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| **2015-2016**  **GRANT FUNDING APPLICATION**  **TO**  **TORRES STRAIT REGIONAL AUTHORITY** |

PART ONE – ORGANISATION DETAILS

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| **TSRA FUNDING SUBMISSION**  **APPLICANT DETAILS** | | | | |
| **Eligibility Criteria**  Board Members and employees of the Torres Strait Regional Authority are not eligible to apply for grant funding either in their own right or on behalf of another person or organisation. Organisations who wish to apply for grant funding, and who have TSRA Members or employees who hold Director positions within their organisation, must ensure that other Directors are used to sign the grant application forms. | | | | |
| Organisation’s full name | |  | | |
| Name of Primary Contact:  Position held:  Postal Address:  Email Address:  Telephone:  Facsimile:  Mobile: | | *(Full name)* | | |
| Postal Address:  (of Organisation) | |  | | |
| Street Address :  (where your office is located) | |  | | |
| **INCORPORATION STATUS** | |  | | |
| Evidence of current Incorporation status | | Evidence of registration as a corporation is attached  Evidence has been previously provided to the TSRA  Other: Please provide an explanation: | | |
| Incorporation Date: | |  | | |
| Indigenous Corporation Number: | |  | | |
| Date of last Annual General Meeting: | |  | | |
| Common Seal: | | ***Do you use a Common Seal on Official documents?***  ***Tick which is applicable***  YES  NO | | |
| ABN Number: | | Does your Organisation have an ABN Number  ***Tick which is applicable***  YES (Insert the ABN Number here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NO (Please note that TSRA is unable to provide grant funding to organisations that do not have an ABN. If you do not have an ABN, you will need to provide details of your nominated Auspice body as part of your application) | | |
| Is your organisation registered for GST? | | ***Tick which is applicable***  YES  NO | | |
| Auspice body  *This applies for organisations that do not have an ABN or bank account.* | | ***Is a separate Auspice body being used***  YES (You must attach a letter from the Auspice Body)  NO | | |
| Evidence of your organisation’s status as a PBC:  ***Tick which is applicable***  Is attached  Has been previously provided to the TSRA  Other : Please provide an explanation: | | | |
| Has anybody currently in management or financial administration positions been a Director or occupied key positions in organisations that have failed to comply with previous funding agreements with any government agency, or have been liquidated? If yes, provide details | | | ***Tick which is applicable***  YES  NO |
| Please describe the native title rights and interests held in trust/managed by the PBC: | | | |
| **ORGANISATIONAL CHART** |  | | |
| You are required to attach an organisational chart of the PBC showing staff positions and the names of persons occupying those positions.  ***Tick which is applicable***  An organisation chart is attached  An organisation chart is not attached (Please provide an explanation) | | | |

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| **NOMINATED FINANCIAL INSTITUTION DETAILS** | |
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| Name of Bank or Financial Institution: |  |
| Account Name: |  |
| Account Type: | Is this account to be used solely for the management of grant funds  YES  NO (*If your application is successful TSRA will require that you open an account that is used solely for Grant proceeds and transactions)* |
| Branch: |  |
| BSB Number: |  |
| Account Number: |  |

You are required to provide evidence of your organisations Bank Account details. This may include a photocopy of the most recent bank statement, a copy of an encoded deposit slip or a photocopy of a blank cheque showing the bank BSB number, account number and name of the account.

***Tick which is applicable***

Evidence of the bank account details is attached

Previously provided to TSRA

Do not have a bank account (**Note:** *If your application is successful TSRA will require that you open an account that is used solely for Grant proceeds and transactions)*

This submission seeks the amount of $ for the purpose of meeting administrative costs detailed in Part 2 - Grant Funding Application.

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 form regulatory bodies for the purpose of appraising the submission.

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| **CERTIFICATION by CORPORATION or ASSOCIATION** |
| 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Position Signature  (Chairperson or Secretary)  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Position Signature  (Executive Member)  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date |

***Note (1) See elibility criteria on page 2 before signing the certification***

You are required to attach a copy of the Minutes and the Decision of the PSC Executive which authorised the submission of the grant application.

