

Lord Mayor's Charitable Trust - February General 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

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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	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"/>
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Contact's position *

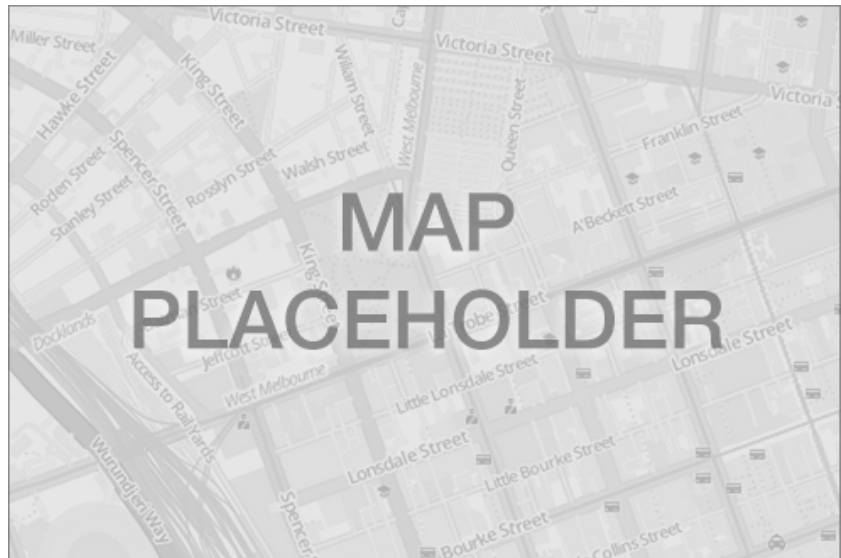
Organisation Address *

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)

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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- | | | |
|---|--|--|
| <input type="checkbox"/> Frontline Services Support | <input type="checkbox"/> Young Families | <input type="checkbox"/> Men |
| <input type="checkbox"/> Food Relief | <input type="checkbox"/> Fostercare | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Illness/Disability | <input type="checkbox"/> Community Support | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> 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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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? *

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:

Previous testimonials, project outcomes and impact reports are able to be provided in this section as well as any other relevant supporting information.

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:

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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 all items for which the grant is sought and the cost of each item in priority order.

Applications for amounts of **\$12,500** (the threshold) or below will be considered more favourably than applications for funding exceeding this threshold. Quotes, estimations and breakdowns are required to support your application and are to be uploaded in the next section.

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:

It is a required that you complete the 'Grant Application Table' provided in this form (above) however if you have extensive line items, a more detailed breakdown can be provided here. This may also include items that exist for the project but may not be part of your funding request for LMCT.

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

Attach a file:

Quotes, estimates and examples are expected to outline all project expenditure. If you believe this not required, please upload a statement explaining your reasoning for not supplying. Note this may hinder your application outcome.

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

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