



New South Wales
Aboriginal Land Council

Application form – NSW Aboriginal Land Council Small Regional Grant

FORM A

Name of recipient (organisation/individual):		
If an organisation, is it an Aboriginal controlled community organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the recipient received a Small Regional Grant from NSWALC previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of contact person:		
Phone number:		
Email address:		
Postal address:		
NSW Aboriginal Land Council region (please tick)	<input type="checkbox"/> Central region <input type="checkbox"/> Mid North Coast <input type="checkbox"/> North Coast <input type="checkbox"/> Northern <input type="checkbox"/> North Western <input type="checkbox"/> South Coast <input type="checkbox"/> Sydney Newcastle <input type="checkbox"/> Western <input type="checkbox"/> Wiradjuri	
Amount requested (up to \$1,000 per person/per organisation)	\$	
Bank details (for payment to be made)		
Account name:	BSB:	Account number:

Questions (please answer all questions)

Please tick the relevant purpose/s for the grant?

- Assisting Aboriginal persons to participate in arts, crafts and sporting activities;
- Encouraging participation in and the maintenance of contemporary and traditional cultural life of Aboriginal communities/community;
- Promoting understanding of and respect for Aboriginal culture;
- Supporting personal development opportunities for Aboriginal people.
- Supporting the health and wellbeing of Aboriginal peoples in NSW

What will the small regional grant be used for?

Please provide details of the activity, event or purchase including the key dates. Please also attach supporting documents (for instance flyers for the event, invitations, letters promoting the activity/event etc.)

For organisations applying for a small regional grant please answer the following question:

How will a small regional grant assist in supporting Aboriginal peoples and communities in your region?

For individuals applying for a small regional grant please answer the following question:

What impact will receiving this grant have on you, your family and/or your community?

Are you a member of a Local Aboriginal Land Council (LALC)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what LALC are you a member of? Name:		

Confidential or Sensitive Information

Please specify what (if any) information contained in this application should be treated as confidential or sensitive and please provide reasons.

Declaration

I have read and understood the Small Regional Grants Policy and Procedure including the terms and conditions attached and agree to abide by the provisions therein.

(If applicable) I am authorised to make this application and have delegation to sign on behalf of the organisation.

I declare that the information supplied by me on this form and in its attachments is true, complete and correct. I understand that my application may be rejected if I provide false or misleading information. I will notify NSWALC of any changes to the information provided and any circumstances that may affect this application.

I acknowledge that all decisions pertaining to NSW Aboriginal Land Council Small Regional Grants are at the total discretion of the NSW Aboriginal Land Council and I have no right to appeal any decisions made by them.

I have read and agree to the above and the Privacy Notice contained below.

Privacy Notice: by completing this form you may be providing personal information to NSWALC. Any information is provided voluntarily and alternatives to providing personal information can be discussed, should you, or anyone whose personal information may be provided, choose not to provide that personal information. Any personal information provided is being collected to assess and determine this NSWALC Small Regional Grants Application Form and may be disclosed to third parties for assessment purposes. Any personal information will be held by NSWALC at 33 Argyle Street Parramatta and NSWALC can be contacted should any person wish to access and/or correct any personal information. Other than as set out above, NSWALC will not disclose any personal information without your consent unless it is authorised or required by law.

Signature: _____ Date: _____

Print name: _____