Application for funding – Small grants

**Use this form to apply for a small grant under $5,000.**

For further information about applying for funding under the Aboriginal Fishing Trust Fund (AFTF), please refer to the [*Aboriginal Fishing Trust Fund - Guidelines for Applicants*](https://www.dpi.nsw.gov.au/__data/assets/pdf_file/0004/796981/AFTF-Guidelines-for-Applicants-202122-Version-5-_DATES-EXTENDED.pdf) document available for download at <https://www.dpi.nsw.gov.au/fishing/aboriginal-fishing/AFTF>.

For further assistance, contact the Aboriginal Fishing Trust Fund management team by phoning **(02) 4424 7421** or emailing **Aboriginal.fishingtrust@dpi.nsw.gov.au**.

Applications must be completed in full before submitting, below is a checklist to assist.

# Checklist for Applicants

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|  | Yes | No | Not Applicable |
| Have you answered all applicable questions? |  |  |  |
| If your project is supported by an Aboriginal organisation or entity that has cultural authority to speak for Country, have you provided evidence of that support (E.g. a support letter)? |  |  |  |
| Have you attached your Project Plan? |  |  |  |
| If you are applying as an Aboriginal owned and run business, have you provided evidence that your business is Aboriginal owned, managed and operated? (E.g. A copy of the business’ constitution, a statutory declaration or evidence that it is recognised through an appropriate organisation such as Supply Nation or the NSW Indigenous Chamber of Commerce. |  |  |  |
| If you are applying as an Aboriginal community organisation, have you provided evidence that your organisation is Aboriginal owned, managed and operated? (E.g A copy of the organisation’s constitution or a Statutory Declaration) |  |  |  |
| Have you attached your Business Plan? |  |  |  |
| Have you attached a map of the project area? |  |  |  |
| Have you double checked your budget and attached quotes where possible? |  |  |  |
| Have you included any other relevant supporting information? |  |  |  |
| Have all applicants signed the application form? |  |  |  |

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| 1. Project summary information | | | | | | | | | | | | | | |
| Project title | | Click here to enter text. | | | | | | | | | | | | |
| Project summary  Provide a brief description of your project in 30 words or less | | Click here to enter text. | | | | | | | | | | | | |
| Proposed project start and finish dates | | **Start date** | | Click here to enter text. | | | | | | **Finish date** | | Click here to enter text. | | |
| 1. Applicant | | | | | | | | | | | | | | |
| Are you applying as: | | | An Aboriginal person,  An Aboriginal entity, which includes a family/clan or community organisation, or an Aboriginal owned and run business, or  A person acting on behalf of an Aboriginal entity. | | | | | | | | | | | |
| Name(s)  Please provide the name(s) of all persons or the entity making this application. | | | Click here to enter text. | | | | | | | | | | | |
| Date of Birth  Please provide the date of birth of each person making this application | | | Click here to enter text. | | | | | | | | | | | |
| Postal address | | | Click here to enter text. | | | | | | | | | | | |
| Email address | | | Click here to enter text. | | | | | | | | | | | |
| Telephone | | | Click here to enter text. | | | | | | **Mobile** Click here to enter text. | | | | |
| GST registered?  *If registered for GST provide the date of registration.* | | | **Yes**  **No** | | | | | | **Date** Click here to enter text. | | | | |
| Businesses  Complete this section if you are applying as a business | | | **Business name** | | Click here to enter text. | | | | | | | | | |
| **Full name(s) of owners and their positions (Director, Trustee, Partner etc)** | | Click here to enter text. | | | | | | | | | |
| **ABN/ACN** | | Click here to enter text. | | | | | | | | | |
| Organisations  Complete this section if you are applying as an organisation or as an individual or entity sponsored by an organisation through an auspice arrangement. | | | **Are you applying as:**  An unincorporated organisation  An incorporated organisation  An Individual or entity ‘sponsored’ by an incorporated organisation? | | | | | | | | | | | |
| **Organisation name** | | | | | Click here to enter text. | | | | | | |
| **ABN/ACN** | | | | | Click here to enter text. | | | | | | |
| 1. Project manager | | | | | | | | | | | | | | |
| Name  Provide the name of the person managing the project who will be the main contact for the project. | | | Click here to enter text. | | | | | | | | | | | |
| Postal address | | | Click here to enter text. | | | | | | | | | | | |
| Email address | | | Click here to enter text. | | | | | | | | | | | |
| Telephone | | | Click here to enter text. | | | | **Mobile** | | | | Click here to enter text. | | | |
| Position title | | | Click here to enter text. | | | | | | | | | | | |
| 1. Project team – expertise and experience | | | | | | | | | | | | | | |
| Team members  Who will be on the project team and what is their role in this project and their area of expertise? | | | | | | | | | | | | | | |
| Name | | | **Role in project / expertise** | | | **Phone** | | | | | | | **Email** | |
| Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | | | | | | | Click here to enter text. | |
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| Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | | | | | | | Click here to enter text. | |
| Project management and grant funding experience  Provide details of other similar grant funded projects you, your organisation and/or team has managed (include any current projects) | | | | | | | | | | | | | | |
| Name of project | Click here to enter text. | | | | | | | | | | | | | |
| Funding source | Click here to enter text. | | | | | | | | | **Completed?** | | | **Yes**  **No** | |
| Comment | Click here to enter text. | | | | | | | | | | | | | |
| Name of project | Click here to enter text. | | | | | | | | | | | | | |
| Funding source | Click here to enter text. | | | | | | | | | **Completed?** | | | **Yes**  **No** | |
| Comment | Click here to enter text. | | | | | | | | | | | | | |
| 1. Project information - refer to ‘Aboriginal Fishing Trust Fund – Guidelines for Applicants’ document for detailed explanations on each of the sections below. | | | | | | | | | | | | | | |
| Briefly describe the purpose of the project. Include details of the key outcomes and deliverables that will be achieved from undertaking the project. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| Aboriginal Fishing Trust Fund program objectives  Explain how the project will meet the objectives of the funding program. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| Benefits  Describe how the project will deliver social, cultural and/ or environmental benefits to the Aboriginal community and/or broader community. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| Cost effectiveness, value for money and sound budgeting  Explain the outputs of your project, how it provides value for money and the financial management arrangements that will be implemented. Refer to any quotes, profit and loss statement, business plan, or cash flow statement you are attaching to this application. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| The capacity and commitment to undertake and complete the project  Explain how you have the capacity and commitment to complete the project, including any expertise in your project team, or any previous experience with similar projects. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| 1. Project support and references | | | | | | | | | | | | | | |
| Do you have support from Aboriginal organisations or entities that have cultural authority to speak for Country? Please attach letters or emails to demonstrate the support you have. A support letter Template is available on the DPI website. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| 1. Partnerships | | | | | | | | | | | | | | |
| Is this project partnered/collaborated with any other individuals or organisations to apply for this funding and/or to undertake the project (E.g. Universities, Local Government Councils)?  If yes, provide details. | | | | | | | | | | | | | | |

