Contact Details

* indicates a required field

*Please note: in this example form - contact fields have been linked to feed into the contact directory area. If you use this form, double check you are happy with the 'contact type' fields. To learn more about contact types see Help Hub.

Organisation Details					
Organisation Name *					
Organisation's ABN *					
	The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.				
	Information from the Australian Business Register				
	ABN				
	Entity name				
	ABN status				
	Entity type				
	Goods & Services Tax (GST)				
	DGR Endorsed				
	ATO Charity	Type <u>I</u>	More information		
	ACNC Regist	ration			
	Tax Concessions				
	Main business location				
	Must be an A	BN			
Postal Address	Address				
Primary Website					
	Must be a UR	L			
Head of Organisation *	Title	First Name	Last Name		

(CEO or equivalent)

Head of Organisation telephone contact *					
Head of Organisation email address: *					
Contact for Application					
Contact Name *	Title	First Name		Last Name	
Position held *					
Contact number (business hours): *					
Applicant Admin Contact Other Phone Number *	Must be an A	ustralian pho	ne number		
Applicant Admin Contact Primary Email *	Must be an e	mail address			
Funding Partner					
Funding Partner (if relevant)					
Funding Partner Postal Address	Address				
Funding partner ABN:					
	The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.				
	Information from the Australian Business Register				
	ABN				
	Entity name ABN status				
	Entity type				
		vices Tax (GS	T)		
	DGR Endors				
	ATO Charity	Туре	<u>M</u>	ore information	
	•				

ACNC Registration
Tax Concessions

Main business location

Organisation Details		
* indicates a required field		
What does your organisation	do? *	
Brief history and mission and the acti deliver a project of this scale	vities and programs you deliver – dem	nonstrating your capacity to
Please list your key partnersh	ips (if applicable):	
Focusing on the partnerships that are	relevant to this project	
Has your organisation previou ○ Yes ○ No	ısly received funding from us?	*
If yes, what was the name of	the project?	
If yes, what was the total fund	ded?	
Project Details		
* indicates a required field		
Project Name *		
Project start date: *		
	Must be a date	
Project end date: *		
	Must be a date	

Amount requested: *	\$ Must be a dollar amount
Total project cost: *	\$ Must be a dollar amount
Brief project description: *	
	Must be no more than 200 words
Project Description	
* indicates a required field	
Why does this work	
need to be done? *	
	The specific issue or need you want to address, including supportive research and/or evidence
Who will benefit? *	
What are the objectives	
of your project? *	
	List your specific project objectives
What are the planned activities? *	
	The specific activities that will take place to achieve your stated objectives
Who will be involved? *	

Outline the proposed outcome/s your project will achieve *	
Please describe any/all	
of your project risks	
Project Sustainability &	Evaluation
* indicates a required field	
How will you monitor	
and evaluate the	
objectives and outcomes of your project? *	
	Include any monitoring techniques you may use e.g. photpoint, surveys, etc.
Identify which of the project measures you	
will use to monitor the	
	Ensure you include a measure for each of your listed objectives and proposed outcomes.
What long term benefits or flow on effects will	
result from your project and how will they be	Your plan for how this work will continue at the conclusion of the
sustained beyond the	grant, including information on its financial sustainability, your engagement with other potential partnerships.

Project Budget

Outline your project budget including details of other funding that has been confirmed and applied for. The budget must balance (total income = total expenditure). Please include these areas in your budget INCOME and EXPENDITURE columns:

Budget:

Year 1 Budget (all figures are GST exclusive):*

Please don't add commas to figures, eg. write \$1000 not as \$1,000

Income Description	\$	Expenditure Description	\$
	1	<u> </u>	
	<u> </u>		<u> </u>
	Must be a dollar amount		Must be a dollar amount
Please he aware the	hudget field can on	ly accommodate a li	mited amount of text
. icase se amare the	budget nera can on	iy accommodate a m	inica amount of text
Total confirmed fund	ding		
\$	<u> </u>		
Please write figure as do	llar value ie \$5400		
ricase write rigare as do	nar varac ic. \$5400		
Confirmed funding s	sources		
Please write names sepa	rated by commas		
Total unconfirmed f	unding		
\$			
Please write figure as do	llar value ie. \$5400		
3	,		
Confirmed unconfirr	ned funding sources		
Please write names sepa	rated by commas		
	unding documents if	required	
Attach a file:			

Documentation Check List

Below is the documentation you are required to submit. Please indicate whether you have submitted each of the documents by checking the appropriate box, and use the space below to explain any missing documentation.

Applying without a funding partner:

Attach an electronic copy of your most recent Annual Report or a web address/ link to your most recent Annual Report online: Attach a file:

Annual Report website link:	
	he most recent statement of financial position rformance of your organisation signed by your
Applying with a funding p	artner:
	letter from your funding partner stating their ninister a grant or the project:
If you have been unable to prowhy:	ovide one of the required documents, please state
Please Note: If any of the above docu will not be considered	uments are missing without being detailed here, your application
Support Material:	
If applicable, please attach any su	upport material.
Attach Files:	Attach a file:
	Please note: If your funding submission is incomplete, that is, if any of the required documents are missing without explanation, your application will be withdrawn from consideration and you will be notified accordingly.

Declaration and Privacy Statement

* indicates a required field

Declaration and Privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact the *Grantmaker*> immediately if any information provided in this application changes or is incorrect.

The <Grantmaker>respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the Trustees'/Directors' powers, functions and purposes. It may also be used by the Trustees/Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact <contact details>.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I am authorised to complete this application and have read and understood the declaration and privacy statement *	○ Yes			
Authorised Person's Name *	Title	First Name	Last Name	
Position held *				
Date of declaration *				