APPLICATION FORM

Contact Person Details

Name

Position

Phone

Email

Organisation Details

1. Name of Organisation

2. Name of Organisation as it appears on your DGR/TCC Certificates

3. Postal Address

4. Website Address (www.yourwebsite.com)

5. ABN/ACN of Organisation

6. Date of DGR Endorsement

7. Date of TCC Endorsement

8. Total of last year's revenue/ income

9. Percentage of total revenue received from Government sources (Local, State & Federal)

10. Total forecasted budgeted expenditure for current Financial Year (total budgeted cost of all your Organisation's planned programs this year)

11. Your Organisation's background & purpose:

12. Summarise the major programs your Organisation has undertaken within the last 12 months:

13. Briefly describe two of the most significant accomplishments your Organisation has achieved for the benefit of the population or community you serve and the month and year they were achieved

Project/Program Details

14. Project/ Program Title

15. Description of the Project/ Program for which the Grant is sought

16. Total Budget (expenditure) for this Project/ Program

17. Amount requested from The Pierce Armstrong Foundation (ex GST)

18. If the applicant is applying through an auspicing body with DGR status or is a department or a subset of an institution such as a University, please state whether an administration fee or similar will be applicable to a successful grant application and if so the quantum.

19. If the applicant is using a fee for service fund raising entity, state the percentage applied to a successful grant application.

20. Timetable for Project/ Program implementation

Commencement Date

Completion Date

21. Have you been successful in securing funding for this project from other Trusts, Foundations, Corporations and other funding sources, including Government?

Name

Date by which you expect to receive funds

Project Details Continued

22. Indicate under which of our Key areas your Project/ Program falls within

23. What will happen with the project/ program if all funding is not received?

24. Geographic location of the people to be served by this Project/ Program (please tick one area only and nominate location)

25. Project Location

26. Is this the first application your organisation has submitted to our foundation

If this is not the first Application, what was the date of the most recent application and what amount was received if any?:

Date

Amount Received

Bank Account Details

27. Name in which your account is held

28. Name of Financial Institution

29. Address of Financial Institution

30. BSB No.

31. Account No.

File Uploads

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32. Deductible Gift Recipient (DGR) Certificate~

33. Charity Tax Concession (TCC) Certificate~

34. Annual Report (Soft Copy)~

~A hard copy of your organisation's Annual Report may also be requested.