



TORRES STRAIT REGIONAL AUTHORITY
GRANT FUNDING APPLICATION
FOR
INDIGENOUS BROADCASTING PROGRAMME

FOR APPLICATIONS FROM LICENCED COMMUNITY
BROADCAST ORGANISATIONS ONLY

SECOND COMMON FUNDING ROUND FOR 2019 (CFR 2019-2)

Funding for Activities to be undertaken between
1 January 2020 and 30 June 2020

Application close: 4pm Tuesday, on 8th of October 2019

Eligibility

* indicates a required field

Applicants: Please Note

Before completing this application form, you should have read the **Indigenous Broadcasting Programme Guidelines**, which are available at www.tsra.gov.au/opportunities/grant-funding/indigenous-broadcasting

Are you eligible?

I confirm that the applicant:

- Is not a TSRA Board or staff member.
- Has read and understands the Indigenous Broadcasting Programme guidelines.
- Is able to demonstrate alignment between their project and the aims of this programme.
- Holds a valid Community Broadcasting Licence or a Temporary Community Broadcasting Licence issued by the Australian Communications and Media Authority (ACMA).
- Is recognised by the TSRA as a Regional Indigenous Media Organisations (RIMO) or are recognised by the TSRA as being responsible for the delivery of one or more RIBS stations in the Torres Strait.
- Is able to demonstrate financial viability.
- Is does not currently owe any reports or money to TSRA as a result of previous funding or grants.
- Has the appropriate type and level of insurance for the activities that are the subject of this grant.

You must confirm that all statements above are true and correct. *

- Yes
- No - do NOT proceed further as you are ineligible. Please contact the Governance and Leadership team on 07 4069 0700

If you do not meet eligibility requirements and choose to continue to submit an application this could result in a decline in your application.

Contact Details

* indicates a required field

Organisation Name *

What is your organisation's purpose or mission? *

Must be no more than 100 words.

Primary (physical) address *

Postal address (if different to above)

Applicant website

Must be a URL eg: www.samplexyz.com.au

Does your organisation have an ABN? *

- Yes
- No

Is your organisation registered for GST? *

- Yes
- No

Your organisation's Australian Business Number *

Must be an ABN. You can check your ABN number with the ABN register <https://abr.business.gov.au>

Contact Person

This is the person we will contact regarding your application.

Project Contact *

Position *

Phone Number *

Must be an Australian phone number.

Mobile

Must be an Australian phone number.

Email *

Must be a valid email address. This is the address we will use to correspond with you about this grant.

Auspice Information

You will need an auspice, if you are applying as an individual, unincorporated (ie have no ABN or incorporation number).

An auspice organisation receives the money on your behalf. They also have the responsibility for making sure that the project gets completed on time.

* indicates a required field

Will you need an auspice? *

- Yes – you will need to complete the Auspice Information Section.
- No – do not complete this section, got to the Project Overview Section.

Auspice Organisation Details (only complete if required)

Name of Auspicing Organisation *

Australian Business Number *

Must be an ABN. You can check your ABN number with the ABN register <https://abr.business.gov.au>

Primary (physical) address *

Postal address (if different to above)

Website

Must be a URL eg: www.samplexyz.com.au

Please attach a letter from the auspicng organisation confirming this arrangement is valid and current *

Yes - attached

Auspice Key Contact person

This is the person we will contact regarding your application.

Auspice Contact *

Position *

Phone Number *

Must be an Australian phone number.

Mobile

Must be an Australian phone number.

Email *

Must be a valid email address.

Project Overview

* indicates a required field

Project Title *

Your title should be short but descriptive.

Describe your project and the benefits to your community *

Must be no more than 250 words.

Provide a short description of your project - what are you going to do?

Project Start Date *

Must be a date and between 1/01/2020 and 30/6/2020.

Project End Date *

Must be a no later than 30/6/2020.

Milestones, Benefits and Partners

* indicates a required field

Other People Involved

Name the other key person/s involved in the project and what skills they have.

Attach qualifications or expertise if relevant (eg: resume). Use a separate sheet if more space required.

Name	Skills	CV or Resume attached

Estimated Project Outputs

Indicate the number of project outputs that you are expecting. These will be negotiated and finalised upon a successful funding application.

Number	Target description	Number	Target description
	Number of hours per week of regional content.		Percentage of broadcast hours per week of Torres Strait Islander and Aboriginal music.
	Number of hours per week of programming in Indigenous language.		No. of outside broadcasts over 12 months.
	Number of hours per week devoted to Torres Strait Islander and Aboriginal culture and customs.		No. of hours per week of programming provided by volunteer broadcasters.

