**Grant Application – Organisation Summary**

**Page 1/8**

**Please contact the Grants Team on 03 9633 0033 if you need to update the Organisation details associated with this application.**

Organisation Name   
ABN (11 digits)

Parent Organisation

Phone

Fax

Email

Website

Local Government Area of Head Office

**Head of Organisation (CEO or equivalent)**

**Tax Endorsements**

Is your organisation endorsed as a Tax Concession Charity (TCC)?

Is your organisation endorsed as a Deductible Gift Recipient Item 1 (DGR1)?

If yes, please specify organisation’s DGR name.

**Address Details**

Postal Address: 1

Postal Address: 2

Postal Address: City

Postal Address: State

Postal Address: Postal Code

Street Address: 1

Street Address: 2

Street Address: Suburb

Street Address: State

Street Address: Postal Code

**Grant Application – Organisation Detail**

**Page 2/8**

Grant Type

Application Status

Application Created By

Organisation Name

Parent Organisation

Authorised Person Name

Authorised Person Position

Submitted On

Application Contact Details (Please include Contact Name, Phone No., and Email Address)

**Organisation Details**Organisation Type (NFP Type)  
Please state your organisation’s objects or purposes from your constitution (100 words)  
Services Provided (What does your organisation do?) (200 words)  
How many full time equivalent staff does your organisation have (FTE is 40hrs p/week)?  
How many volunteers does your organisation have?  
How many people sit on your organisation’s Board?  
How many of these are women?  
  
**Funding**

What is the annual revenue of your organisation? ($)

**Proportion of organisation’s funding received from the following (%). Please use whole numbers (no decimal places).**

Commonwealth Government (%)  
State Government (%)

Local Government (%)

Philanthropic (%)

Donations (%)

Client Fees (%)

Other (%)

If your organisation receives Government funds, how are these used? (150 words)

**Financial performance at the end of last financial year**

Please indicate your organisation’s surplus or deficit with ‘+’ or ‘-’ amounts ($)  
Why did this occur? (150 words)

**Grant Application – Impact Area**

**Page 3/8**

Please select carefully, as the Impact Area is unable to be changed once the application has been saved. If you require assistance, please contact the Grants Team on 03 9633 0021.

Select Impact Area

Select Impact

**Grant Application – Project Detail**

**Page 4/8**

**Amounts Requested**

Please enter the amount you are applying for in whole numbers ($)

Are you applying for a Multi Year Grant?

Amount requested for Year 1 ($)

Amount requested for Year 2 ($) (Only available for eligible Grant Types)

Amount requested for Year 3 ($) (Only available for eligible Grant Types)

**Project Information**

Project Title

Proposed Project Start Date

Proposed Project End Date

Please provide a brief description of the project (200 words)

**Grant Application – Project Detail *(Continued)***

**Page 5/8**

1. Please indicate the type of support you are seeking. (Please select only one)
2. Project Objectives (Please list no more than three)
3. What strategy will you use to address the selected Impact Area and Impact. (Please choose one only)
4. What is the new service, concept or idea being developed and/or tested? (300 words)
5. Why is there a need for this project? (200 words)
6. How does this project align with the strategy you have selected above? (300 words)
7. What risks are associated with the project and how do you intend to mitigate or manage them? (200 words)
8. Please provide a summary of the project leader and team’s capabilities to undertake the project (i.e. similar experience with similar projects, achievements in this area including research, service design etc.). (200 words)
9. Does this project have an individual, community, or environmental focus? (Please choose one only)
10. If this project has an individual focus, how many individuals and/or households will be targeted?
11. If this project has a family focus, does it have a particular focus on any of the following groups? (Please select all that apply)
12. Please indicate the age group(s) that will benefit from this project (Please select all that apply)
13. Please indicate the age group that will receive the most benefit from this project
14. Please indicate the gender group that will receive the most benefit from this project
15. Please indicate the population group(s) that will benefit from this project (Please select all that apply)
16. Please indicate the population group that will receive the most benefit from this project
17. Please indicate the geographic areas in which the services/activities covered by this application are located (Please select all that apply)
18. What are the Long Term Benefits / Indicators of Success expected from this project? (Please select no more than three)
19. How will you measure the success of Indicator # 1 as selected above? (200 words)
20. How will you measure the success of Indicator # 2 as selected above? (200 words)
21. How will you measure the success of Indicator # 3 as selected above? (200 words)
22. Does this project have potential for national impact or benefit? (200 words)

**Budget Edit**

**Page 6/8**

**Please do not include ‘$’ before the number. To add additional line(s), click on the ‘Create’ button.**

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Description** | **Amount ($)** |
| **Amount Requested in this application** |  |  |
| **Contribution from your organisation (if applicable)** |  |  |
| **Expenditure** |  |  |
| **In-kind contribution** |  |  |
| **Other Funding Sources - Confirmed** |  |  |
| **Other Funding Sources - Unconfirmed** |  |  |
| **Projected Income (if applicable)** |  |  |

**Additional information regarding the project budget (150 words)**

**Grant Application – Supporting Documents**

**Page 7/8**

**Please attach a copy of each applicable document listed below:**

* Your organisation’s most recent Notice of Endorsement for Charity Tax Concession (TCC) (as issued by the ATO on or after 1 July 2005).
* Your organisation’s most recent Notice of Endorsement as a Deductible Gift Recipient Item 1 (DGR 1).
* Your organisation’s most recent Audited Financial Statements (including signed Director’s Declaration). If your organisation has been in operation for less than 12 months, please provide a copy of your financial statements to date. Due to size limitations, please separate the financial statements from your organisation’s Annual Report if they are part of a combined document
* Letters of support in relation to any confirmed funding in relation to this project.
* A completed Project Implementation Plan (using the template available [here](https://www.lmcf.org.au/apply-grant/apply))

**Please note:**

* **Supported formats include .csv, .docx and .doc, .jpg, .pdf, .png, .xlsx, .xls, and .zip.**
* **Each filename must include (in this order):**
  + **The acronym of file contents:**
    - **TCCN (Notice of Endorsement for Charity Tax Concession),**
    - **DGRN (Notice of Endorsement as a Deductible Gift Recipient),**
    - **AFS (Audited Financial Statements),**
    - **FLTR (Confirmed Funding Letter)**
  + **Your organisation name or known acronym**
  + **Project name or acronym**
  + **Sample Filename: TCCN-LordMayorsCharitableFoundation-IP2016.pdf**

**Grant Application – Referees and Declaration**

**Page 8/8**

**Referees**

Please provide contact details of two independent referees. The referees should be familiar with your organisation and this application. Please include the name, telephone number, email address and information in relation to the referee’s connection to your organisation for each of your referees.

Referee 1

Referee 2

**Grant Application – Declaration**

\* I declare that the information in this application and any attachments is true and correct and I am authorised to submit the application on behalf of the organisation.

Name of Authorised Person

Position