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| Partner 1 | Name of organisation or person | Click here to enter text. |
|  | **Contact person** | Click here to enter text. |
|  | **Telephone** | Click here to enter text. |
|  | **Email** | Click here to enter text. |
|  | **Role in partnership** | Click here to enter text. |
| Partner 2 | **Name of organisation or person** | Click here to enter text. |
|  | **Contact person** | Click here to enter text. |
|  | **Telephone** | Click here to enter text. |
|  | **Email** | Click here to enter text. |
|  | **Role in partnership** | Click here to enter text. |

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| 1. Project plan and evaluation |
| How do you propose to carry out the project? Provide details of the activities to be undertaken, timeframes, roles/responsibilities, and how you will measure your project’s performance. A Project Plan template is available at http://www.dpi.nsw.gov.au/fishing/aboriginal-fishing/AFTF/apply-for-funds |
| Click here to enter text. |
| 1. Project location / approvals |
| Where will the project take place? |
| Click here to enter text. |
| Who owns and/or can give permission to undertake works on the site? |
| Click here to enter text. |
| Do you have relevant approval/permission/permit to undertake works on the site? Attach evidence of approvals, where possible. |
| Click here to enter text. |
| Are you aware of any other impediments, legal or otherwise, that may hinder, delay or otherwise adversely affect the timely and successful implementation of the proposed project? Please provide details. |
| Click here to enter text. |

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| 1. Budget | | | | | |
| How much funding is being requested from the AFTF?  $Click here to enter text. | | | | | |
| What is the Total Budget for the project?  $Click here to enter text.  If the Total Budget for the project is more than the amount requested then provide details of the other sources of funding below. | | | | | |
| Other sources of funding | | | | | |
|  | **Agency/organisation** | | **Amount** | | **Confirmed/Approved?**  **(Yes, No or Not Applicable)** |
| NSW Government | Click here to enter text. | | Click here to enter text. | | Click here to enter text. |
| Commonwealth Government | Click here to enter text. | | Click here to enter text. | | Click here to enter text. |
| Local Council | Click here to enter text. | | Click here to enter text. | | Click here to enter text. |
| Fundraising | Click here to enter text. | | Click here to enter text. | | Click here to enter text. |
| Other (please specify) | Click here to enter text. | | Click here to enter text. | | Click here to enter text. |
|  | | | | | |
| Budget details | | | | | |
| Detail the costs of all items associated with carrying out the project, including those that do not require Aboriginal Fishing Trust funding. Identify all sources of funding, including ‘in-kind’ contributions. *Note: GST registered organisations should quote GST exclusive costings on all items* | | | | | |
| Project item | | **Source of funds *(identify funding source including Aboriginal Fishing Trust and other contributions)*** | | **Cost *(include all sources of funds and in-kind)*** | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
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| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| Total all funding sources | | | | **$**Click here to enter text. | |
| Amount requested from Aboriginal Fishing Trust Fund | | | | **$**Click here to enter text. | |

