

Application for Grant

TO THE EWAMIAN PEOPLE CHARITABLE TRUST

Individual Applicant only	Corporate applicant only
Name: _____ Mother's Name: _____ Father's Name: _____ Ewamian apical: _____	Name: _____ ABN: _____

Eligibility Criteria

Individual Applicant only	Corporate applicant only
Must be a member of the Ewamian People	An organisation being: <ul style="list-style-type: none">• An association or company and preferably non-profit indigenous organisation;• Able to demonstrate good management ability and good governance;• Able to report in accordance with the terms and conditions of the funding agreement;• Employ, or able to employ, Aboriginal people; and• Able to demonstrate 100% ownership by Ewamian People.

Declaration

Individual Applicant only	Corporate applicant only
<p>I submit this application for Grant and certify:</p> <ul style="list-style-type: none"> • I have read the relevant information provided for this application and meet the eligibility criteria. • The statements in this application are true to the best of my knowledge. • I acknowledge that this application will be assessed on its merit and compared to other applications and projects, and that it may not be funded or it may not be funded at the amount requested or it may not be funded in the timeframe requested. • If our application is successful, we will provide bank details for electronic transfer of funds and performance and financial acquittal reports in accordance with the requirements of the Funding Agreement. <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: _____</p>	<p>I, as authorised officer for the applicant, submit this application for Grant funding and certify:</p> <ul style="list-style-type: none"> • I have read the relevant information provided for this application and meet the eligibility criteria. • The statements in this application are true to the best of my knowledge. • I acknowledge that this application will be assessed on its merit and compared to other applications and projects, and that it may not be funded or it may not be funded at the amount requested or it may not be funded in the timeframe requested. • If our application is successful, we will provide bank details for electronic transfer of funds and performance and financial acquittal reports in accordance with the requirements of the Funding Agreement. <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: _____</p>

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TO THE EWAMIAN PEOPLE CHARITABLE TRUST

APPLICATION FORM	
ORGANISATION/FAMILY NAME:	
POSTAL ADDRESS:	
WEB ADDRESS:	
CONTACT FOR APPLICATION	
NAME:	
TITLE:	
TELEPHONE:	
EMAIL:	

PROJECT NAME:	
PROJECT START DATE:	PROJECT END DATE:
AMOUNT REQUESTED:	TOTAL PROJECT COST:
Q1: BRIEF PROJECT DESCRIPTION: (A short summary of your project) (100 words) IF A FAMILY APPLICATION INCLUDE DETAIL OF PERSON SEEKING ASSISTANCE	

Category A

ORGANISATION DETAILS - IF A FAMILY APPLICATION GO TO Q9

Q2: ORGANISATION STRUCTURE

WHAT IS YOUR LEGAL STRUCTURE?

CHARITY REGISTERED WITH ACNC:

INDIGENOUS ORGANISATION REGISTERED WITH ORIC:

COMPANY REGISTERED WITH ASIC:

Q3: HEAD OF ORGANISATION (CEO or equivalent)

NAME:

EMAIL:

Q4: WHAT DOES YOUR ORGANISATION DO? (A brief overview focusing on the activities and programs you deliver) (100 words)

Q5: DESCRIBE THE GOVERNANCE STRUCTURE OF YOUR ORGANISATION (Who is Chairman of the Board? How many Directors? How is Board elected? - 100 words)

DETAILED PROJECT DESCRIPTION:

Q6: WHAT WILL YOU DO? (The specific activities that will be funded under this proposal) (200 words)

Q7: WHO WILL BENEFIT? (The types of people who will participate in and/or benefit from this project – including number of people, age, gender, region and other demographics) (100 words)

Q8: WHAT ARE THE EXPECTED OUTCOMES? (What you want to achieve with the project - outcomes are the effects on participants/beneficiaries –direct and indirect - from their involvement in the project) (150 words)

Go to Q10

Category B

Q9: FAMILY APPLICATIONS ONLY: WHAT ARE THE STRENGTHS AND ACHIEVEMENTS OF THE PERSON SEEKING ASSISTANCE (200 Words)

Q10: WHAT ARE THE FAMILY CIRCUMSTANCES (Employment, Housing, Family size etc)

Q11: PROJECT BUDGET

Outline your project budget including details of other funding that has been confirmed and applied for. The budget must balance (total income = total expenditure).

INCOME	\$
Amount requested in this application	
Other funding sources Confirmed Funding <i>(list name of funders and confirmed amount, including your cash contribution)</i> <ul style="list-style-type: none">▪▪▪ Unconfirmed Funding <i>(if you have applied for other funding that is unconfirmed please list the name of the organisations applied to and amount)</i> <ul style="list-style-type: none">▪▪	
In-kind contributions: <i>(include an estimated value for non-cash contributions such as services, equipment, time and materials)</i>	
TOTAL INCOME	
EXPENDITURE <i>(Breakdown of individual line items such as salaries, equipment, travel/transport, administration etc.)</i>	\$
TOTAL EXPENDITURE	