

# 2024 Culture and Impact Application

## Form Preview

### Cultural Health and Wellbeing Application

\* indicates a required field

#### Information for applicants

Before completing this application form, please ensure you have read the WYCBT Grant Guidelines & Information document. The document provides details regarding the required eligibility criteria.

#### WYCBT Grant Guidelines & Information

The funding application is for the following:

- Promoting Aboriginal culture, including cultural festivals, with a one-time maximum of \$5,000, and
- Ensuring the continuing Aboriginal cultural health and wellbeing of the WYCBT Communities with a one-time maximum of \$5,000.

Please answer all questions, as incomplete applications will be delayed and cannot be assessed.

If you have any queries about the grant application, please contact the WYCBT Grant Admin Officer on 0499 992 865 or email [admin@wycbt.org.au](mailto:admin@wycbt.org.au).

#### Confirmation of Eligibility

##### As the Applicant, I confirm that:

- I have read and understood the WYCBT Grant Guidelines & Information document, and
- The beneficiary is a member of one of the Aboriginal groups;
- I have acquitted any previous funding assistance from WYCBT through a Grant Progress Report/ Evaluation Report if requested.

**I confirm that all statements above are true and correct \***

☐ Yes

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

#### Privacy Notice

We pledge 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*.

#### Applicant's Details

To be completed by the beneficiary.

**Applicant's Full Name \***

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Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### **Applicant's Address \***

Address

  

### **Applicant's Email \***

Must be an email address.

### **Applicant's Phone Number \***

Must be an Australian phone number.

### **Applicant's Date of birth \***

Must be a date.

### **Which Aboriginal group does the Beneficiary identify with? \***

- ☐ Wiri / Widi
- ☐ Yuwi / Yuwiburra
- ☐ Barada Barna
- ☐ Birra Gubba Nation living within the Agreement Area

NOTE: Applications for Yuwi/Yuwiburra have been temporarily re-opened.

### **Who is the beneficiary's apical ancestor?**

### **Please upload evidence of Aboriginal group status**

Attach a file:

(i.e. birth certificate, letter and/or family tree)

## Initiative Details

\* indicates a required field

### **Name \***

### **Initiative Location \***

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Initiative Description \*

### What are the planned activities? \*

### Start Date \*

Must be a date.

### End Date \*

Must be a date.

### Is this a one-time or an ongoing initiative? \*

- ☐ One-time initiative  
☐ Ongoing initiative

### Are there any other WYCBT beneficiaries participating in the initiative? \*

- ☐ Yes  
☐ No

### If so, please provide details \*

### Will this initiative directly benefit WYCBT beneficiaries? \*

- ☐ Yes  
☐ No

### If so, how? \*

### How many WYCBT Community members will benefit from this initiative? \*

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Must be a number.

What are the expected outcomes of the project? \*

List three outcomes.

How will you know if these outcomes have been achieved? \*

### Initiative Expenses

\* indicates a required field

- 1.In the following table, provide a detailed description of each item you seek funding for.
- 2.Include the cost of each item.
- 3.Attach a Tax Invoice / quote / receipt for each item.
- 4.Specify which student each item relates to.

Click 'Add more' to add additional rows to the table

Description	\$ Amount	Attach invoice / quote / receipt
	Must be a dollar amount.	
	\$	

Total amount of financial assistance requested

\$

The amount will automatically calculate. Maximum \$5000

Is support being received from other sources? \*

- ☐ Yes  
☐ No

Other funding sources

Click 'Add more' to add additional rows to the table

Other funding received from	\$ Amount
	Must be a dollar amount.
	\$

Other non-financial sources

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**Are there any non-financial sources that are being provided, either by you or others? (pro-bono support, volunteer labour, in-kind contributions, donated items, etc)**

- ☐ Yes
- ☐ No

**Details of non-financial input \***

## Other Information

**Please include further information that may assist the Trustees in assessing your grant application. For example, the immediate or long-term benefits to the WYCBT Community or people from the initiative.**

**Do you or anyone involved in this initiative have management skills or experience that will contribute to the initiative's outcomes and success?**

**Please attach any further supporting documentation that you feel may assist the assessment of the grant application.**

Attach a file:

## Sharing the Story

**\* indicates a required field**

One of the Trust's strategic pillars is to Master Our Story. We aim to relentlessly share the unique stories of Beneficiaries that collectively define our Trust culture.

**How can you share your story with us?**

**When you receive grant funding, how will you acknowledge the WYCBT's financial assistance? \***

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- ☐ Social media post, e.g. Facebook
- ☐ Letter to the Trust
- ☐ Tell others in your community
- ☐ Encourage others to apply for a grant
- ☐ Community newsletter
- ☐ Other:

At least 1 choice must be selected.  
Select all that apply.

### **At the end of the year, how will you provide evidence of the benefits of our funding assistance? \***

- ☐ Images
- ☐ Short video footage
- ☐ Letter to the Trust
- ☐ Other:

At least 1 choice must be selected.  
Select all that apply.

Please note that by sharing images, etc. with the WYCBT you provide consent for us to upload these to our social media channels and/or for use in WYCBT documentation. Please ensure you have obtained permissions for others depicted.

## Checklist and Confirmation

\* indicates a required field

### Applicant Checklist

#### **Before submitting your application, please ensure that you have: \***

- ☐ completed all questions
- ☐ attached sufficient evidence of beneficiary status
- ☐ attached copies of valid Tax invoices/quotes/receipts, clearly indicating the supplier's ABN and GST component

At least 3 choices must be selected.

**If you do not provide as much detail and evidence as possible, this may cause a delay in your application being assessed.**

### Confirmation by applicant

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the Trust approves funding, I will be required to accept the conditions of grant in accordance with the Trust's audit requirements.
- I consent to the information contained within this application being disclosed to or used by the Trust for the purpose of assessing, administering and monitoring my current and any future grant applications.

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- I understand that if the Trust approves a grant, I will be bound by the contents of my application, and my application forms part of my contractual agreement with the Trust.

**I agree \***

☐ Yes

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback.

**Please indicate how you found the online application process:**

- ☐ Very Easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very difficult

**How many minutes in total did it take to complete this application?**

Estimate in minutes i.e. 1 hour = 60 minutes

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

**Did you require assistance to complete this application?**

- ☐ Yes
- ☐ No

**If yes, what help did you need, and who helped you?**