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PCCC Port Curtis Coral Coast Trust Limited
 for the Port Curtis Coral Coast Aboriginal
 Peoples Charitable Trust Board

FUNERAL ASSISTANCE POLICY FOR THE PCCC NATIVE TITLE CLAIM GROUP

- PCCC Ltd Funeral Assistance Fund is capped at a total of \$2,000.00 per grant per Family.
- Eligibility for assistance must first be proven, by Representatives (2 Elders) from the relevant clan group.
- Where the deceased have their own Funeral Fund or Super Fund their family members will not be eligible for assistance.
- Members within the four PCCC Tribes (Byellee, Gurang, Gooreng Gooreng & Bunda Peoples) will only be considered on a case by case basis.
- Those who have passed must belong to one of the four Traditional Owner Groups or be their partner and children who have cultural, or traditional ties by marriage.
- Payment must be made to service providers/suppliers and not to families or individuals. Eg; Suppliers such as, funeral parlour, catering, hire of venues, etc.....
- *No Money will be paid to family members, only direct to the suppliers.

Applicant Details: (please complete details)

Title (Mr/Mrs/Ms/Miss):		Surname:			
First Name(s):		Gender (M/F):		Marital Status:	
Home Address:					
City/Suburb:		State:		Postcode:	
Contact Telephone:	(Work)	(Home):		(Mobile):	
Mailing Address (if different from home):					
City/Suburb:		State:		Postcode:	
Date of Birth:					

Planning for the future of PCCC People: Investing in Our Future through effective Education Programs for Our children: Respecting, Caring and Supporting Our Elders and Culture: Caring for Our Land and Sea Country: Working to create Economic Opportunities for PCCC People: Developing Best Practice Corporate Governance Standards for All PCCC Entities: Engaging with, and Listening to Our People



**Port Curtis Coral Coast Charitable Trust
Socio Programs Fund**

Applicant Declaration: It is hereby confirmed that I, the applicant am:

1. Recognised and accepted as a traditional owner of the [please indicate by <input checked="" type="checkbox"/>]		<input type="checkbox"/> Gooreng Gooreng <input type="checkbox"/> Gurang <input type="checkbox"/> Bunda <input type="checkbox"/> Byellee
2. PCCC Apical Ancestor [please identify Apical Ancestor]	
..... Name of Applicant Signature of Applicant/...../..... Date

Elders Declaration: It is hereby confirmed that the Applicant: Initial

1. Is of Aboriginal Descent.			
2. Recognised and accepted as a traditional owner of the _____ (insert name of Tribal group) of the Port Curtis Coral Coast native title region which is the applicant's Traditional Area.			
3. The representatives for the Authorisation purpose are 2 Elders of the named tribe on the application.			
Elder No 1: Name of Elder Signature of Elder/...../..... Date	
Contact Ph. No:			
Elder No 2: Name of Elder Signature of Elder/...../..... Date	
Contact Ph. No:			

OFFICE USE ONLY:

Amount	\$	Date Paid:/...../.....
Paid To:		