



Australian Government

Department of Veterans' Affairs

# 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 notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

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

<b>1 Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
<b>2 Surname</b>	<input type="text"/>				
<b>3 Given name(s)</b>	<input type="text"/>				
<b>4 Position title of organisation applying (if applicable)</b>	<input type="text"/>				
<b>5 Daytime telephone number(s)</b>	<input type="text"/>	<input type="text"/>			
<b>6 Mobile number (if applicable)</b>	<input type="text"/>				
<b>7 E-mail address (if applicable)</b>	<input type="text"/>				
<b>8 Postal address</b>	<input type="text"/>				
	<input type="text"/>				
	POSTCODE				

**Applicant Organisation (if applicable)**

<b>9 Name of organisation</b>	<input type="text"/>				
<b>10 Branch/Sub-branch (if applicable)</b>	<input type="text"/>				
<b>11 Postal address</b>	<input type="text"/>				
	<input type="text"/>				
	POSTCODE				
<b>12 Daytime telephone number(s)</b>	<input type="text"/>	<input type="text"/>			

**Applicant Funding History**

<b>13 Have you received funding from the Department of Veterans' Affairs before?</b>	No <input type="checkbox"/>	▶ Please go to Question <b>16</b>
	Yes <input type="checkbox"/>	▶ Date <input type="text"/> / <input type="text"/> / <input type="text"/> ▶ Amount \$ <input type="text"/>

<b>14 Purpose of previous funding</b>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

**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

Yes  ▶ Please go to Question **20**

**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**  
*(please attach photo if possible)*

**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 Other comments**



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


**Purpose of application for funding**

**37 What assistance does this memorial require?**

(e.g. the memorial is deteriorating and needs repair to the concrete fascia etc., please be specific)


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

Please NOTE: this is a mandatory field; an amount for funding must be given.

No  ▶ Please estimate amount required

\$
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Yes  ▶ Quote amount

\$
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Please attach quote

Name of repairer/company

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**PART C**

**Insurance and approval**

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



Please attach proof of insurance (certificate of currency)

No  ▶ All successful Grantees will bear full responsibility including liability for all activities carried out in relation to their project.

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


**40 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**


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Date

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**Please send your completed application to:**

**Director  
Office of Australian War Graves  
Department of Veterans' Affairs  
GPO Box 9998  
Brisbane QLD 4001**