



WAGYL KAIP AND SOUTHERN NOONGAR CHARITABLE TRUST

GRANTS PROGRAM APPLICATION FORM

The Wagyl Kaip Southern Noongar Charitable Trust (WKSN) was established to provide assistance to the Noongar Community. The Trust aims to support projects run by Aboriginal Community Controlled Organisations which offer a direct and noticeable benefit to the community.

The WKSN Grant Program also provides support for Individuals.

Please read the Grants Program Guidelines before completing this application form to ensure you are eligible to apply, and note the points below: -

- ***Big Projects need more information, Small Projects need less information.***
- ***For funding applications to be reviewed - all information must be provided including a detailed budget and outline of the project/activity.***
- ***Individual Applicants only – please contact your auspicing ACCO to request support to sponsor your application e.g., Gnowangerup, Kojonup, Tambellup, Katanning, Albany, or Mt Barker. Please note these organisations may charge 10-15% to process the vouchers for your application budgetary requirements.***
- ***Individual Applicants Only – this program operates by providing vouchers to purchase fuel, food, camping equipment etc. No cash will be distributed to individuals.***
- ***If you have previously been approved for funding and have not submitted an acquittal report, you will not be considered for further funding until the grant is acquitted.***

NAME:

TELEPHONE NO:

EMAIL:

ADDRESS:

Grant Project Type

Aboriginal Community Organisation or Family Based Organisation

Not for Profit

Individual (applying on behalf of an immediate and extended Family Group)

ABN / ACN if applicable:

Location

Kaneang

Menang

Koreng

Grant Project Category

Culture – On country activities.

Aboriginal Youth – Creating strong leaders for the Future.

What is the project that you require funding for?

Detailed project plan attached?

(Maximum 450 words)

How much funding do you require from the WKSN Trust?	\$
When do you need the funding by?	
How much funding does your project require in total?	\$
Have you sought assistance from anywhere else (in kind support) - if so, where from and how much?	\$

Budget Breakdown – please itemise the amount you are requesting: -

- *Individuals are eligible to apply for up to \$5,000 for immediate and extended family group events/activities (refer table below for budget example).*
- *ACCO/Family Based Organisations are eligible to apply for up to \$5,000.*

Fuel (Travel)	Example	Total
Calculate total Kilometres for entire trip x cost of fuel. <i>You must tell us where you are travelling e.g., from home to Albany, Katanning, home.</i>	700Kms x \$1.60 per kilometre	\$1,120.00
Food		
Calculate the number of people x cost per head x # of days	5 people x \$50 per head x 3 days	\$750.00
Accommodation		
If you require accommodation, calculate the # of people x \$ per night. <i>Provide contact details for accommodation supplier.</i>	5 x people x \$100 per night	\$500.00
Camping Equipment		
If required, outline the equipment and cost for each item	2 x sleeping bags @ \$40.00 per sleeping bag 2 x Fishing Rods @ \$28.00 per Fishing Rod	\$80.00 \$56.00
	TOTAL FUNDS REQUIRED	\$2,586.00

Bank account details of where the money should be paid to:

INVOICE TO BE ATTACHED

Account Name:

BSB:

Account Number:

What outcomes will your project achieve?

When will these outcomes be achieved?

Detailed timeline attached?

(Start / Finish dates)

Who will benefit from the project?

How many WKSN people does the project involve?

List the people attending by name.

If you receive funding for your project, you will need to report back to the Trust about how the money was used. How will you report back to the Trust e.g., photos, written report form, power point presentation?

DECLARATION BY THE APPLICANT

I declare that all the information provided with this application is true and correct to the best of my knowledge. I acknowledge that any decision made in relation to this application is at the complete discretion of the Wagyl Kaip and Southern Noongar Native Title Charitable Trust Advisory Trustees. If project assistance is provided and it transpires that I have knowingly provided false or misleading information, I may be requested to repay any monies received from the Trust as a result of that false and misleading information. The Trust is not responsible for any additional costs and is not liable for any loss, damage or personal injury resulting from the Trust funding the whole or part of this project.

APPLICANT'S SIGNATURE: _____

DATE: _____

Email your completed form to the Wagyl Kaip and Southern Noongar Native Title Charitable Trust:

Email: communitytrusts@eqt.com.au

Subject: WKSN Grants Program Application

Regional Community Centres – for auspicing individual applications please contact one of the centres below

Katanning Aboriginal Community Centre – 08 9821 5486

Gnowangerup Aboriginal Community Centre – 08 98271 488

Kojonup Aboriginal Community Centre – 0427 427 854

Tambellup Aboriginal Community Centre – 08 9825 1002

Albany Aboriginal Corporation – 08 9842 2050

Mt Barker Aboriginal Corporation – 0492 252 324

APPLICATION CHECKLIST

Have you included the following information with your application?

Aboriginal Community Organisation and Not for Profit Projects

- Full details of the project**
- Itemised budget**
- The amount of money the project is asking from the Trust**
- If money has or will be coming from other places**
- How the money will be used**
- Details of where the money should be paid to**
- A project timeline**
- Details of who will benefit from the project**
- Detail the project outcomes**
- Invoice**

Individual Applicants (Family Group Activities and Events)

- The amount of money the project is asking from the Trust**
- If money has or will be coming from other places**
- How the money will be used**
- Details of where the money should be paid to**
- A timeline**
- Details of who will benefit from the project**
- SWALSC WKSN connection confirmation**
- Auspicing/Sponsoring ACCO or Organisation**

**Applications must be completed in full and include all required supporting documentation to be considered for approval.
Incomplete applications will not be considered.**

OFFICE USE ONLY:

Date Trustee received Request:	/ /	Date Trustee made decision:	/ /
Fate:		Date WKSN member advised:	/ /
(Any comments)			

