



TRADITIONAL OWNER GROUPS

**WHITEGOODS AND HOUSEHOLD GOODS  
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**

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**TRADITIONAL OWNER GROUPS**

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



## **TRADITIONAL OWNER GROUPS**

### **3. FUNDING AVAILABLE**

The Southern Sub-Regional Trust supports funding that delivers an enhanced quality of life to the Traditional Owners it represents. Only essential items for everyday living will be funded by the Southern Sub-Regional Trust.

The Southern Sub-Regional Trust Board of Directors will consider funding the following items **ONLY**.

These include:

- Fridges
- Freezers
- Washing Machines
- Clothes Dryers
- Beds and Mattresses including bed linen
- Other linen
- Dining table and chairs
- Kitchen Appliances eg microwaves, kettles – **does not include novelty type items, coffee machines and so forth**
- Air Conditioners – this does not include installation

Funding will be provided to the elderly and sick or distressed and people suffering financial hardship.

### **Terms and Conditions**

1. **Only applicants suffering from old age/sickness/disability or low income will be considered**
2. A capped amount of \$6,000 is available to each **household only**
3. Applicants **must** be living in their own home and not on the housing waiting list
4. **Applicants must provide evidence of low income by attaching either a current Centrelink statement or a copy of their valid Centrelink issued health care card.**
5. Goods will only be delivered to the applicant that has been approved by the SSRT
6. Preference for funding will be provided to applicants residing in the Western Cape York Region
7. Applications received from outside of the Western Cape York Region will be considered on a case by case basis
8. If applicants apply this year and the quota of grants has been received, applications will be held over to the next funding round
9. **Applicants can only apply for funding every three years and must sign the declaration and statement page included with this form.**
10. Applicants can **only** apply for goods from the list provided.



### **TRADITIONAL OWNER GROUPS**

11. Please note that if approved applicants are found to have on-sold or gifted their whitegoods they will no longer be eligible to be considered to receive future funding, due to them breaching our charitable trust guideline conditions.
12. Applicants take ownership of the goods and must carry out maintenance and general up-keep of the appliances at their own cost
13. Goods must be a necessity.
14. The WCCT Finance Team will arrange payment of invoices for purchased goods with its preferred suppliers.
15. Funding is **not** provided to applicants.

***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.***

You must indicate which category you are applying under:

Please tick

Old Age/Sickness/Disability

Low Income

If you are not within one of the above categories your application will not be considered.



**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**



**TRADITIONAL OWNER GROUPS**

**SSRT – Whitegoods & Household Goods**

**Statement and Declaration**

**First Time Applicants:**

By lodging this Application for consideration by the SSRT Board for a grant for Whitegoods/Household goods (**Goods**), I make the following Statements and Declaration:

1. I have not previously applied to the SSRT for a grant for any Goods;
2. The Goods that I request in this application will satisfy the basic necessities for living within our household;
3. Our household residence currently does not have the Goods that I wish to acquire;
4. If the application is approved, I will only acquire Goods which will satisfy the basic necessities for living for our household residence; and
5. The Goods will be properly looked after and maintained by the household and will not be sold, gifted or otherwise disposed of by any member of the household.

**Subsequent Applications:**

By lodging this Application for consideration by the SSRT Board for a grant for Whitegoods/Household goods (**Goods**), I make the following Statements and Declaration:

1. All Goods that have previously been received from a grant by the SSRT are no longer of serviceable condition and none of such Goods have been sold, gifted or otherwise disposed of by me or any person in the household residence;
2. Our household has not received any Goods from a grant provided by the SSRT within the last 3 years;
3. Our household residence currently does not have the Goods that I wish to acquire;
4. If the application is approved, I will only acquire Goods which will satisfy the basic necessities for living for our household residence; and
5. The Goods will be properly looked after and maintained by the household and will not be sold, gifted or otherwise disposed of by any member of the household.

**Declaration:**

I acknowledge that should it be established that any of these above statements prove to be incorrect I will no longer be eligible to apply for any future grants of Whitegoods/Household Goods from the SSRT, and no person within my household will be eligible to apply for any future grants of Whitegoods/Household Goods from the SSRT.

Signed: ..... Date:...../...../.....

(Name of Applicant) - .....

Witnessed: ..... Date:...../...../.....

Name of Witness: .....



## **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.

**Unsuccessful Applicants**

You will receive a letter advising of the Board Decision and details of why the application was not successful.



**TRADITIONAL OWNER GROUPS**

Official Use Only			
Date Application Received: ____ / ____ / ____.		Reference Number:	
Is the applicant a Registered Shareholder of the SSRT?		Y	N
If <b>YES</b> , application details <b>MUST</b> be entered on the Whitegoods Grant Funding Spreadsheet.		Date entered: ____ / ____ / ____.	
If <b>NO</b> , application details <b>MUST</b> be entered on the Non-Shareholder Whitegoods Spreadsheet		Date entered: ____ / ____ / ____.	
Non-Shareholder Notification Letter Sent with Shareholder Application Form?		Date sent: ____ / ____ / ____.	
Total Value (\$) of this application			
Letter of Acknowledgement Sent	Y	N	Date sent: ____ / ____ / ____.
Has the applicant applied for Whitegoods and Household Goods funding within the last two years?		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: ____ / ____ / ____.			
Goods delivered?		Y	N
Date delivered: ____ / ____ / ____.			
Other Comments:			
Acquittal Process			
Acquittal Guidelines Sent	Y	N	Date sent: ____ / ____ / ____.
To whom?			
Acquittal Completed		Y	N