



**TRADITIONAL OWNER GROUPS**  
**MEDICAL EQUIPMENT AND SUPPLIES**  
**APPLICATION FORM**

Before completing this form you should read the **“Northern Sub-Regional Trust 2020-2022 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 NORTHERN SUB-REGIONAL TRUST BOARD MEETING: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***LATE APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE NEXT NORTHERN SUB-REGIONAL TRUST DIRECTORS BOARD MEETING***



## **TRADITIONAL OWNER GROUPS**

### **1. APPLICANT DETAILS**

Name of Applicant:

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Traditional Owner Group:

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Street Address:

**(must be completed for  
delivery purposes)**

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Postal Address:

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Phone Number:

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Email (if available):

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### **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:

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Phone Number:

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Email (if available):

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## TRADITIONAL OWNER GROUPS

### 3. FUNDING AVAILABLE

The NSRT supports funding that provides medical equipment and supplies to aid the sick, disabled and distressed and improve their standard of living.

#### 3.1 Medical Equipment & Supplies

##### Terms and Conditions

- Funding is capped at \$1,500 and can be used for medical equipment / capital items that are not provided by Government or other organisations.
- The purpose of funding is to provide aid to the sick, disabled or distressed members of the Community.
- A letter from your medical professional and a quote for the items being requested must be provided with the application.
- Applicants must provide proof of low income by supplying a Centrelink statement or a copy of a valid Centrelink issued concession card.
- All funding is provided to service providers or organisations.
- Funding will be deemed acquitted if all conditions are complied with.
- Examples include equipment for the elderly to assist with day to day living such as shower chairs, hand railings, wheelchairs.
- Funding must be used within six (6) months and will not be rolled over unless there is an approved application for an extension.
- Applicants must acknowledge the NSRT for its support.

***You must agree to the Terms and Conditions listed above for this application to be forwarded to the Northern Sub-Regional Trust Board of Directors for consideration.***

***Your signature is to be recorded on the last page of this application.***



## TRADITIONAL OWNER GROUPS

### 4. FUNDING REQUESTED

*In the box below, please provide specific details of the type of funding required:*

<b>For what purpose are you seeking funding?</b>	Dollar Value
<p>Please provide specific details and attached quotes for the type of medical equipment and supplies required and details of how they will provide aid to aged, sick or distressed members of the community.</p>	



## **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, Northern Sub-Regional Trust 2020-2022 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 Northern 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 Northern Sub-Regional Trust have considered my application?***

#### **Successful Applicants**

Following the Northern 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 may 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.