

# Lord Mayor's Charitable Trust - Christmas Grant 2024 - Application Form

## Form Preview

### Introduction and Eligibility

\* indicates a required field

#### Introduction

The purpose of the Trust is to support Brisbane's grassroots charities and other charitable grassroots activities, by raising funds to be distributed to a range of worthy, lower profile and generally underfunded charitable organisations or charitable activities within Brisbane.

The Trust focuses its funding where it will have the biggest impact on Brisbane's most vulnerable residents.

Refer to the program [Guidelines](#) for full eligibility criteria.

**Have you read and understood the guidelines? \***

Yes

No

#### Eligibility Check

Please note that if you do not meet the following eligibility requirements you will not be able to complete this form.

If you have any questions about your organisation's eligibility please contact us on [lmct@brisbane.qld.gov.au](mailto:lmct@brisbane.qld.gov.au) or **07 3403 5381**

**Does your organisation have Deductible Gift Recipient (DGR) status? \***

Yes

No

**Attach DGR Status Certificate \***

Attach a file:

**Will the benefit afforded by the Trust be provided directly to recipients that reside within the Brisbane City Council Local Government Area (LGA)? \***

Yes

No

**Attach letter of intention: \***

Attach a file:

Attach a letter of intention about the LGA distribution of benefit.

**Is your organisation registered with the ACNC or ASIC? \***

Yes

No

### Applicant Details

\* indicates a required field

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### Applicant Details

**Organisation \***

Organisation Name

Official entity, group or organisation name (no acronyms).  
Cannot be a commercial business or an individual.

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Contact Person \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Contact's position \***

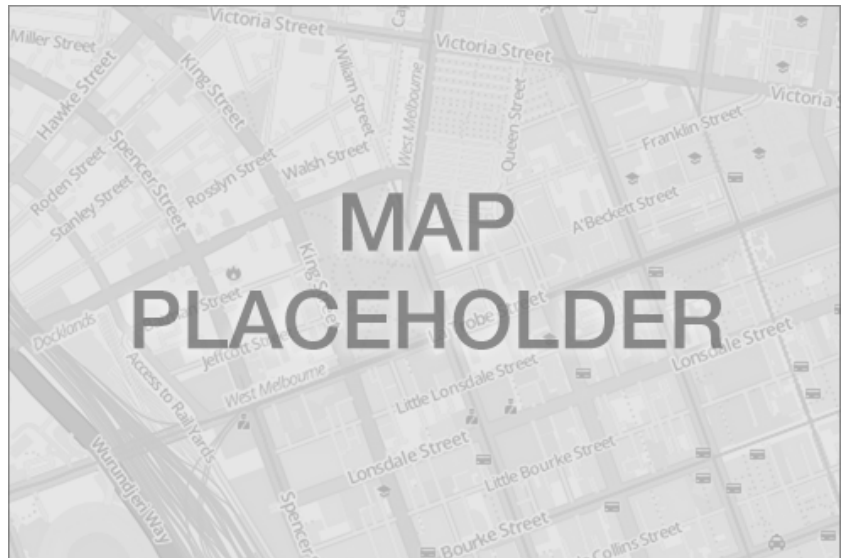
**Organisation Address \***

Address

<input type="text"/>
<input type="text"/>

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Postal Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Phone Number \*

Please use standard format, e.g. (07) 3403 8888

### Email Address \*

Please use a generic email address (e.g. [enquiries@example.com](mailto:enquiries@example.com))

### Alternate or Mobile Number

Please use standard format, e.g. (0491) 570 159

### Facebook Handle

### Instagram Handle

### Twitter Handle

### LinkedIn Handle

### Types of Charity Work \*

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Crisis Assistance | <input type="checkbox"/> Women    | <input type="checkbox"/> Indigenous    |
| <input type="checkbox"/> DV                | <input type="checkbox"/> Children | <input type="checkbox"/> Mental Health |

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- Frontline Services Support       Young Families       Men  
 Food Relief       Fostercare       Addiction  
 Illness/Disability       Community Support       Other:

Homeless

Select the most applicable options.

## Financial and Banking Details

\* indicates a required field

### Financial Statement

Please attach your latest audited Annual Financial Statement with other financial documentation below (as required to be lodged with the Chief Executive in accordance with the Association Incorporation Act 1981)

**Attach latest audited Annual Financial Statement \***

Attach a file:

ACNC classified small charities are still required to present annual financial statements (no audit required), however Medium charities must still present audited financial statements to be considered for this grant.

### Bank Account Information

**Name of Bank \***

**BSB Number \***

BSB Number (must be six digits)

**Account Name \***

**The organisation's account number \***

Must not be an individual, maximum 9 digits

**Email address (for payment remittance advice)**

Please provide an organisational email address (e.g. [accountspayable@yourclub.org.au](mailto:accountspayable@yourclub.org.au)) rather than a specific personal address.

## Grant Project Information

\* indicates a required field

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**Provide a brief overview of what your organisation does. \***

Word count:

Must be no more than 60 words.

**Provide a summary of the proposed purpose of the grant and its impact. If you are applying for multiple options of this grant, please outline all requests \***

Word count:

Must be between 50 and 100 words.

