



ABORIGINAL HOSTELS LIMITED

COMMUNITY HOSTEL GRANTS (CHG) APPLICATION FORM

This application form covers the information which Aboriginal Hostels Limited (AHL) requires to assess your need for a Community Hostels Grant (CHG). Please read the **CHG Funding Guidelines** booklet thoroughly before you fill in this form. Once you have done this, complete **all** sections before submitting the application to your regional AHL office.

If you have any questions, please direct them to the AHL Regional Office in your state. A list of contact details for AHL Regional Office's is attached.

1. Details of your organisation

Date of application: ____ / ____ / ____

Name of organisation applying for funding:

Organisation contact details (address, telephone, fax and e-mail address if applicable):

Contact person: _____

Proposed hostel name: _____

Proposed hostel address (and contact details, if known):

Proposed hostel category: (please circle)

T	Transient	SMR	Substance Misuse Rehabilitation
MT	Medical Transient	TET	Tertiary Education and Training
H	Homeless	SE	Secondary Education
AC	Aged Care	PE	Primary Education
		PRD	Prison Release and Diversion

Proposed hostel size: a) total beds _____
b) staff beds _____

2. Your Organisation and Management

a. Please provide the name and telephone number of the following persons:

(i) President: _____

(ii) Treasurer: _____

(iii) Secretary: _____

b. Is the organisation incorporated or currently seeking incorporation?
(incorporated organisations should forward a copy of their **Certificate of Incorporation** with their application - attachment b)

c. What previous experience has your organisation had managing financial schemes or projects? Give details.

Please provide a copy of your organisations most recent Audit report.

d. Please provide a brief history of your organisation. (Why does it exist and for whom?)

e. What will be the Indigenous representation in the following:

i.) the administration and management of the proposed hostel?

ii.) hostel staffing positions? (eg: How many positions will be filled by Aboriginal and Torres Strait Islander people?)

3. The Hostel Premises

a. If your organisation is leasing a premises for hostel operations, please provide the following details:

i. Owner's name and contact number:

ii. What responsibility does the owner take for major maintenance costs to the building?

b. If your organisation already has a building for hostel use, what is the condition of the building? (please circle most appropriate)

Poor

Average

Good

Excellent

Please provide any photos, plans or further descriptions of the hostel as an attachment to your application.

c. If your organisation does not have a premises for hostel use, what provisions have been made to obtain one?

4. Your Community's Needs

- a. Please state briefly, why this hostel is needed in your community.

- b. What is the support for this proposal within the community?
(A minimum of 3 letters will need to be submitted to support your application.)

- c. On average, how many people do you think will use, or if currently operating are using, the hostel each night?

- d. Please supply any supporting information and relevant statistics on the demand for service/beds.

- e. Will seasonal work or movements affect occupancy levels?

- f. What AHL or mainstream facilities, if any, provide similar services in the area?

5. Other Funding Applications

(Please note both sections of Question 5 **must** be fully completed in order for your application to be processed.)

- a. Please provide brief details of funding you have sought, but **not yet received** from government agencies or organisations other than Aboriginal Hostels Limited (AHL).

Date of application	Agency/organisation applied to for funding	Amount sought	Purpose of funding	If recurrent funding, state time period/or one-off funding

- b. Please explain briefly the reasons why other funding agencies or organisations have rejected applications, or delayed making their decisions.

- c. Please provide brief details of funding which you have **sought and received** from government bodies or organisations other than Aboriginal Hostels Limited (AHL).

Please attach copies of all **existing agreements and budgets** from government bodies or organisations.

Date of application	Agency/Organisation applied to for funding	Amount Received	Purpose of Funding	If recurrent funding, State time period/or one-off funding

Thank you for your co-operation.

AHL – REGIONAL OFFICE CONTACT LIST

Western Australia – Region 1

5th Floor
256 Adelaide Terrace
PERTH WA 6000

Telephone: (08) 9325 6770
Fax: (08) 9325 6550
email:perth@ahl.gov.au.

New South Wales – Region 5

5th Floor
128-134 Chalmers Street
SURRY HILLS NSW 2010
PO Box 783
STRAWBERRY HILLS NSW 2012

Telephone: (02) 9310 2777
Fax: (02) 9310 3044
email:sydney@ahl.gov.au.

Northern Territory – Region 2

4th Floor Redco Building
62 Cavenagh Street
DARWIN NT 0800
PO Box 3820
DARWIN NT 0800
Telephone: (08) 8981 4388
Fax: (08) 8981 1577
email:darwin@ahl.gov.au.

Victoria/Tasmania – Region 6

Level 26, Casselden Place
2 Lonsdale Street
MELBOURNE VIC 3000
PO Box 486G
MELBOURNE VIC 3000
Telephone: (03) 9285 6777
Fax: (03) 9285 6767
email:melbourne@ahl.gov.au.

Northern Queensland – Region 3

110 McLeod Street
CAIRNS QLD 4870
PO Box 1143
CAIRNS QLD 4870
Telephone: (07) 4051 4588
Fax: (07) 4051 8839
email:cairns@ahl.gov.au.

South Australia – Region 7

Office K, 150 Archer Street
NORTH ADELAIDE SA 5006
PO Box 1133
NORTH ADELAIDE SA 5006
Telephone: (08) 8267 4222
Fax: (08) 8267 4388
email:adelaide@ahl.gov.au.

Southern Queensland – Region 4

14th Floor, Samuel Griffith Place
340 Adelaide Street
BRISBANE QLD 4000
PO Box 10122
Adelaide St.PO QLD 4000
Telephone: (07) 3221 3866
Fax: (07) 3221 4212
email:brisbane@ahl.gov.au.

Alice Springs – Region 8

Suite 2, Lindsay Place Building
15 Leichardt Terrace
ALICE SPRINGS NT 0870
PO Box 1945
ALICE SPRINGS NT 0871
Telephone: (08) 8952 6544
Fax: (08) 8953 0422
email:alice.springs@ahl.gov.au.