$2,500 will be made available upon application for the purchase of tombstone T-Shirts if required.
4. Cash contributions to individuals are not permitted, and payment must be made to service providers/suppliers and not to individuals
5. SSRT must be publicly acknowledged 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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3.2 Tombstone Feasting

Terms and Conditions

1. Funding is capped at \$3,000 per applicant and will be provided for food for feasting
2. No cigarettes or alcohol are to be purchased with the funds
3. Cash contributions to individuals are not permitted, and payment must be made to service providers/suppliers and not to individuals.
4. SSRT must be publicly acknowledged for its funding support

3.3 House Opening – T-Shirts and Feasting

Terms and Conditions

1. Funding is capped at \$5,000 per applicant.
2. Funding will be provided ONLY as follows:
 - \$2,500 for the purchase of T-Shirts (including any freight costs)
 - \$2,500 for the purchase of food for feasting.
3. Cash contributions to individuals are not permitted, and payment must be made to service provider/supplier and not to individuals.



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3. FUNDING REQUESTED

Please indicate which category of funding you are applying for:

TOMBSTONES.....Go to Page 6

T-SHIRTS FOR TOMBSTONE OPENING.....Go to Page 6

TOMBSTONE FEASTING.....Go to Page 7

T-SHIRTS FOR HOUSE OPENING.....Go to Page 8

HOUSE OPENING FEASTING.....Go to Page 9



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TOMBSTONES

In the box below, please provide some details on the Tombstone assistance required.

<p>Please provide some details on the Tombstone requirements? <i>(Please provide the name of the family member who the tombstone is for and your relationship to them)</i></p>	Dollar Value
<p><i>If funding for T-Shirts for Tombstone Opening is required, please provide a copy of your quote.</i></p>	



TRADITIONAL OWNER GROUPS

TOMBSTONE FEASTING

In the box below, please provide some details on the Tombstone Feasting assistance required.

Please provide some details on the Tombstone Feasting requirements? Please provide name of family member whose tombstone is being opened as well as opening date etc.	Dollar Value



TRADITIONAL OWNER GROUPS

T-Shirts for House Opening

<p>Please provide a quote on the T-shirt being ordered. (Please provide the name of the family member who the T-shirt is for and your relationship to them)</p>	<p>Dollar Value</p>
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TRADITIONAL OWNER GROUPS

House Opening Feasting

Please provide some details on the House Opening Feasting requirements? Please provide name of family member whose house is being opened, the street address and the opening date etc.	Dollar Value



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



TRADITIONAL OWNER GROUPS

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			Eligibility through Aurukun Aboriginal Shire Council confirmed? Y N
Letter of Acknowledgement Sent	Y	N	Date sent: ____ / ____ / ____.
Has the applicant applied for Support of Wik and Wik Waya Traditional Practices and Customs funding previously?		Y	N
If yes, provide date: ____ / ____ / ____.			
Has all previous funding been acquitted?		Y	N
If yes, provide date: ____ / ____ / ____.			
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