

Community Development Gnaala Karla Booja Charitable Trust



POLICY: to provide financial assistance for local GKB community development projects e.g. community services (*including sports-based projects*), facilities, regional projects and capacity building projects that align with the Trust's Charitable Objects and provide positive outcomes to the GKB Traditional Owner Community.

Note: all applications will be considered at a meeting of the GKB Advisory Trustee Committee (ATC). If the amount being applied for exceeds \$5,000 the ATC request the applicant attend the next ATC meeting to discuss the proposal in person. No decisions will be considered outside of a meeting.

APPLICANT DETAILS (applicant must be a GKB Traditional Owner)

	Date of birth:			
	Email:			
ISTORY (must be con	mpleted for yo	ur application to be	considered)	
Mothers name:		Father's name:		
Mothers name:		Fathers name:	Mothers name:	
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	ame:	Email: ISTORY (must be completed for your ame: Mothers name: ILS ILS	Email: IISTORY (must be completed for your application to be ame: Father Mothers name: Fathers name: IILS	Email: ISTORY (must be completed for your application to be considered) ame: Father's name: Mothers name: Mothers name: It to GKB connection:

4. PROJECT SUMMARY	
Title of Project	
Amount Requested	
Would the proposed project go ahead without Trust funding?	
How does the proposed project deliver benefit to the GKB Traditional Owner Community?	
How does the project align with the charitable objects of the GKB Trust?	
How will you acknowledge the Trusts contribution to this project?	
What are the short and long term deliverables of the project?	
Will additional funding be required to continue achieving or enhance the outcomes above?	
How will you monitor, evaluate and communicate the outputs/ outcomes of the project?	
Provide a timeline including indicative dates detailing project outcomes and milestone reporting	
Do you agree to provide the Trust with regular feedback on the progress of the project?	

5. PROJECT BUDGET

A comprehensive budget for the total cost of the proposed project is required to accompany this application. The budget must detail how <u>all</u> requested Trust funds are to be spent.

Please include the following information in the budget:

INCOME

- I. Amount sought from GKB Trust
- II. Contribution from organisation/individual applicant
- III. Other funding secured (include document to confirm)
- IV. Other funding applied for but not secured
- V. All other sources of income relevant to the budget
- VI. In-kind contributions (e.g. equipment, venue, materials, time, and services etc.)

TOTAL INCOME

EXPENDITURE

- I. Capital equipment
- II. Salaries and wages (all payees must be identified and disclosed including benefits to you or related parties)
- III. Office supplies
- IV. Advertising and promotion
- V. Travel expenses (e.g. accommodation, daily allowances, flights, car hire, fuel, etc.)
- VI. Other expenses or overheads
- VII. In-kind contributions

TOTAL EXPENDITURE

If the Organisation applying for Trust funding already exists please provide your last Annual Report and latest Financial Statements.

6. REFEREES

Please provide two referees who can comment on your ability to undertake the proposed project.

- (1) Personal Referee
- (2) Professional Referee

7. DECLARATION

I certify that the information contained in the above Application Form, budget and all associated documents are a true and fair record of the transactions for this project and that I have the delegated authority to sign this application. I acknowledge that the GKB Trust has the right to withdraw funding if it is discovered that any of the information provided is false

Signat	ure:
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Position:

PLEASE FORWARD YOUR COMPLETED APPLICATION FOR COMMUNITY DEVELOPMENT ASSISTANCE APPLICATION FORM TO:

GKB Charitable Trust

Email: nt@aetlimited.com.au

Post: PO Box 7008 Cloisters Square Perth WA 6850

Fax: (08) 9481 6148

Phone: 1800 078 680 if you have any questions regarding the application process