

Nunyara Aboriginal Health Service Inc

2014 NAIDOC FUNDING APPLICATION FORM

LEGAL NAME OF ORGANISATION		_____	
ABN OF ORGANISATION		_____	
TYPE OF ORGANISATION	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> NON GOVERNMENT	
CONCESSION STATUS	<input type="checkbox"/> PROFIT	<input type="checkbox"/> NOT FOR PROFIT	
ARE YOU REGISTERED FOR GST	<input type="checkbox"/> YES	<input type="checkbox"/> No	
WILL YOU REQUIRE A RCTI	<input type="checkbox"/> YES	<input type="checkbox"/> NO, WE CAN INVOICE NUNYARA IF SUCCESSFUL	
DO YOU HAVE 20M PUBLIC LIABILITY	<input type="checkbox"/> YES – I WILL PROVIDE THIS WITH MY APPLICATION	<input type="checkbox"/> No	
LOCATION ADDRESS		_____	
PO BOX		_____	
PHONE		_____	
FAX		_____	
CONTACT PERSON (FOR THIS APPLICATION)		_____	
EMAIL ADDRESS		_____	
MOBILE NUMBER		_____	
ALTERNATIVE CONTACT PERSON		_____	
ORGANISATIONS BSB		_____	
ORGANISATIONS ACCOUNT NO.		_____	
ORGANISATIONS ACCOUNT NAME		_____	
ARE THERE ANY SIGNIFICANT FINANCIAL MATTERS - INSOLVENCY, VOLUNTARY ADMINISTRATION OR LIABILITIES THAT MAY IMPACT THE ORGANISATION TO ACQUIT THIS FUNDING APPROPRIATELY?	<input type="checkbox"/> YES	<input type="checkbox"/> No	
	IF YES, PLEASE EXPLAIN:		

TITLE OF YOUR ACTIVITY		_____	
DATE OF YOUR ACTIVITY		_____	
PRIMARY PLACE ACTIVITY WILL TAKE PLACE		_____	
ESTIMATED NUMBER OF PEOPLE WHO WILL PARTICIPATE IN THIS ACTIVITY		INDIGENOUS	NON INDIGENOUS
HOW WILL YOU PROMOTE THIS ACTIVITY? WHAT MEDIA COVERAGE DO YOU EXPECT?	_____		

Nunyara Aboriginal Health Service Inc

HOW WILL THIS ACTIVITY CONTRIBUTE TO YOUR ORGANISATION STRENGTHENING THE LOCAL COMMUNITY AND HELP BUILD SOCIAL INCLUSION AND COMMUNITY PARTICIPATION?

HOW DOES THIS ACTIVITY ENABLE PEOPLE TO EXPLORE AND CELEBRATE INDIGENOUS CULTURE?

Applications for funding up to **\$500.00 will be considered**. Only one grant application per organisation will be accepted and considered.

Please outline a detailed budget for the activity.

EXPENDITURE	AMOUNT
TOTAL EXPENSES	

*Note that tax invoices and acquittal for all expenditure must be forwarded by 31st July 2014 with the evaluation to Awhina.Smith@nunyara.org.au

PLEASE READ AND COMPLETE THE FOLLOWING DECLARATION:

- I AM NOT AWARE OF ANY PERCEIVED OR ACTUAL CONFLICT OF INTEREST THAT WILL ARISE BY SUBMITTING THIS APPLICATION HOWEVER I AGREE TO INFORM NUNYARA IF A POTENTIAL ISSUE ARISES.
- THE INFORMATION, INCLUDING FINANCIAL INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE
- I UNDERSTAND THAT INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED
- I AGREE TO INFORM NUNYARA OF MY ACTIVITY SO THAT IT CAN BE INCLUDED IN THE CALENDER OF EVENTS
- I HAVE READ AND UNDERSTOOD, OR WILL OBTAIN CLARIFICATION ABOUT ANYTHING THAT IS UNCLEAR ABOUT THIS FUNDING APPLICATION

SIGNED AND PRINT NAME

DATE

Organisations applying for funding will need to complete and submit this form to Awhina.Smith@nunyara.org.au before the closing date of **Friday 13th June 2014**.