***Tick which is applicable***

A copy of the Minutes and Decision is attached

A copy of the Minutes and Decision is not attached (Please provide an explanation)



**GRANT FUNDING APPLICATION**

**FOR**

**PRESCRIBED BODY CORPORATE**

**BASIC SUPPORT FUNDING**

**PART TWO – GRANT DETAILS**

**Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Please provide a description of the working environment in which you currently operate (addressing matters that affect your performance in the role and functions of a PBC)

# Please describe the nature and extent of activities currently undertaken by the PBC (include the frequency of particular demands and activities undertaken).

# Please describe the source and amount of funding and support that have been provided to the PBC to date:

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| --- | --- | --- |
| Source of Funds | Amount | Date Received |
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Attach a copy of the PBC’s latest approved (by the PBC Executive Committee) Balance Sheet and details of income and expenditure for the period 1 July 2014 to 31 December 2014.

***Tick which is applicable***

A Balance Sheet and Details Income and Expenditure is attached

The Organisation did not have income or expenditure between 1 July 2014 and 30 December 2014.

Other (Please include an explanation)

# Please identify in detail the amount and purpose of funding assistance sought from the TSRA for the period 1 July 2015 to 30 June 2016.

It is preferable that a full budget for the PBCs operating expenses for 2015 - 2016 be attached. The budget should indicate which of these expenses are to be met from the proposed grant funding as well as the source of income for other expenses (if possible, you should attach a proposed budget for 2015/16)

***Tick which is applicable***

The 2015 – 2016 operational budget for the PBC is attached

A statement supporting the amount and purpose of funding assistance is attached

Other (Please include an explanation)

You may attach quotations for any of the works supported by this grant application

Quotations supporting the grant application are attached

Quotations supporting the grant application are not attached

# Please explain why you think funding support should be provided to your PBC. (Refer to the PBC Grant Guidelines).

1. Have you sought funding for PBC administrative costs from:-

# State Government Departments or Agencies

# Local Government Authorities

# Commonwealth Departments or Agencies (other than the TSRA)

# Other private sector entities

***Tick which is applicable***

YES (Please list the agencies / entities, a brief description of the application and the result

NO

# Please provide comment on any other issue you consider relevant to your request for funding support from the TSRA

# APPLICANT’S CERTIFICATION

**This Certification must be completed and attached to your submission for funding.**

We certify that the information in this submission is, to the best of our knowledge, true and correct.

We understand that any omission or false statement made in the submission may result in the Australian Government declining to fund or withdrawing funding.

We acknowledge that it is an offence under the Commonwealth Criminal Code for a person to give information to a Commonwealth entity, knowing that the information is either false or misleading or omits any matter or thing without which the information is misleading.

We agree that the TSRA may contact individuals or organisations mentioned in this application and other government agencies to verify any matter relevant to the submission.

We acknowledge that the TSRA has the right to request additional information from us or from regulatory bodies for the purposes of appraising the submission.

We authorise the TSRA to discuss this submission with other Government agencies (including state/territory agencies) which have a legitimate interest in the funding and to provide them with any document or information relevant to the submission including funding history.

This funding submission has the support of the Organisation’s Board/Governing Committee and I am authorised to lodge the submission on behalf of the organisation.

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| **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 Signature  (Chairperson or Secretary)  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Position Signature  (Executive Member)  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date |

**CHECKLIST FOR PBC APPLICATIONS**

The following documents are referred to in Parts One and Two of the application. Your application cannot be thoroughly assessed if these items have not been provided.

Use the following check list to ensure that no items have been overlooked.

**Part 1**

Yes No Not  
 Required

Evidence of current Incorporation Status

Evidence of your organisation’s status as a PBC

Letter of support from the body agreeing to auspice the grant

Organisation Chart

Minutes and Decision of the PBC meeting approving the submission

**Part 2**

Yes No Not  
 Required

Balance Sheet and Details of Income and Expenditure

Proposed Operational Budget for Financial Year 2015 - 2016

Quotations for works to be undertaken as part of the grant

TSRA reserves the right to request further information to assist with the grant assessment process.

Please address all applications to:

**CONTRACT OFFICER**

**TSRA Common Funding Round Grants**

**Torres Strait Regional Authority**

**PO Box 261**

**Thursday Island QLD 4875**

Please email all electronic applications to:

[**grantapplications@tsra.gov.au**](mailto:grantapplications@tsra.gov.au)by **4pm 11 October 2016**