

## Department of Aboriginal Affairs

### GRANTS PROGRAMS

#### APPLICATION FORM B

**(Funding from \$1,001 to \$10,000)**

<b>Name of funding program</b>	<b>AAF – Tweed Job Compact</b>
<b>Program code (if applicable)</b>	
<b>Closing date (if applicable)</b>	

Lodge this application to:

<b>Department of Aboriginal Affairs (Postal address)</b>
<b>Electronic address</b> <a href="mailto:Rachel.Ardler@daa.nsw.gov.au">Rachel.Ardler@daa.nsw.gov.au</a>

**For further information contact:** Lesley Mye, Aboriginal Liaison Officer, Tweed Shire Council. Phone. 6670 2492

This application will be acknowledged within 10 working days after the closing date

**PART A      REGISTRATION**

***Name of applicant organisation***

Name of organisation	<b>Tweed Shire Council</b>
Street address	<b>Murwillumbah Office</b> Civic & Cultural Centre Tumbulgum Road Murwillumbah
State	<b>NSW</b>
Postcode	2484
Postal address (if different from street address)	PO Box 816 Murwillumbah
State	<b>NSW</b>
Postcode	2484

***Applicant contact person***

Name	<b>Gary Corbet</b>
Position title	<b>Manager, Community Services</b>
Postal address	PO Box 816 Murwillumbah
State	<b>NSW</b>
Postcode	2484
Telephone	<b>(02)</b>
Mobile	
E-mail	<a href="mailto:gcorbet@tweed.nsw.gov.au">gcorbet@tweed.nsw.gov.au</a>
Facsimile	<b>(02)</b>

**Applicant project/service coordinator**

If the applicant is an auspice then provide contact details for the person in the organisation which will undertake the project/service.

Name	
Position title	
Telephone	(02)
Mobile	
Facsimile	(02)
E-mail	

**Principal office bearer or management committee**

Name	
Position Title	
Telephone business hours	(02)
Mobile	
Postal Address	
Postcode	

**Applicant organisation's Australian Business Number (ABN)**

90178732496
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**Goods and Services Tax (GST)**

If the applicant organisation is registered for GST provide the date of registration.

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If the applicant does not have an ABN, attach the 'Statement by a supplier'.

Has the applicant organisation previously received funding from DAA?

No	<input checked="" type="checkbox"/>
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Yes

If 'yes' then list prior funded projects that were not acquitted (provide reasons):

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**Title of the project**

**Job Compact – Chamber Breakfast**

**Purpose and description of the project**

Describe the project and what will be achieved at the completion of the project

The Shire Council will host a networking breakfast for members of the Kingscliff & Districts Chamber of Commerce, Southern Gold Coast Chamber of Commerce, Tweed Chambers of Commerce, Tweed Economic Development Corporation, local Aboriginal organisation and members of the Aboriginal community.

Deleted: of the breakfast with members

The purpose of this breakfast will be to forge strong relationships between the Aboriginal and business communities under the Job Compact being developed in Tweed Heads.

Deleted: further develop Tweed

A key focus of the Tweed Job Compact is to build strong relationships between the local Aboriginal community and potential employer groups. For example: local small business, industry groups, employment services and training providers.

The Goal of the Tweed Job Compact Networking Breakfast will be to:

- Increase employment opportunities for Aboriginal people in specific locations
- Increase networking between the Aboriginal community, employers, employment and training services;
- Establish an ongoing agreement between key local agencies, employers and the community to continue to increase Aboriginal employment opportunities locally.

Guest Speakers will be invited to the breakfast to talk about the advantages of signing up to the Tweed Job Compact.

**Project budget**

What is the amount of funding being requested in this application?

\$ 5000

If the total cost of the project is more than the amount requested then provide the total cost of the project and answer Question B9 as to other sources of funding.  
Total Budget for the Project

\$

## ***Key dates for the project***

**Proposed start date: 26 May 2008**

**Anticipated finish date: 30 June 2008**

### **Disclaimer**

Submission of application does not guarantee funding. The costs for producing an application are borne by the applicant. The grant giving agency can withdraw funding in described circumstances and dates can be changed. Applicants should read the specifications for the relevant funding program to be fully informed of requirements.

### ***Freedom of Information***

Information received in applications and in respect of applications is treated as confidential. However, documents held by the grant giving agency are subject to the Freedom of Information Act, 1989. This means that the information contained in application forms and other relevant information may be released in response to a request lodged under the Freedom of Information Act.

### **Declaration by applicant**

**Please sign the declaration below. Sign-off should be by the person who has delegated authority to sign on behalf of the organisation e.g. CEO, General Manager or authorised member of the Board of Management. Indicate your authority to sign this application:**

I/We certify that the information given in this application is true and correct. I/We agree the information disclosed in this application may be disclosed to other government agencies, reviewers and staff assisting with the administration or promotion of NSW Government funding programs.

If two signatures are required the funding program from which funds are being sought will specify this.

Signature 1.	Date
Printed name	Position title in organisation
Signature 2.	Date
Printed name	Position title in organisation