

Lord Mayor's Charitable Trust – Easter Grant 2025 – 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 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

Lord Mayor's Charitable Trust - Easter Grant 2025 - Application Form

Form Preview

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 | More information |
| 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"/> |
|----------------------|----------------------|----------------------|

Contact's position *

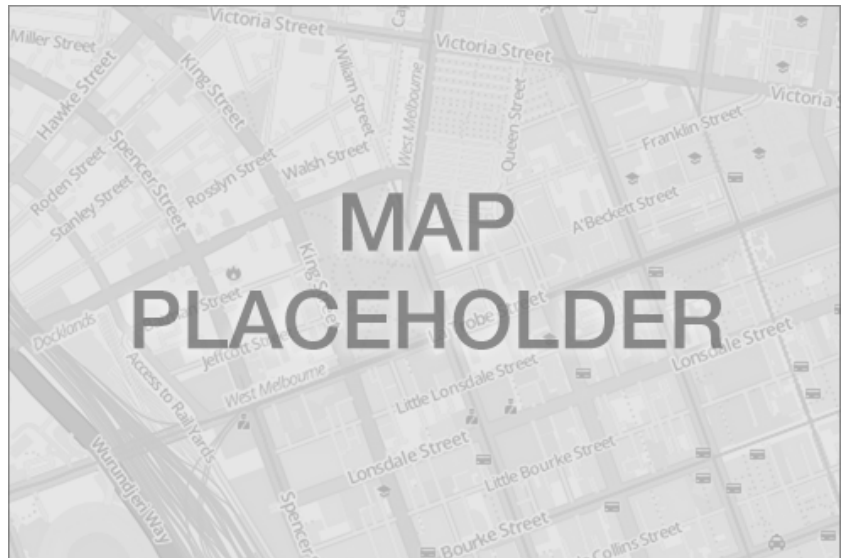
Organisation Delivery Address *

Address

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

Lord Mayor's Charitable Trust - Easter Grant 2025 - Application Form

Form Preview



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

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 |

Lord Mayor's Charitable Trust – Easter Grant 2025 – Application Form

Form Preview

- 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) rather than a specific personal address.

Grant Project Information

* indicates a required field

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Form Preview

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 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:

Lord Mayor's Charitable Trust - Easter Grant 2025 - Application Form

Form Preview

Easter Grant Options

Easter Grant Options *

- Easter egg request (one egg per child)
- Funding up to \$2,000 for a meal service feeding the homeless and vulnerable members of our communities

Easter egg request

Please list below how many Easter eggs you are applying for (**one egg per child**).

Number of eggs *

Must be 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 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.

Lord Mayor's Charitable Trust – Easter Grant 2025 – Application Form

Form Preview

Please confirm the total grant amount (up to \$2,000) 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.

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 Easter eggs will NOT be re-sold to raise funds
- That the grant will be acquitted in the manner stated in the guidelines
- That the Trust will recover unexpended grant amounts
- 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 *

President, Chair, Secretary etc

Date of Certification *

Where did you hear about the grants program? *

Council Website

Lord Mayor's Charitable Trust - Easter Grant 2025 - Application Form

Form Preview

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