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### Introduction and Eligibility

\* indicates a required field

#### Introduction

Have you read and

understood the

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.

 $\bigcirc$  No

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

Yes

Refer to the program Guidelines for full eligibility criteria.

guidelines? *
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 <a href="mailto:lmct@brisbane.qld.gov.au">lmct@brisbane.qld.gov.au</a> or <b>07 3403 5381</b>
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

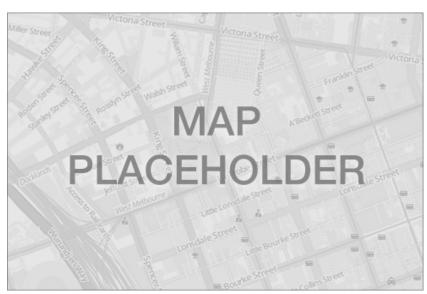
### **Applicant Details**

\* indicates a required field

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Applicant Details				
Organisation *	Organisation Name			
	Official ent	ity, group or organis a commercial busine	sation name (no acr	ronyms).
	00111100 00	a commercial sasmi	ess or an marriada.	
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.			
	Informatio	n from the Australia	n Business Registe	r
	ABN			
	Entity nam	ne		
	ABN status			
	Entity type			
	Goods & Services Tax (GST)			
	DGR Endo			
	ATO Chari		More inform	<u>ation</u>
	ACNC Reg			
	Tax Concessions			
	Main business location			
	Must be an	ABN.		
Contact Person *	Title	First Name	Last Name	
Contact's position *				
Organisation Delivery Address *	Address			

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NOTE: Eggs will be delivered directly to your organisation. Please ensure this is your correct delivery address and accessible.

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)
Alternate or Mobile	
Number	Places use shoulded former as a (0401) 570 150
	Please use standard format, e.g. (0491) 570 159
Facebook Handle	
Instagram Handle	
Twitter Handle	
i witter nandle	
LinkedIn Handle	
Types of Charity Work *	☐ Crisis Assistance☐ Women ☐ Indigenous ☐ DV
	□ DV □ Children □ Mental Health

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	<ul><li>☐ Frontline</li><li>Services Support</li></ul>	☐ Young Families	□ Men
	☐ Food Relief ☐ Illness/Disability	☐ Fostercare  / ☐ Community  Support	☐ Addiction☐ Other:
	☐ Homeless Select the most appl		
Financial and Banking D	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	Attach a file:		
Annual Financial Statement *	annual financial state	esent audited financia	ired), however Medium
Bank Account Information	1		
Name of Bank *			
BSB Number *	BSB Number (must b	e six digits)	
Account Name *			
The organisation's			
The organisation's account number *	Must not be an indivi	dual, maximum 9 digi	ts
Email address (for payment remittance advice)		ganisational email add ourclub.org.au) rather	

### **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.	
	Word count: Must be between 50 and 100 words.
Attach a funding submission. *	Attach a file:
	Attach a detailed summary describing the purpose of the activity, proposal or project for which the grant funding is sought, the primary target group and how the grant will provide direct benefit to Brisbane City Council residents and the expected impact of and outcome for the grant. This submission should be no longer than one A4 page. Please include the start-to-finish timeline of your intended project delivery, noting the standardised three month acquittal timeframe.
What is the expected impact and grant outcome? *	
	Word count: 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	Attach a file:
documentation	
High-Resolution Logo	
In the event that your application the presentation of your grant.	is successful, please provide a logo which will be used at
Attach high-resolution logo *	Attach a file:

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Easter Grant Options		
Easter Grant Options *	<ul> <li>□ Easter egg request (one egg per child)</li> <li>□ Funding up to \$2,000 for a meal service feeding the homeless and vulnerable members of our communities</li> </ul>	
Easter egg request		
Please list below how many Easter eggs you are applying for (one egg per child).		

Number	of eggs *
Must he a	number

### Budget and other Funding

\* indicates a required field

#### **Grant Application Budget**

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

Please ensure that your funding request below is clearly outlined and itemised, breaking down what specifically will be spent for your food services over the Easter period.

Please also outline your food services on your One Page submission and your intention of distribution of the Easter eggs (if applicable).

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

### Calculated Grant Application Budget Totals

Total Cost of Items Total Amount Sought from the Lord Mayor's Ch	
\$	\$
This number/amount is calculated.	This number/amount is calculated.

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purpose.

Mayor's Charitable Trust by	nt amount (up to \$2,000) requested from Lord entering the figure here  you are requesting in this application?
Budget and Quotes Uplo	pad
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	Attach a file:
estimates to support your application (if applicable). *	If you believe a quote is not applicable, please attach a statement containing your reasoning for not supplying.
Certification	
* indicates a required field	
The following section confirms y be completed by the <b>Chair</b> , <b>Pr</b>	your organisation's endorsement of this application. It should esident or Chief Executive.
Your organisation agrees:	
<ul> <li>status and as per their cons</li> <li>To use the benefit afforded residing within the Brisbane</li> <li>To the Trust making such rof the application</li> <li>That the Easter eggs will N</li> <li>That the grant will be acqu</li> <li>That the Trust will recover</li> <li>That the Trust will be approposed</li> </ul>	by the Trust to provide services directly to recipients e City Council local government area reasonable enquiries as are necessary to establish bona fides.  OT be re-sold to raise funds litted in the manner stated in the guidelines unexpended grant amounts opriately acknowledged for example, in annual reports or on

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.

application unless the Trust has first given written consent to a change in the approved

Name and Position of Approving Officer *	Date of Certification *
President, Chair, Secretary etc	
Where did you hear about the grants program? *	
Council Website	

### Form Preview

- O Email
  O Direct (Postal) Mail
  O Social Media
  Using In Brisbane Newsletter
  Previous applicant
  Local Councillor