

# THE ALLPORT BEQUEST

## Application for Grant

### PART A CONTACT INFORMATION

#### A.1 Full Name of Organisation:

#### A.2 Postal address

Address Suburb State Post Code

#### A.3 Street Address

Address Suburb State Post Code

#### A.4 Name of contact person managing the project

Mr/Mrs/Ms/Dr

First Name

Surname

Position

Telephone

Fax

E-mail

#### A.5 Name of chief executive officer (if different from contact person)

Mr/Mrs/Ms/Dr

First Name

Surname

Position

Telephone

### PART B PROJECT DETAIL

#### B.1 Short descriptive title of the project: (indicate ONE ONLY)

New Project (insert name)

Existing Project (insert name)

**B.2. Project Focus:**

(circle ONE ONLY)

Curative Care/Relief/Palliative

Preventative Advocacy

Other (specify)

**B.3. Charitable Category of your Organisation:**

(circle ONE ONLY)

Conservation Medical Support/Health

Arts/Culture Social Welfare

Education Other (specify)

**B.4 Target Group for the Project:**

(circle ONE OR MORE)

Infants (0-5 years) Suicide Prevention

Children (6-11 years) Secondary/Tertiary Education

Youth (12-18 years) Cultural

Aged/Elderly Rural

Families Animals/Wildlife

Women Environment

Men General Public

Disability Services Research (specify nature)

Homeless Major Disease (specify)

Interventions for Addictions Religious Group (specify)

Hospital

**B.5 What will the requested funds be used for:**

(circle ONE OR MORE)

Salaries Infrastructure/Administration

Equipment Research  
(specify)

Consumables Other (specify)

**B.6 Specify the total amount sought through this application:**

Year 1 (\$):

Year 2 (\$):

Year 3 (\$):

**Total Amount Sought (\$):**

**B.7 Specify the total amount required for the project:**

(amount requested from Allport Bequest may not equal total project costs)

\$

**B.8 Provide a brief summary of the project for which you are requesting funding:**

1. The problem or cause your are seeking to address:

2. How the problem or cause will be addressed:

3. What are the specific outcomes you seek?

**B.9 How many people will benefit/be assisted/can participate in the project?**

**B.10 Project Time Table:**

Starting Date (dd/mm/yy):

Completion Date (dd/mm/yy):

**B.11 What are the project's risks?**

**B.12 Geographic area upon which the project is focussed:**

**B.13 Explain how the project will be evaluated:**

**B.14 Who will evaluate the project:**

**PART C ABOUT THE ORGANISATION**

**C.1 Please state your Australian Business Number**

**C.2 Has your organisation registered for GST? (Y/N)**

**C.3 Is your organisation an income tax exempt charity? If so, please attach evidence.**

**C.4 Does your organisation have tax deductible gift recipient status? If so, please attach evidence.**

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**C.5 Briefly describe the services your organisation provides to the community, and why these are charitable.**

**PART D ADDITIONAL INFORMATION**

**D.1 Detail other trusts or foundations, or government departments that the organisation has approached for assistance for funding for this project (this may assist with joint funding initiatives)**

<b>Name of Funding Source</b>	<b>Amount Sought</b>	<b>Amount Received</b>	<b>OR</b>	<b>Anticipated Response Date</b>
				(dd/mm/yy)

**Project Budget**

Please attach

**Please check your application to ensure that it is complete.**

Signed on behalf of )  
Applicant )  
 ) .....

Full Name of Signatory:

Position in organisation:

Date: