

# LORD MAYOR'S COMMUNITY TRUST FUND



## XMAS APPEAL APPLICATION FORM Toys, Food Vouchers and Small Grants

GPO BOX 2287, BRISBANE. QLD. 4001

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Email: [lmct@brisbane.qld.gov.au](mailto:lmct@brisbane.qld.gov.au)

Web: [www.lmct.org.au](http://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. This application is for Christmas related activities.

The organisation is the body applying for the grant and undertaking an activity related to or during the Christmas period. The exact name of the organisation should be recorded here.

NAME OF ORGANISATION


ABN

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GST registered Yes  No

Income Tax Exempt Yes  No

Deductible Gift Recipient status Yes  No

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)

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Position in organisation

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Email address

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## 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 Deductible 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

#### 5. Xmas Appeal Submission

Please tick the appropriate box for items sought through the Trust Xmas Appeal:

- I am apply for Christmas Toys
- I am applying for a Food Voucher from Foodbank
- I am applying for funding up to \$2000

If applying for toys, please indicate how many children your organisation anticipates providing care for over Christmas. Generally we are able to provide assistance for up to 100 children per organisation.

Age Groups	Number of Toys
Male Babies 0 – 2 years	
Female Babies 0 – 2 years	
Male Toddlers 3 – 5 years	
Female Toddlers 3 – 5 years	
Male Lower Primary 6 – 7 years	
Female Lower Primary 6 – 7 years	
Male Mid Primary 8 – 10 years	
Female Mid Primary 8 – 10 years	
Male Upper Primary 11 – 12 years	
Female Upper Primary 11 – 12 years	
TOTAL	

- Has your organisation received toys previously? Yes  No
- Has your org received a food voucher previously? Yes  No
- Has your org received Xmas funding previously? Yes  No

## Budget

If applying for a small grant, please list items for which funding is sought and the approximate cost of each item in priority order.

Budget Item	Approximate Cost
TOTAL COST	\$

## 8. Certification

If your 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

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_