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| 1. Other supporting information |
| If available, list and include any evidence to support the rationale behind the project. For example, any research or surveys undertaken in the community to support the proposal.  Click here to enter text. |
| 1. Declaration |
| I/We have read and understood the Aboriginal Fishing Trust Fund - Guidelines for Applicants and have sought appropriate advice.  I/We have read the Privacy statement below about how information provided in my/our application may be used.  I/We understand that completed applications will be assessed against set criteria and grant offers will be based on the availability of funds.  I/We hereby give approval to the NSW Department of Primary Industries to obtain and provide information relevant to this application from my/our accountant or any other person nominated by me/us.  I/We solemnly declare that this is a true and correct statement of all my/our affairs and I/We make this solemn declaration subject to punishment by law provided for any wilful false statement.  Note: Click the image icon to insert a digital signature or print off completed form and sign |

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| Applicant name: | Click here to enter text. | | |
| Signed |  | **Date** | Click here to enter text. |
| Applicant name | Click here to enter text. | | |
| Signed |  | **Date** | Click here to enter text. |
| Applicant name | Click here to enter text. | | |
| Signed |  | **Date** | Click here to enter text. |

# Submitting the form

* **Email to aboriginal.fishingtrust@dpi.nsw.gov.au**

**or**

* Mail to:

Aboriginal Fishing Trust Fund

NSW DPI

LMB 3020

Nowra NSW 2541

NOTE: Email is the preferred method of receiving application forms

**General Statement**

Any person who knowingly and with intent to defraud the NSW Department of Primary Industries or another person, files an application for assistance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime under the *Crimes Act 1900* and subjects the person to criminal penalties.

**Privacy statement**

The information is being collected by NSW Department of Primary Industries for the purposes of assessing eligibility for a grant and for the purposes related to the administration of the scheme of assistance under which you have applied, including the assessment of the effectiveness of the scheme.

The information in this application is provided voluntarily. However, we will not be able to assess your application if you choose not to provide the information.

This information may be disclosed to staff administering the program, the Aboriginal Fishing Trust Expenditure Committee, the Aboriginal Fishing Advisory Council and to a credit assessment agency in order to assess and administer the application. This information may also be disclosed to staff and other persons engaged by the NSW Department of Primary Industries or to either State or Commonwealth government agencies. We will supply you with details of those that we have disclosed information to, if you apply to us in writing. Information regarding your application may also be discussed and exchanged with the nominated contact persons listed by you in your application.

Not providing the information requested in this application or providing false or misleading or incomplete information may impact on the ability of NSW Department of Primary Industries and the NSW Rural Assistance Authority to accurately assess your application.

The information will be held by the NSW Department of Primary Industries and all reasonable measures will be taken to ensure that the personal information collected is stored securely.

You may access or correct your personal information by contacting the NSW Department of Primary Industries by telephone on (02) 4424 7421 or by writing to: Aboriginal Fishing Trust Fund, NSW Department of Primary Industries, LMB 3020, NOWRA, NSW, 2541.

Lastly, documents held by the NSW Department of Primary Industries are subject to the *Government Information (Public Access) Act 2009* (‘GIPA Act’). This means that the information contained in application forms and other relevant information an applicant provides may be released in response to a request lodged under the GIPA Act.

# Application feedback

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| --- | --- |
| Please provide some feedback on your experince applying to the Aboriginal Fishing Trust Fund. The feedback will be used to help improve the program’s performance and outcomes. | |
| Where did you hear about the Aboriginal Fishing Trust Fund? | |
| Newspaper advert  Email from the Trust  Web search | DPI Website  Community networks  Other Click here to enter text. |
| Time taken to develop your project from concept stage to application stage? | |
| Click here to enter text. | |
| Time taken to complete the application.  Click here to enter text. | |
| Experience completing the application  Very Easy  Easy  Moderate  Difficult  Very Difficult | |
| Do you have any suggestions for improvements or comments?  Click here to enter text. | |