



NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER ECUMENICAL COMMISSION



NATIONAL
COUNCIL OF
CHURCHES IN
AUSTRALIA

ABORIGINAL AND TORRES STRAIT ISLANDER DEVELOPMENT FUND: APPLICATION

Please print answers to the following questions:

Name of organisation: _____

Project name: _____

Contact person: _____

Address: _____

Telephone number _____

Fax: _____

Amount Requested _____

Description of project

Location: _____

Target Group _____

Estimated number of people affected by the activity: _____

Project start date: _____

Project end date: _____

What priority category of ATSIDF does this activity fit into (refer to Funding Guidelines)?

Brief activity description . (Please attach more information if necessary)

Has the community been consulted? _____

If yes, please describe how the consultation was conducted: _____

What community needs/issues have been identified by your organisation?

How will this project address these needs?

What are the expected outcomes / benefits of this project?

How will these outcomes be monitored / evaluated?

About your Organisation

Please attach documentation, such as a brochure, outlining the roles and activities of your organisation.

Budget

Has funding been received from any other source? _____

What other funding bodies will approach / have been approached? _____

What is the total cost of the activity? _____

Amount requested from Development Fund: _____

Please attach a detailed budget, including administration, personnel, equipment, maintenance, travel and any other expenses that may be incurred. Please attach copies of quotes if applicable.

Declaration

I, _____, on behalf of _____,
declare that information contained in this application is true and correct.

Signature: _____ Date: _____

Return this form to:

National Aboriginal and Torres Strait Islander Ecumenical Commission
National Council of Churches in Australia
Locked Bag 199,
Sydney NSW 1230

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Fax: 02 9262 4514