



TORRES STRAIT REGIONAL AUTHORITY
GRANT FUNDING APPLICATION
FOR
SAFE COMMUNITIES PROGRAMME

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 **Safe Communities Programme Guidelines**, which are available at www.tsra.gov.au/opportunities/grant-funding/safe-communities

Are you eligible?

I confirm that the applicant:

- Is not a TSRA Board or staff member.
- Has read and understands the Safe Communities Programme guidelines.
- Is able to demonstrate alignment between their project and the aims of this programme.
- Is a not-for-profit organisation (includes educational institutions such as schools and kindergartens) or an individual (with corresponding auspice).
- Has an ABN, is incorporated, or if not, is auspiced by an incorporated organisation for the purposes of this application.
- Is able to demonstrate financial viability.
- Does not currently owe any reports or money to TSRA as a result of previous funding or grants.
- If applicable, 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 Safe Communities 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, go 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 auspicing 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 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 30/06/2020.

Project End Date *

Must be a no later than 30/06/2020.

Outcomes

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

- Effective community and social services support.
- Families and individuals are safe in home and community.
- Public areas are safe and accessible for community members.
- More communities have access to appropriate transport infrastructure.

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/Expertise	Supporting documents

Key Benefit

What are your project benefits? *

- Increased effectiveness of social services support to communities.
- Improved capacity of social services providers to respond to community identified needs.
- Increased family and individual participation in community events.
- Increased skills development and employment opportunity for community members delivering social support services.

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

Key Tasks/Milestones

List milestones, including start and finish dates for the overall project.

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 - you need to obtain all relevant letters of support before you apply. You are not able to submit your application without this.

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

Final figures can be provided in your reporting.

What is the target age group of your project? *

You can choose more than 1 choice. Final figures can be provided in your reporting.

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 elders involved in the project *

Number of Indigenous women involved in the project *

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

Number of Indigenous businesses involved *

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

- Yes
- No

Which language and dialect? *

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

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

- All of Torres Strait region
- Poruma
- Mabuyag
- Bamaga
- Seisia
- Boigu
- St Pauls
- Muralag
- Erub
- Iama
- Warraber
- Kubin
- Badu
- Saibai
- Masig
- Mer
- Dauan
- TRAWQ
- Ngurupai
- Ugar
- Port Kennedy
- Kirriri

Budget

* indicates a required field

Total Grant Amount Requested *

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

Total Project Cost *

What is the total budgeted cost (dollars) of your project?

Budget

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

Are you applying elsewhere for funding? If so, please clearly outline in the table below.

Income

Attach separate budget if more space required.

Income item	Description	Funding confirmed? (Y/N)	Supporting documentation attached (Y/N)	Amount
TSRA Grant				
Applicant contribution				
Other funding sources				
Income total				
<i>Source of funding</i>				<i>Must be a dollar amount.</i>

Expenditure

Attach separate budget if more space required.

Capital Expenditure Description	Funding source	Supporting documentation attached (Y/N)	Total
Capital expenditure total			
<i>How spending eg: vehicle, generator</i>	<i>Included as part of your TSRA budget request?</i>		<i>Must be a dollar amount.</i>

Operational Expenditure Item	Funding source	Supporting documentation attached (Y/N)	Total
Operational 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 \$1,000? *

Quotes for items under \$1,000 are NOT required.

- Yes - Please attach quotes for those expenditure (cost) items over \$1,000
- No

Bank Details

* indicates a required field

Please provide bank details for the account in which the grant funds will be deposited to.

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

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

Media materials eg: photos

- Yes – attached
- Not applicable

Any additional material which supports your application

- Yes – attached
- Not applicable

Please provide up to five (5) attachments for each item above.

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 Safe Communities 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 contact the Safe Communities Programme on 07 4069 0700 or via email on hscteam@tsra.gov.au if you have any questions about your application.

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