

Philanthropic Partner:
The Geoff & Helen Handbury Foundation



APPLICATION FORM 2019 Community Granting

PROJECT NAME

SECTION ONE - ORGANISATION DETAILS

Name of Organisation		
Main Activity of Organisation		
Location Address		
Mail Address		
Website		
HEAD OF ORGANISATION (CEO or equivalent)		
Name		
Position Title		
Telephone	Mobile	Email
Project Manager (if different to Head of Organisation)		
Name		
Position Title		
Department		
Telephone	Mobile	Email
ABN Number:		
Does your organisation have:		
DGR (Deductible Gift Recipients) Item 1 Charitable Organisation Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ACNC Registration (Australian Charities & Not For Profit Commission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income Tax Exemption	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount Requested \$		
<i>Small Grants between \$500-\$2,500 are available</i>		
<i>Limited number of Large Grants between \$5,000 - \$10,000 are available</i>		
Is your organisation audited annually? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name auditor or treasurer	Email	Telephone

OTHER

Committee OR Department Management (Office Bearers Only)	
Position Held President Secretary Treasurer	Name 1) 2) 3)
Staffing Responsible for Project (Title & Name)	
Title 1) 2) 3)	Name 1) 2) 3)
<p>Where is your organisation based?</p> <p>Where will the beneficiaries of your project come from?</p> <p> <input type="checkbox"/> Albury City <input type="checkbox"/> City of Wodonga <input type="checkbox"/> Other (Please provide detail) </p>	

REFEREE

Please provide the name and contact details of an external referee who knows your organisation well and who would be prepared to support your application.

Organisation Name		
Contact Person		
Position		
Telephone	Mobile	Email

FUNDING

Please provide details of any other funding for this project

Funding Body	Year	Approved/Declined	Current Status
Has your organisation previously received funding through Border Trust? Year / Project / Amount?			

SECTION TWO – PROJECT DETAILS

1) WHAT DOES YOUR ORGANISATION DO?

An overview focusing on the activities and programs you deliver.

2) PROJECT NAME

3) PROJECT DESCRIPTION

Summary of your project.

4) WHY DOES THIS WORK NEED TO BE DONE?

The specific issue or need you want to address. How have you identified the issue / need?

5) WHAT WILL YOU DO?

Include specific activities that will take place, when they will occur and where they will take place.

6) WHO WILL BENEFIT?

The specific target population that will participate in and/or benefit from this project, including number of people, age, gender, region and other demographics.

7) TIME FRAME

When will the project commence? What is the anticipated time frame of the project?

8) EXPENDITURE

What specifically within the project will this grant be used for?

9) PROJECT BUDGET

Provide a project budget including:

INCOME: details of other funding (confirmed & applied for) & include in kind contributions

EXPENDITURE: breakdown of individual line items (eg, equipment, travel, admin, etc)

10) WHAT ARE THE EXPECTED OUTCOMES?

*Outcomes are the effects on participants/beneficiaries from their involvement in the project.
What do you want to achieve with the project?*

11) HOW WILL YOU MEASURE THE PROGRAM'S SUCCESS?

Outline measures of success for the project

12) PROJECT SUSTAINABILITY

How will the project be sustained following the funding period?

13) EVALUATION & ACQUITTAL OF THE PROJECT.

(note : you will be required to provide acquittal information and evaluation)

How will you judge whether your project was successful?

How will you measure whether you reached the people you set out to reach?

What sort of records will you keep (e.g. minutes of meetings, records of events, number of participants)?

Who will you involve in assessing how well the project worked (e.g. participants, community members, service providers)?

How will you obtain your information for your evaluation (e.g. survey, interviews, group discussions)?

SECTION THREE - DECLARATION

The signatory below is HEAD OF THE ORGANISATION (CEO or equivalent) and has been authorised to seek funding on its behalf.

I HEREBY CONFIRM THAT all details contained within this Application (Section 1 and Section 2) are a true reflection of the status of our organisation and the project we wish to undertake.

Organisation Name

Name: *(Head Of Organisation - CEO or equivalent)*

Position:

Signature

Date

CHECKLIST FOR COMPLETION OF FULL APPLICATION

- Read document "General Information for Grant Applicants"
- Submit your application by the closing date 5pm Friday 15.4.19
- Retain copy for records
- All questions have been answered
- The Declaration Document has been signed by Head of Organisation