



**ABORIGINAL AND TORRES STRAIT ISLANDER
DEVELOPMENT FUND: APPLICATION**

Please print answers to the following questions:

Name of organisation: _____

Project name: _____

Contact person: _____

Position within organisation: _____

Address: _____

Telephone number: _____

Fax number: _____

Amount Requested: _____

If successful, what name should appear on the cheque? _____

Description of project

Location: _____

Target Group: _____

Estimated number of people affected by the activity: _____

Project start date: _____

Project end date: _____

What 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 **have been** approached? _____

What funding bodies **will be** approached? _____

What is the total cost of the activity? _____

Amount requested from Development Fund: _____

What aspects of your budget would you like this amount to be used for? _____



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.

Support



Please provide letters of support for your project from two respected members of your community (For example: A community leader, Elder or Minister of Religion etc.). These referees cannot be family members.

Name of Referee 1: _____

Contact telephone number (daytime): _____

Email (if applicable): _____

Name of Referee 2: _____




Contact telephone number (daytime): _____

Email (if applicable): _____



Checklist

Please make sure you have attached the following documents:

-  A brochure or information about your organisation
-  A detailed budget
-  Letters of support from 2 respected members of the community

Declaration

I, _____, on behalf of _____,

declare that the information contained in this application is true and correct.

Signature: _____ Date: _____

PLEASE NOTE THIS APPLICATION MUST BE SIGNED BY AN AUTHORISED OFFICE HOLDER OF YOUR ORGANISATION SUCH AS THE CHAIRPERSON, SECRETARY OR CEO.

Please post the original application and keep a copy for your records OR send your application by email. Faxed applications must be followed by the hardcopy original.

Return this form to:

Executive Secretary
National Aboriginal and Torres Strait Islander Ecumenical Commission
National Council of Churches in Australia
Locked Bag 199, Sydney, NSW, 1230
Email: natsiec@ncca.org.au
Ph: 9299 2215 **Fax:** 9262 4514