



Application for Funding OAWG Overseas Privately-Constructed Memorial Restoration Program

Completing this form

- Please refer to the OAWG Overseas Privately-Constructed Memorial Restoration Program Guidelines when completing this application form.
- Please print in blue or black pen when completing this form.
- If you do not have enough space to complete a question, please attach a separate sheet and number the question.
- Send your completed application form to Director, OAWG (see address at end of form) or contact your DVA State Office on 133 254 if you require assistance.
- Please complete all sections of this form, and provide as much information as possible.
- Please ensure that if you are applying for funding of more than one memorial, each application should use a separate application form.

Privacy

The information you provide on this form is required to make a decision in regard to your application for funding. The information will be disclosed to the Minister for Veterans' Affairs and members of the OAWG Overseas Privately-Constructed Memorial Restoration Program Funding Advisory Committee to enable a decision to be made. Successful applications may be the subject of a media release.

Please note that the Privacy Act does not prevent the disclosure of information to members of the Commonwealth Parliament and a list of recipients of funding administered by Department may be made publicly available. Please also note that information provided on this form will be entered into a register.

PART A**Applicant information****Applicant Contact Person**

1 Title Mr Mrs Miss Ms Other

2 Surname

3 Given name(s)

4 Position title of organisation applying (if applicable)

5 Daytime telephone number(s) [] []

6 Mobile number (if applicable)

7 E-mail address (if applicable)

8 Postal address

 POSTCODE

Applicant Organisation (if applicable)

9 Name of organisation

10 Branch/Sub-branch (if applicable)

11 Postal address

 POSTCODE

12 Daytime telephone number(s) []

Applicant Funding History

13 Have you received funding from the Department of Veterans' Affairs before? No ▶ Please go to Question **16**
Yes ▶ Date / / ▶ Amount \$

14 Purpose of previous funding

15 Have you acquitted all funding previously received?

No ▶ Please give reason

Yes

PART B

Proposed memorial requiring funding

Category of Application

16 What category does this application for memorial funding fall under?

You may choose more than one reason.

Privately constructed, existing unit or battle memorial that requires restoration and preservation

Privately constructed, existing unit or battle memorial that requires improvement of access to and safety of the immediate surrounds

Privately constructed, existing unit or battle memorial that is badly deteriorated and in need of some reconstruction

Other - please give details

17 Are you able to agree with the terms of funding and acquit all monies?

No ▶ Please give reason

Yes

18 Are you the custodian of this memorial?

No ▶ Please go to Question **21**

Yes

19 Why did you choose this particular memorial for restoration funding, and does the custodian support your application?

20 Are there any other interested parties of whom you are aware?

No

Yes ▶ Please list the interested parties

Memorial details

21 Name of memorial/plaque

22 Alternate name of memorial
(if applicable)

23 Who owns the memorial and the land/site?

Please attach copies of documentation if available

24 Who is currently responsible for maintaining the memorial?

25 How is this done?
(e.g. by donations from local community)

26 What unit or battle does it commemorate?

27 Who built it?

28 When was it built?

29 When was it dedicated?
(If applicable)

30 Description of memorial

31 Location address

32 Location description
Please be specific and attach a map if possible.

33 Are there any commemorative events held at the memorial? No
Yes ► Please specify if possible


34 Are there any other memorials nearby? No
Yes ▶ Please specify if possible

35 What is the significance of this memorial?

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36 List other interested parties

37 Other comments


 Please attach any photographs you have of the memorial and the surrounding area

Purpose of application for funding

38 What assistance does this memorial require?
(e.g. the memorial is deteriorating and needs repair to the concrete fascia etc., please be specific)

39 Have you received a quote/approximation for costs of repair?

No ▶ Please estimate amount required
\$

Yes ▶ Quote amount
\$ ▶  Please attach quote


Name of repairer/company

PART C Insurance and approval

40 Do you hold appropriate insurance to cover the proposed activities/works?

No ▶ Successful applicants will be required to provide proof of appropriate insurance prior to signing the Deed of Grant.

Yes ▶ Please provide insurance details (refer to the Program Guidelines for examples of what types of insurance may be necessary).

 Please attach proof of insurance (certificate of currency)

41 Will permits or building approvals be required prior to the commencement of work?

No

Yes ▶ Please provide details

Unsure ▶

Note that it is the responsibility of applicants to ensure that all necessary permits and building approvals are obtained prior to the commencement of work.

PART D

Application Checklist

Before sending your application for funding, please ensure you have attached the following documentation where possible. This is supporting documentation of your application.

- Photographs
- Maps
- Letters/names of support
- Supporting documentation
- Insurance certificate
- Relevant permits/approval documentation
- Other - please specify

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PART E

Certification

All applications must be signed by the applicant/representative of the applicant organisation. You must understand the acquittal requirements of this application, prior to applying for funding (please see the Application Guidelines (Fact Sheet GS16)).

I, the undersigned, hereby certify that all details provided in this application are true and correct to the best of our knowledge.

I am aware that providing false and misleading information may constitute a serious offence against the Commonwealth.

I am aware of the acquittal requirements for this application.

Printed name (in full)

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Position in organisation (if applicable)

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SIGNATURE OF APPLICANT



Date

/ /

Please send your completed application to:

Overseas Privately-Constructed Memorial Restoration Program
Director, OAWG
Department of Veterans' Affairs
PO Box 21
Woden ACT AUSTRALIA 2606