Key Tasks/Milestones

List milestones, including start and finish dates for the overall project. Note – For submissions under \$5,000, you do not need to give task start and finish dates.

Key Milestone	Start date	Finish date
(e.g. planning; major activities; evaluation)		

Community Support

Do you have written support from members of your community e.g. letter from Council / organisation, people participating in the activity, elders? *

- Yes - attached
 No

Project Classification

* indicates a required field

This is used for research and classification purposes and is not used in the assessment of this application.

What is the predominate gender targeted in this project? *

- Female
- Male
- Non - Gender specific

What is the target age group of your project? *

- 0-5 years
- 6-12 years
- 13-17 years
- 18-25 years
- 26-59 years
- 60 + years
- All age groups (universal)

Total number of people involved in the project *

Number of Indigenous people involved in the project *

Number of Indigenous youth employed in the project (under 25) *

Number of Indigenous women employed in the project *

Does the project involve the passing on of traditional knowledge and culture? *

- Yes
- No

Which language and dialect? *

- Torres Strait Creole
- Kalaw Kawaw Ya (Kala Lagaw Ya)
- Mer dialect (Meriam Mir)
- Kawrareg dialect (Kala Lagaw Ya)
- Erub dialect (Meriam Mir)
- Mabuyag dialect (Kala Lagaw Ya)
- Kulkgau Ya (Kala Lagaw Ya)
- Not applicable

Specify which community/s or Torres Strait region that the project will take place *

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> All of Torres Strait region | <input type="checkbox"/> Kubin |
| <input type="checkbox"/> Poruma | <input type="checkbox"/> Badu |
| <input type="checkbox"/> Mabuyag | <input type="checkbox"/> Saibai |
| <input type="checkbox"/> Bamaga | <input type="checkbox"/> Masig |
| <input type="checkbox"/> Seisia | <input type="checkbox"/> Mer |
| <input type="checkbox"/> Boigu | <input type="checkbox"/> Dauan |
| <input type="checkbox"/> St Pauls | <input type="checkbox"/> TRAWQ |
| <input type="checkbox"/> Muralag | <input type="checkbox"/> Ngurupai |
| <input type="checkbox"/> Erub | <input type="checkbox"/> Ugar |
| <input type="checkbox"/> Iama | <input type="checkbox"/> Port Kennedy |
| <input type="checkbox"/> Warraber | <input type="checkbox"/> Kirriri |

Supporting Documentation

Acceptance letters from consultants if engaged for this project (if relevant)

- Yes – attached
- Not applicable

Project plans, business plan, event programmes etc.

- Yes – attached
- Not applicable

Quotes

- Yes – attached
- Not applicable

Media materials eg: photos and sound recordings that can help with your application.

- Yes – attached
- Not applicable

Any additional material which supports your application

- Yes – attached
- Not applicable

Certification

* indicates a required field

Privacy Notice

The Torres Strait Regional Authority (TSRA) pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

To view our privacy statement, go to <http://www.tsra.gov.au/privacy>.

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

- The applicant certifies that the information in this submission is, to the best of their knowledge, true and correct.
- The applicant understands that any omission or false statement made in relation to the submission may result in TSRA withdrawing the approval of any grant to the applicant.
- The applicant acknowledges that it is an offence under the Commonwealth Criminal Code for a person to give false information to a Commonwealth entity, knowing that the information is either false, misleading or omits any matter or thing, without which the information is misleading.***
- The applicant agrees that TSRA may check any information in, or relevant to the submission, for the purposes of appraising the submission.
- The applicant acknowledges that TSRA has the right to request additional information from the applicant or from regulatory bodies for the purpose of appraising the submission.
- That the applicant meets the eligibility requirements specified in the Indigenous Broadcasting programme guidelines to apply for funding.

I agree *

Yes

Name of authorised person *

Position *

Date *

The TSRA reserves the right to request further information to assist with the grant assessment process. Approval for submission of a late application must be sought through the TSRA Contracts Officer before the close of applications at **4pm Tuesday 8 October 2019**, by phone on 07 4069 0700 or via email grantapplications@tsra.gov.au

Please address your application to:

TSRA Contracts Officer
Common Funding Round 2019-2
Torres Strait Regional Authority
PO Box 261
Thursday Island QLD 4875

or

email your application to:

grantapplications@tsra.gov.au