



National Council of  
**Churches in Australia**  
NATSIEC



## **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, the following bank details are required for funds transfer

Account name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account number: \_\_\_\_\_

Please note: to receive funds, your organisation must be ATO registered with DGR status. Funds can be transferred to a partner organisation with this in place.



### 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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What are the expected outcomes / benefits of this project?

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How will these outcomes be monitored / evaluated?

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### **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:

General Secretary  
National Council of Churches in Australia  
Locked Bag Q199, Sydney, NSW, 1230  
**Email:** secretariat@ncca.org.au  
**Ph:** 9299 2215 **Fax:** 9262 4514