



TORRES STRAIT REGIONAL AUTHORITY
GRANT FUNDING APPLICATION
FOR
PRESCRIBED BODIES CORPORATE
BASIC SUPPORT FUNDING

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 **Prescribed Bodies Corporate Capacity Building Initiatives Programme Guidelines**, which are available at <http://www.tsra.gov.au/opportunities/grant-funding/native-title>

Are you eligible?

I confirm that the applicant:

- Is not a TSRA Board or staff member.
- Has read and understands the programme guidelines.
- Is able to demonstrate alignment between their project and the aims of this programme.
- Is a Registered Native Title Body Corporate in the Torres Strait region.
- Is incorporated, or is auspiced by an incorporated organisation for the purposes of this application.
- Is able to demonstrate capacity to manage grant funding and deliver the funded services.
- Is not currently in breach of a funding agreement with the TSRA for performance reporting, financial reporting or financial acquittal.
- 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 Native Title Project team on 07 4069 0700

Contact Details

* indicates a required field

Prescribed Bodies Corporate Name (PBC) *

What is your organisation's purpose or mission? *

Must be no more than 100 words.

Primary (physical) address *

Postal address (if different to above)

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 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.

Status and Incorporation

* indicates a required field

Incorporation Details

Incorporation Status *

Incorporation Number *

Incorporated Association, ORIC or Australian Corporation Number.

Incorporation Date *

Evidence of Incorporation Status *

- Yes evidence attached or has been previously provided to the TSRA.
- No – you will need to complete the Auspice Information Section.

Date of last Annual General Meeting *

Under what legislation is your organisation incorporated? *

Evidence of PBC Status

- Yes evidence attached or has been previously provided to the TSRA
- No - ineligible - do not apply

Other evidence explained

No more than 50 words

PBC Management

Have any current Directors been Directors of other organisations which have been placed under administration? *

- Yes
- No

If yes, explain

Provide a current organisational chart of the PBC showing staff positions and the names of persons occupying those positions *

- Yes - attached
- No – explain

If no, why

Auspice Information

* indicates a required field

Auspice Requirement

If you are unincorporated (ie have no ABN or incorporation number), you will need to complete this section.

An auspice body is an organisation that is eligible to and has agreed to manage your grant on your behalf.

Will you need an auspice? *

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

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 auspicing organisation confirming this arrangement is valid and current *

Yes – attached

No – you are not eligible to apply for grant funding without a supporting letter.

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 150 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.

Outcomes

Which of the following areas does this project relate to? *

- Successfully negotiated Future Acts and Indigenous Land Use Agreements.
- Native Title claims are successfully determined.
- PBCs understand and meet their responsibilities under the Native Title Act.

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

Key Benefit

What are your project benefits? *

- Native Title claims are resolved.
- Money and other benefits flow into PBCs.
- PBCs understand and meet their compliance responsibilities.
- Appropriate support mechanisms are provided to PBCs when DOGITs are transferred.

Who will benefit from this in your community? In what time frames will this be achieved? *

Must be no more than 150 words.

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

Budget

* indicates a required field

Total Grant Amount Requested *

What is the total financial support you are requesting in this application?

Outline your project budget in the income and expenditure tables below. All amounts should be GST exclusive and round dollar figures.

Other Income (non TSRA)

Attach separate budget if more space required.

Income item	Funding confirmed? (Y/N)	Application to other agency attached (Y/N)	Amount
<i>Source of funding</i>			<i>Must be a dollar amount.</i>

Expenditure

Attach separate budget if more space required.

Expenditure Item	Specific to TSRA Budget (Y/N)	Total
Expenditure total		
<i>How spending eg: travel, meeting costs</i>	<i>Included as part of your TSRA budget request?</i>	<i>Must be a dollar amount.</i>

Do you have any insurance, equipment or IT expenditure (cost) items over \$2,000? *

Quotes for items under \$2,000 are NOT required.

- Yes - Please attach quotes for those expenditure (cost) items over \$2,000
- No

Bank Details

* indicates a required field

Should the grant be successful, a separate account must be established prior to the release of grant funding and is a condition of funding.

Have you (or your auspicing body) established a separate account for the management of grant funding? *

Yes

No

Bank Name *

Bank Branch Name *

Account Name *

Account Type *

Bank BSB *

Bank Account Number *

Please attach a copy of your bank statement for confirmation of details above *

A bank statement must be provided.

Yes – attached

Supporting Documentation

Project plans, business plans, etc.

- Yes – attached
- Not applicable

Copies of leasing agreements, employment contracts if related to property and staff related budget items.

- Yes – attached
- Not applicable

Any additional material you 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.
- If successful, the applicant agrees to establish a separate bank account for the management of grant funding.
- That the applicant meets the eligibility requirements specified in the programme guidelines to apply for funding.

I agree *

- Yes

Attach a copy of your Board minutes authorising the submission of this application *

- Yes - attached

CERTIFICATION by PRESCRIBED BODY CORPORATE *

This certification must be made after the Executive/Governing Body of the PBC has validly carried a motion to submit this grant application at a duly constituted meeting.

Minute / Decision Number _____ at meeting held on ____/____/____ Date

Name	Position (Chairperson or Secretary)	Signature
		____/____/____ Date

Name	Position (Executive Member)	Signature
		____/____/____ 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