

APPLICATION FORM
(each funding program has a specific application form
– please refer to these when applying)

ORGANISATION INFORMATION

Organisation Name:

(As appears on your ABN / Inc. Certificate) _____

Postal Address: _____

Town: _____

State: _____

Post Code: _____

(You MUST attach a copy of certificate)

Don't know? Go to www.abr.business.gov.au

ABN / Incorporation Number:

GST – Registered

Yes No

DGR – Deductible Gift Recipient

Yes No (Please provide a copy of ATO Endorsement if applicable)

TCC – Tax Concession Charity

Yes No (Please provide a copy of ATO Endorsement if applicable)

Head of Organisation (This person MUST sign the last page or application will not be considered, e.g. CEO, President, Chair)

Mr Ms **Name:** _____

Position Held: _____

Phone No: _____

Email: _____

Mobile: _____

Second Contact for Application (Please provide a second contact person, with separate contact details, who is familiar with the application)

Mr Ms **Name:** _____

Position Held: _____

Phone No: _____

Email: _____

Mobile: _____

PROJECT INFORMATION

Project Title: (Make it catchy!) _____

Grant Amount Requested:

(Maximum \$5,000, whole \$ only) _____

Town Name:

(Project location) _____

Population:

(Project location) _____

Post Code:

(Project location) _____

State & proximity to nearest

Capital City: (Project location) _____

(eg: 110km NE of Perth, WA)

CATEGORY WHICH BEST DESCRIBES YOUR PROJECT (Please indicate one only)

Culture

Economic

Education

Environment

Social Welfare

Health

CATEGORY WHICH BEST DESCRIBES THE PROJECT'S TARGET AUDIENCE (Please indicate up to three only)

All Community

Adults

Older People (60+)

Families

Disabled & Carers

Children & Young Adults
(0-25yrs)

Early Childhood
(0-5yrs)

Children (6-13yrs)

Youth
(13-17yrs)

Young Adults
(18-25yrs)

Indigenous Australians

CALD

Men

Women

GLBT

PLEASE GIVE A BRIEF DESCRIPTION OF THE MAIN FEATURES OF YOUR COMMUNITY (Demographics, Employment, Activities, Networks, Clubs, Organisations, Economics, Community & Cultural Diversity, Festivals, Events, Recent Declared Natural Disasters etc.)

WHAT DOES YOUR ORGANISATION DO? (Please provide a brief overview e.g. mission, founding date, major programs and distinctive organisational attributes, number of members, size of enrolments, number of paid staff and/or volunteers, engagement with other community groups. Halls, please detail use of facilities – e.g. user groups, numbers of attendees, hours of use per week/month, etc.)

WHAT WOULD YOU LIKE THE GRANT FOR? (Describe the project in general and **OUTLINE THE NEED/S IN THE COMMUNITY THAT THE PROJECT AIMS TO MEET & WHO THE PROJECT WILL BENEFIT.** NB: Purely sporting or social projects are not charitable and are not eligible.)

PLEASE STATE WHY YOU NEED THE FUNDS? (And list other organisations that support this project and attach supporting letters. NB: If application is regarding property owned by a third party a letter of consent/support must be attached e.g. Halls owned by Councils.)

WHEN WILL THE PROJECT HAPPEN? (Please outline the expected dates that this project would become operational and completed. NB: You may not receive funds until end of December 2013 and FRRR cannot fund retrospectively.)

HOW WILL YOU MEASURE YOUR SUCCESS? (How will you know if your project has been successful? What will the outcomes / outputs / project outreach be? If possible provide measurable objectives e.g. Our project will train 25 people, reach 20 children, story in local paper.)

PROJECT FINANCES

HOW MUCH WILL THE PROJECT COST?(Please describe a detailed project budget and outline where grant funds will be used e.g. is it part of a bigger project? Who else have you sought funds from or how have you raised other money for this project? Is this funding secured or pending confirmation? Have you received quotes for the costs (highly regarded but not essential) – list and attach to provide good evidence to support your budget. Also include a description of in-kind support here, such as discounts on quotes, waived venue hire, catering, project co-ordination, sponsorship (the inclusion of in-kind support in the budget is highly regarded).

Does the FRRR grant amount requested cover the full project cost? YES NO

PROJECT BUDGET (use whole \$ only)			
INCOME	\$	EXPENDITURE	\$
e.g. Film night and raffle	\$300	e.g. printing 300 x 12 page booklets =	\$199
FRRR Grant Request (as per requested \$ on page 1)	\$		
In-Kind Support (must balance in-kind expenditure)	\$	In-Kind Support (must balance in-kind income)	\$
TOTAL (must balance total expenditure)	\$	TOTAL (must balance total income)	\$

APPLICATION CHECKLIST

ENSURE YOU HAVE COMPLETED THESE SECTIONS

- Organisation Information YES
- Project Information YES
- Project Finances YES

ENSURE YOU HAVE ATTACHED THESE DOCUMENTS - All supporting material MUST be submitted with the application

- Organisation Financials- either current profit & loss / balance sheet OR last audited statement (ESSENTIAL) YES
- Certificate of ABN or Incorporation - or attach printout from www.abr.buisness.gov.au (ESSENTIAL) YES
- Letters of support for project (OPTIONAL, but very highly regarded) YES NO
- Quotes to support budget items (OPTIONAL, but very highly regarded) YES NO

PLEASE COMPLETE THE BELOW CERTIFICATION - Must be signed by the Head of the Organisation OR NOT ELIGIBLE FOR FUNDING

- I/We acknowledge and understand that all applications become the property of FRRR
- I/We agree that FRRR may provide this application to other potential funding sources
- I/We agree to inform FRRR if the organisation has a significant change to its financial situation
- I/We agree if successful to expend any FRRR funding within 12 months
- I/We agree for FRRR to publish stories of grants funded

HEAD OF ORGANISATION (MUST SIGN HERE or the application will not be considered. e.g. Chair, CEO, President)

NAME: _____ **SIGNED** _____

POSITION: _____ **DATED** _____

ORGANISATION NAME:
(As appears on your ABN or INC. Certificate) _____

PLEASE SUBMIT YOUR APPLICATION, VIA POST OR VIA EMAIL to FRRR, PO Box 41, BENDIGO, VIC 3552 or info@frrr.org.au
Applications need to be clearly postmarked before or on **THE CLOSING DATE.**

Please estimate the time taken to complete your application? □ □ Hours e.g. □ 0 □ 3 = 3 Hours

On a scale of 1= Easy to 5= Hard how would you rate this application process? _____