TRUSTEES OF THE ROMAN CATHOLIC DIOCESE OF SALE CHARITABLE FUND

ABN 85 334 135 693

Application for funding 2022

Organisation _____

Address Line 1 _____

Address Line 2 _____

City/Town _____

State _____ Postcode _____

Contact person _____

Position _____ Phone _____

Email _____

Title of Project for which funding is sought:

Location of project _____

Brief (50 word) description of project

Amount of funding sought **$_____**

Total cost of project $_____

Brief aims and objectives

Treasurer/accountant _____

Auditor name and address

Is your organisation properly constituted or incorporated? Yes ◯ No ◯

Incorporation number _____

ABN _____

Is your organisation registered for tax deductibility purposes under Division 30 of the Income Tax Assessment Act 1997?

Yes ◯ No ◯

Note: If Trinity Families is unable to confirm your DGR status using your ABN number then proof will have to be provided before funds can be released.

Project aims: What do you hope to achieve from this project? Dot points will suffice.

How are you going to achieve your aims?

Project timeline: Outline proposed completion dates for key tasks, training, establish procedures, research, other fund-raising, fitting out premises etc:

Which groups will benefit from this project? Select all which will benefit.

Youth ☐ Aged ☐ Migrants ☐ Aboriginals ☐ Ethnic minorities ☐

Families ☐ Special needs ☐ Carers ☐ Broader community ☐

Other ☐

Provide details of community support you have already received

Indicate your expertise is undertaking a project of this kind.

How do you intend to market or promote your project, including the involvement of Trinity Families funding?

Financial details

Has your organisation sought financial assistance from other funding sources for this project?

Yes ◯ No ◯

If Yes, please provide details.

Amount sought from Trinity Families $_____

Your contribution $_____

Contribution from other sources $_____

Total project cost $_____

How will your contribution be made? Do you have funds on hand, are you still fundraising or waiting for assistance from other sources?

If this application to Trinity Families was only partially funded, could the project still go ahead?

Yes ◯ No ◯

If yes, explain how the project could proceed. Would it need to be scaled back or funds obtained from elsewhere?

Breakdown of proposed expenditure:

Salaries $_____

(Salaries of new employees included in above total) $_____

Administration $_____

Equipment purchases $_____

Materials $_____

Promotion $_____

Office consumables $_____

Contractors $_____

Fitout $_____

Rent $_____

Travel $_____

Insurance $_____

Volunteer training $_____

Volunteer reimbursements $_____

Other expenditure $_____

Does your organisation have public liability insurance? Yes ◯ No ◯

If yes, amount of cover $_____

How will you know if your project has achieved its aims? How will you try to evaluate the project/activity?

Does your organisation have a long-term development plan? If so, how does this project fit in with your plans?

Is there anything further which you think will assist us in evaluating this application?

Please read through your application, then make the official acknowledgement below by selecting the appropriate box. It may then be saved and the file emailed to us by no later than 5pm 30th September 2022 at *trinity@sale.catholic.org.au*

Statement:

I, _____ the applicant for the above named organisation declare I have read the Trinity Families distribution policy and certify that to the best of my knowledge, the information contained in this application is true and correct. Agreed ◯ No (application will be rejected) ◯

Dated _____

Please note receipt of this application form will be acknowledged.