



Funeral Travel Assistance

Application Form

Definition	The Funeral Travel Grant Program provides financial assistance to individuals to cover costs linked to funeral travel. Council recognises that funerals are a culturally significant event in the community.
Available Funding	Individual: up to \$5000 (ex GST) in addition to any in-kind contributions (if applicable). <i>*Applications above \$5000 due to special circumstances may be reviewed under eligibility criteria.</i>
Eligibility and Assessment	Applications will be assessed against eligibility criteria as defined in the Community Grants Policy.
Application Submissions	Applications can be submitted at any time throughout the financial year to any Council Divisional Offices or via email to Community.Grants@tsirc.qld.gov.au . Allow a minimum of three (3) business days for the Council Officer to review the application and obtain approvals.

INFORMATION PRIVACY STATEMENT

Your Personal Information is protected by law and can only be released to someone else where authorised by law or where you give your permission. Council is collecting our personal information contained in this document for the purpose of assessment, administration and evaluation. This collection of Personal Information is authorised by law under the information Privacy Act 2009. It is Council's usual practice that the personal information contained in this document is disclosed to Council's external auditors and published on Council's website and in Council's Annual Financial Statement as part of compliance with the local Government Regulation 2012. By signing this declaration/application you consent to such a disclosure and publication.



Application instruction

Complete all fields in the form below and attach any supporting documentation. At application submission supply quotes only and **do not** confirm or make bookings with suppliers until funding approval notification is received

Refer to page 1 for information relating to definitions, timing, available funding, how to submit an application and reporting requirements.

Funeral Details (include Community flyer)

Funeral date	Funeral location
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Funding Requested from Council

All payments will be made directly to relevant supplier/s

Financial Assistance \$

Provide details of purchases in the table below

Supplier name If over \$5000, a minimum of 2 quotes is required to fulfill TSIRC procurement requirements	Amount (\$) (please provide quotes)

Agreement and Signature

I, the undersigned, certify that:

- To the best of my knowledge, the information given in this document is true and accurate;
- I have read and understood the Community Grants Policy (available at www.tsirc.qld.gov.au) and
- I understand if Torres Strait Island Regional Council approves the grant, I will be bound by the contents of this application, to carry out the project as described in this application.

Name:

Signature	Date
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OFFICE USE ONLY		Application Number FD2026-
ALL SECTIONS BELOW MUST BE COMPLETED BEFORE SUBMITTING AND MAY NOT BE ACTIONED IF INCOMPLETE		
Divisional Manager to complete		
Has 'ground truthing' been completed	YES NO	
Is the applicant eligible under 'ground truthing'?	YES NO	
Approved	YES NO	
Name (print)		
Signature	Date	

Divisional Councillor to complete	
Conflict of Interest If Yes, please supply details	YES NO
Approved	YES NO
Name (print)	
Signature	Date



**Executive Assistant to the CEO to complete:**

Checklist completed	YES NO
Approved	YES NO
Name (print)	
Signature	Date

GRANT OFFICER TO COMPLETE

OFFICE USE ONLY	Application Number FD2026-
ALL SECTIONS BELOW MUST BE COMPLETED BEFORE SUBMITTING AND WILL BE RETURNED IF INCOMPLETE	
Grant application spreadsheet has been completed	YES NO
Is the Supplier an approved vendor registered with Council's procurement system? (If not, ensure a New Supplier Request Form is completed before submitting the Grant Application)	YES NO
Are Supplier quotes attached	YES NO
Are there sufficient funds available within the Divisional allocated budget	YES NO
Does this Grant meet the eligibility criteria	YES NO



**Executive Director to complete:**

Approved

YES

NO

Name (print)

Signature

Date

Chief Executive Officer to complete:

Approved

YES

NO

Name (print)

Signature

Date

