

GRANT APPLICATION FORM



APPLICANT DETAILS	
Organisation Name:	
Office Address:	
Postal Address (if different from above):	
Principal Application Contact (Please Circle) Mr./ Mrs./ Ms./Prof./ Assoc. Prof./ Dr Other: First Name: Surname: Position: Email: Direct Phone or Mobile: Organisation Website:	Ongoing Admin Contact (If different from Principal Contact) (Please Circle) Mr./ Mrs./ Ms./Prof./ Assoc. Prof./ Dr Other: First Name: Surname: Position: Email: Direct Phone or Mobile:
Taxation Status ABN: Is your organisation registered as a 'Deductible Gift Recipient' (DGR) (Please Circle)? Yes/No	Is your organisation registered as a Tax Concession Charity (TCC) formerly Income Tax Exempt Charity (ITEC) (Please Circle)? Yes/No
GRANT DETAILS	
Grant Type (Please Circle)? : Operational Funding/Project Funding Other:	
Date of application:	Project start date (if applicable):
Requested grant amount: \$	Project end date (if applicable):
ORGANISATION/PROJECT DESCRIPTION	
Organisation/Project Overview and Goals Provide a description of the organisation/project and what positive and lasting impact it seeks to make (if there is insufficient space or you would like to attach appendices then please feel free to do so):	
Organisation/Project Concept for Change Outline the concept for change that your organisation/project will use to create the positive and lasting impact/s outlined above:	

Organisation/Project Evaluation

What does success look like for your organisation/project? What measures (qualitative or quantitative) that will be used to measure this?

Organisation/Project Funding and Budget

Outline your organisation/project budget and include confirmed; unconfirmed and in-kind contributions from other organisations

(C = Confirmed; NC = Not Confirmed but hopeful)

INCOME	\$	EXPENDITURE SPENT ON	\$
The Sheargold Foundation (requested)			
TOTAL		TOTAL	

PRIVACY DISCLAIMER

The Sheargold Foundation are committed to protecting your privacy and ensuring that all information provided in, and arising from, this Project Proposal will be kept confidential and treated in accordance with our Privacy Policy (A copy of which may be obtained upon request or found on our website).

Sheargold Foundation may need to collect, use and disclose information about the person, organisation, project or other relevant people stipulated in this, or effected by the proposal. By signing this disclaimer, consent is given to the Sheargold Foundation to disclose the information contained in and arising from this proposal to third parties, including but not limited to, Sheargold Foundation's consultants, external advisers and parties to which Sheargold Foundation may outsource certain functions from time to time.

..... Date: ____/____/____
Signature of authorised person

HOW TO SUBMIT YOUR APPLICATION

Email or send a hard copy of your proposal with signed privacy statement including the following attachments:

1. A copy of your latest Annual Report and audited Annual Accounts
2. A copy of Certificate of Incorporation
3. Verification that your organisation has the following Australian Taxation Office registration and endorsement by forwarding a copy of:
 - (a) ABN Australian Business Number
 - (b) GST registration
 - (c) TCC Tax Concession Charities (formerly Income Tax Exempt Charity endorsement).
 - (d) Deductible Gift Recipient registration.

SUBMISSIONS TO BE ADDRESSED & SENT BY MAIL OR EMAIL TO

Sheargold Family Foundation
PO Box 6423, Frenchs Forest NSW 2086
Email: foundation@sheargoldgroup.com