



# Disabled Children's Foundation

## GENERAL APPLICATION FORM

### **SECTION 1 - APPLICANT INFORMATION: to be completed by ALL applicants**

|                                |                         |
|--------------------------------|-------------------------|
| Name of Organisation:          | _____                   |
| Chief Executive Officer:       | _____                   |
| Postal Address:                | _____<br>_____<br>_____ |
| Street Address (if Different): | _____<br>_____          |
| <u>Contact Person:</u>         |                         |
| Name:                          | _____                   |
| Position:                      | _____                   |
| Telephone:                     | _____                   |
| Fax:                           | _____                   |
| Mobile:                        | _____                   |
| E- mail:                       | _____                   |

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|--|
| <b><u>Brief description of request</u></b> |
| _____                                      |
| _____                                      |
| _____                                      |
| _____                                      |
| _____                                      |

|   |
|---|
| <b><u>Brief description of evaluation</u></b> |
| _____   |
| _____   |
| _____   |
| _____   |
| _____   |

**Total funding requested (Must be completed by all applicants)**

***Amount requested from the Foundation***

Contribution by organisation \_\_\_\_\_

or contribution in kind, (eg. labour, materials) \_\_\_\_\_

(Please specify) \_\_\_\_\_

Contribution from other sources \_\_\_\_\_  
including other funding bodies (please specify)

**Total Cost of this Project**

**\$** \_\_\_\_\_

Has the Foundation previously assisted your organisation?

YES

NO

Were all grants properly acquitted?

YES

NO

Has your organisation changed its name since your last request?

YES

NO

If so, please state previous name \_\_\_\_\_

**Section 2: INFORMATION ABOUT YOUR ORGANISATION**

**Please describe the primary purpose of your organisation, its main services and/or activities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the organisation established? \_\_\_\_\_

Number of Members \_\_\_\_\_ Membership Fee \$ \_\_\_\_\_

**What geographical area do your services cover?**

State Wide \_\_\_\_\_

Regional Area of \_\_\_\_\_

Aboriginal Community of \_\_\_\_\_

Local Govt Area of \_\_\_\_\_

All of Metro area \_\_\_\_\_

Town of \_\_\_\_\_

Metropolitan suburb(s) of \_\_\_\_\_

**Organisational structure**

YES  NO

Is your organisation an incorporated body?

If so please attach a copy of the Certificate of Incorporation.

Does your organisation have a Constitution?

YES  NO

Please include a copy of the Constitution with this application, unless it has been sent to the Foundation previously, or unless applicant is a local authority.

**SECTION 3: DETAILS OF REQUEST BUDGET**

**General requests for equipment, projects, or capital works**

Please list below, **in order of priority**, all items requested, giving the cost of each item, and/or a project budget. If insufficient space, please attach a separate list.

**If your request is for equipment two quotes for items over \$500 should be obtained (unless previously agreed otherwise) and copies of the quotes attached.**

Please indicate, under additional comment below, preferred quote, giving reasons.

For building projects, **a floor plan and breakdown of costs** is required.

**Item(s)/services requested**

**Cost**

(Please indicate if the price quoted is sales tax exempt)

|              |                 |
|--------------|-----------------|
| _____        | \$ _____        |
| _____        | \$ _____        |
| _____        | \$ _____        |
| _____        | \$ _____        |
| <b>Total</b> | <b>\$ _____</b> |

Has your organisation received any other funding for this project?

YES NO 

Additional comments about any items, including where they will be stored

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How many people will benefit from the provision of the item(s) requested?

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Please give any other relevant information that may support your application.

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### References

Please give details of referee(s) from your funding body, or any other organisation that can speak to staff about your services/program, and about this application.

**Name****Position****Organisation****Phone Number**


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PLEASE TURN OVER THE PAGE AND COMPLETE GRANT AGREEMENT

**SECTION 4****GRANT AGREEMENT****DECLARATION AND ACCEPTANCE OF GRANT CONDITIONS**

**Please ensure that this section is carefully read before signing by the appropriate office bearer. This section must be signed before any grant can be paid.**

I certify that all the information provided is true and correct, and give permission to the Disabled Children's Foundation to contact any persons or organisations in the processing of this application.

**If a grant is provided, the organisation agrees to the following conditions:**

1. The grant must be used for the purpose for which it was given, unless otherwise agreed in writing with the Disabled Children's Foundation.
2. Return to the Disabled Children's Foundation, within three (3) months of receiving the grant, either the originals or certified copies of receipts/invoices or the Declaration of Disbursement of Grant Form, to support expenditure, unless otherwise specified (ie. for progress payments or payment on receipt of invoice).
3. Return any unexpended funds to the Disabled Children's Foundation within three (3) months of the grant being made available, unless otherwise agreed in writing by the Foundation.
4. Advise the Disabled Children's Foundation in writing of any delay in the expenditure of the grant.
5. Acknowledge receipt of the Disabled Children's Foundation grant in the Annual Report of the organisation.
6. Recognise that on some occasions, special conditions may need to apply to certain grants. If special conditions are attached to this grant, the organisation acknowledges that a separate grant agreement of funding agreement will need to be negotiated and signed.

**Only the Chairperson or President of the Organisation, which is to receive the grant, should sign. For Local Government Authorities, the Chief Executive Officer should sign.**

|  |          |
|--|----------|
| Signed   | Date     |
| Name   | Position |
| Name of Organisation   |          |
| Address  |          |
| Phone  | Fax      |
| <b>If the application is sponsored, the Chairperson or President of the Sponsoring Organisation must also sign below</b> |          |
| Name   | Position |
| Name of Organisation   |          |
| Address  |          |
| Phone  | Fax      |