**Attach a funding submission. \***

Attach a file:

Attach a submission that describes the purpose of the activity or proposal for which the grant is sought. If you are applying for all four application options on offer, please specify each of these in the same funding submission form – describing each project.

**What is the expected impact and grant outcome? \***

Must be between 50 and 200 words.

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

**What are the estimated number of Brisbane residents you anticipate will be positively impacted by this grant? \***

Must be a number.

**Attach any additional supporting documentation**

Attach a file:

### High-Resolution Logo

In the event that your application is successful, please provide a logo which will be used at the presentation of your grant.

**Attach high-resolution logo \***

Attach a file:

## Christmas Grant Submission

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### Christmas Grant Options

#### Christmas Grant Options

- Christmas toys
- Funding up to \$2,000 for a Christmas celebration
- Funding up to \$2,000 for a meal service feeding the homeless
- Funding up to \$1,000 to purchase gift cards for clients that may need additional support over the Christmas period

Each charity applicant is able to apply for up to all four options, noting the details for each option selected, be outlined in the one page funding submission. Your application must outline each element in the submission and align with offering being requested (eg Christmas celebration must be used for that only)

### Christmas Toys

Please enter the number of toys being requested by category.

#### Boy Babies (0-2 years)

Must be a number.

#### Girl Babies (0-2 years)

Must be a number.

#### Boy Toddlers (3-5 years)

Must be a number.

#### Girl Toddlers (3-5 years)

Must be a number.

#### Boy Lower Primary (6-7 years)

Must be a number.

#### Girl Lower Primary (6-7 years)

Must be a number.

#### Boy Mid-Primary (8-10 years)

Must be a number.

#### Girl Mid-Primary (8-10 years)

Must be a number.

#### Boy Upper Primary (11-12 years)

Must be a number.

#### Girl Upper Primary (11-12 years)

Must be a number.

### Total Toys Requested

**Calculate the total toys requested in this application.**

This number/amount is calculated.

### Previous Applications

Please indicate if you have received Christmas toys, Foodbank food vouchers, food vouchers or Christmas celebration funding previously.

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### Previous Applications

- Christmas toys
- Foodbank food vouchers
- Food vouchers
- Christmas celebration funding

## Budget and other Funding

\* indicates a required field

### Organisation Funding

If your organisation currently receives funding from a Commonwealth, State or Local Government program or any other benefactor, you must state what funding this is below, otherwise leave blank.

Funding Body	Funding Amount Received
	Must be a dollar amount.
	\$
	\$
	\$
	\$

### Grant Application Budget

**You must provide an itemised budget for this grant.**

Please list items for which the grant is sought and the cost of each item. If you are applying for more than one Christmas option (celebration grant, homeless meal grant, or cash grants for gift cards) please list all items in this budget table.

Item description	\$ Cost of Item	\$ Amount Raised by your Organisation	\$ Amount Sought from other Organisations	\$ Amount Sought from Lord Mayor's Charitable Trust
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

### Calculated Grant Application Budget Totals

**Total Cost of Items**

\$

This number/amount is calculated.

**Total Amount Sought from the Lord Mayor's Charitable Trust**

\$

This number/amount is calculated.

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**Please confirm the total grant amount requested from Lord Mayor's Charitable Trust by entering the figure here**

\$

What is the total financial support you are requesting in this application?

## Budget and Quotes Upload

**Attach your proposed budget breakdown (if applicable).**

Attach a file:

Where possible it is requested that you complete the 'Grant Application Table' provided in this form

**Attach quotes or estimates to support your application (if applicable). \***

Attach a file:

If you believe a quote is not applicable, please attach a statement containing your reasoning for not supplying.

## Other Funding Towards this Application

If your organisation has made or is intending to make an application to another funding body for a grant for this project, please state what funding this is below - otherwise leave blank.

Funding Body	Funding Amount Requested
	Must be a dollar amount.
	\$
	\$
	\$
	\$

## Certification

\* indicates a required field

The following section confirms your organisation's endorsement of this application. It should be completed by the **Chair, President or Chief Executive**.

Your organisation agrees:

- To use the benefit for the endorsed purposes set out in their Deductible Gift Recipient status and as per their constitution or charter
- To use the benefit afforded by the Trust to provide services directly to recipients residing within the Brisbane City Council local government area
- To the Trust making such reasonable enquiries as are necessary to establish bona fides of the application
- That the grant will be acquitted in the manner stated in the guidelines
- That the Trust may recover unexpended grant amounts



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- That the Trust will be appropriately acknowledged for example, in annual reports or on social media as the donor; and
- That the grant must be expended only in accordance with the purpose stated in this application unless the Trust has first given written consent to a change in the approved purpose.

The recipient certifies that the information contained in this application form is true and correct. By signing the application form the applicant agrees to abide by the conditions of the grant.

**Name and Position of Approving Officer \***

**Date of Certification \***

President, Chair, Secretary etc

**Where did you hear about the grants program? \***

- Council Website
- Email
- Direct (Postal) Mail
- Social Media
- Living In Brisbane Newsletter
- Previous applicant
- Local Councillor