

LORD MAYOR'S COMMUNITY TRUST FUND



GRANT APPLICATION FORM

GPO BOX 2287, BRISBANE. QLD. 4001

Ph: 3403 5381

Email: lmct@brisbane.qld.gov.au

Web: www.lmct.org.au

Applicants should read the Guidelines for Applicants carefully before completing this application form.
Each question must be completed and requested supporting documentation attached.
Faxed copies or incomplete applications will not be accepted.

1. Organisation Details

The organisation is the body applying for the grant and undertaking the proposed project or activity. The exact name of the organisation should be recorded here.

NAME OF ORGANISATION

ABN

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GST registered	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Income Tax Exempt	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Deductible Gift Recipient status	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please attach in support of your application, a letter confirming your Deductible Gift Recipient status.

Letter confirming Deductible Gift Recipient status attached?
Yes No

POSTAL ADDRESS

STREET ADDRESS

Email address

--

Contact person

Mr Mrs Ms Miss Dr Other

Full Name

--

Telephone (business hours)

--

Telephone (after hours / mobile)

--

Position in organisation

--

Email address

--

2. Accountable officer

(For example, the President or Chairperson of the Management Committee of the incorporated body)

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Telephone business hours

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Position in organisation

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3. Eligibility status of incorporated organisation

- Has Deductible Gift Recipient status
- An incorporated body with not for profit objectives
- The objective of the organisation is for charitable purposes
- Organisation is established and operated in Australia
- Intend to use the benefit for the endorsed purposes set out in their Deductible Gift Recipient status and as per their constitution or charter

4. Supporting documentation

A copy of the following documents must be attached to the application form. Please tick the relevant box to indicate that the documents are attached:

- Evidence of Deductable Gift Recipient status
- Extract of constitution showing not for profit and charitable objectives
- Certificate or other evidence of incorporation
- Document proving the organisation is established and operated in Australia
- Copy of the last financial year's audited statement of accounts
- A funding submission that indicates the primary purpose of the grant, the primary service provided by the organisation and the primary target group for the project

5. Funding Submission

Please attach a Funding Submission that describes the proposed purpose of the grant.

Tick box to indicate the Funding submission is attached

Tick box to indicate letters of support are attached

6. Budget

Please list items for which grants are sought and the approximate cost of each item in priority order. Applicants should note the applications for funds not exceeding \$10, 000 will be viewed more favourably by the Trustees.

Budget Item	Approximate Cost
TOTAL COST	\$
Less funds to be raised for the project by your organisation	
TOTAL GRANT SOUGHT	\$

The budget should be supported by documentation providing quotations or estimates for each item.

7. Other funding

Does your organisation currently receive funding from Commonwealth, State or Local Government program, or any other benefactor.

Yes No

If Yes, please specify the funding body, and amount of funding received.

Funding Body	Amount received

Have you made or do you intend to make an application to another funding body for a grant for this project?

Yes No

If Yes, please specify the funding body, and amount of funding.

Funding Body	Amount received

8. Certification

If a funding application is approved, your organisation agrees:

- To use the benefit for the endorsed purposes set out in their Deductible Gift Recipient status and as per their constitution or charter
- To the LMCT making such reasonable enquiries as are necessary to establish bona fides of the application
- That the grant will be acquitted in the manner stated in the guidelines
- That the LMCT may recover unexpended amounts
- That the LMCT will be appropriately acknowledged as the donor

The recipient certifies that the information contained in this application form is true and correct.

Signature of Accountable Officer

Witness

Date: _____

Date: _____