FUNDING APPLICATION FORM

This form is to be completed by the Applicant in stage two of the funding application process, upon confirmation from Mt Burdett Foundation the Project Pitch Paper has been accepted to progress.

Please contact Sarah Brown, Mt Burdett Foundation Executive Officer, with any queries on completing the application. Applications to be submitted electronically to [executiveofficer@mtburdettfoundation.org.au](mailto:executiveofficer@mtburdettfoundation.org.au) by the deadline advised.

In assessing the completed application, Mt Burdett Foundation may choose to request further information from the Applicant or other organisations connected to the project.

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| PROPONENT DETAILS | | | | | | | |
| Project title |  | | | | | | |
| Entity name (Proponent) |  | | | | | | |
| Applicant contact name |  | | | | | | |
| Applicant contact phone |  | | | | | | |
| Applicant contact email |  | | | | | | |
| Postal address |  | | | | | | |
| Physical address |  | | | | | | |
| Website |  | | | | | | |
| Entity type (attach evidence of any relevant certification) | E.g. Incorporated Assoc., Charitable Org., community group, individual, other (please specify) | | | | | | |
| ABN |  | | | | | | |
| Target area for primary benefits | E.g. Esperance Region | | | | | | |
| Is your organisation / group registered for GST? | | | | Yes |  | No |  |
| Is your organisation a Tax Concession Charity (TCC)? | | | | Yes |  | No |  |
| Is your organisation a Deductible Gift Recipient (DGR)? | | DGR1 |  | DGR2 |  | N/A |  |

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| FIT OF THE PROJECT WITH THE FOUNDATION | |
| Healthcare |  |
| Youth |  |
| Human capacity building |  |
| Arts and public amenity |  |
| Education |  |

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| PROJECT OVERVIEW Provide a description of your project. Attach images and additional information separately if relevant. | |
| 400 words maximum | |
| Total funding sought from Mt Burdett Foundation (ex GST) | $ |
| Total value of the project (excluding In-Kind, ex GST) | $ |
| Total value of In-Kind Contributions (ex GST) | $ |
| Project start date | *dd/mm/yy* |
| Project end date | *dd/mm/yy* |

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| PROPONENT BACKGROUND & PROJECT DELIVERY CAPACITY To be assessed on the level of difficulty in delivering the project and the capacity of the proponent to deliver the project. | | | | | | |
| **Project Coordinator details:** | | | | | | |
| *Name* |  | | | | | |
| *Position* |  | | | | | |
| *Phone* |  | | | | | |
| **Details of any Partnerships:** | | | | | | |
| *Partnership name, nature, secured?* | | | | | | |
| **PROPONENT’S CAPACITY TO DELIVER** | | | | | | |
| ***Address in terms of your organisation’s financial stability*** | | | | | | |
| 250 words maximum | | | | | | |
| Attach a copy of the Audit Report from past financial year (if available) | | Attached |  | N/A | |  |
| Attach a copy of Year to Date Financial Statement (if available) | | Attached |  | N/A | |  |
| Note any existing insurance policies in place that cover the project and attach Certificates of Currency. Comment on any cover that you intend to take out pending funding approval. | | Attached |  | N/A | |  |
| Comment on policy types and amount covered. | | | | | | |
| ***Address in terms of your organisation’s human resource / structural capability*** | | | | | | |
| 250 words maximum | | | | | | |
| Number of Full Time Equivalent staff employed by Proponent | |  | | | | |
| Number of staff to be involved in delivery of Project | |  | | | | |
| Number of volunteers currently engaged by Proponent | |  | | | | |
| Number of volunteers currently committed to be involved in delivery of Project (*note if you require more*) | |  | | | | |
| Attach any supporting documentation such as an Organisational Chart or bios of key personnel. (*optional*) | | Attached |  | N/A | |  |
| **PROPONENT’S PAST EXPERIENCE DELIVERING PROJECTS OF A SIMILAR SCALE AND NATURE** | | | | | | |
| 300 words maximum | | | | | | |
| **Attach any references that demonstrate Proponent’s capacity to deliver the project.***References are not compulsory but may be beneficial if the proponent does not have a well-established reputation for delivering projects of a similar scale and nature.* | | | | | *Attached?* | |
| Name of reference and relation to Proponent | | | | |  | |
| Name of reference and relation to Proponent | | | | |  | |

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| PROJECT IMPACT The importance of the project, to be assessed on the number of the Esperance community the project will impact and what level of impact it will have on individuals. | | | | | | |
| **Outline the need for your project and demonstrate evidence for that need.**   * *Attach any Letters of Support relevant to demonstrating need for the project* | | | | | | |
| 400 words maximum | | | | | | |
| **How will your project meet this need and what impact will this have on the Esperance Community?** | | | | | | |
| 400 words maximum | | | | | | |
| **Is there other work or existing resources that currently address the need? If so, demonstrate why there is need for your project to contribute in this space.** | | | | | | |
| 400 words maximum | | | | | | |
| **What impact is your project likely to have on the Esperance Community and Individuals?** | | | | | | |
| *Expected Outcome* | *How Outcome will be Measured* | | *Timeframe* | | | |
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| ***What are the consequences of the project not proceeding?*** | | | | | | |
| 300 words maximum | | | | | | |
| *What number of people in the Esperance Community does the project target to directly impact?* | |  | | | | |
| *What number of people in the Esperance Community are likely to benefit from the project DIRECTLY* | |  | | | | |
| *What number of people in the Esperance Community are likely to benefit from the project INDIRECTLY* | |  | | | | |
| *Is there a monetary cost to individuals to benefit from your project?* | | *Yes* | |  | *No* |  |
| * *If yes, state the budgeted cost per person* | |  | | | | |
| * *What number of people will be reasonably afford and pay that cost?* | |  | | | | |

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| PROJECT PLANNING | | | |
| **PROJECT TIMELINE** *Provide an outline of the key dates and milestones in the delivery of your project. Add or delete columns as required.* | | | |
| **Item** | | **Date** | |
| Commencement | | *dd/mm/yy* | |
| Milestone 1 (add description) | | *dd/mm/yy* | |
| Milestone 2 (add description) | | *dd/mm/yy* | |
| Milestone 3 (add description) | | *dd/mm/yy* | |
| Milestone 4 (add description) | | *dd/mm/yy* | |
| Milestone 5 (add description) | | *dd/mm/yy* | |
| Milestone 6 (add description) | | *dd/mm/yy* | |
| Milestone 7 (add description) | | *dd/mm/yy* | |
| Milestone 8 (add description) | | *dd/mm/yy* | |
| Completion | | *dd/mm/yy* | |
| Final Project Report to Mt Burdette Foundation | | *dd/mm/yy* | |
| **REQUIRED PROJECT APPROVALS** *Provide details of any licencing, permissions, or approvals required to achieve completion of your project.* | | | |
| **Type of Approval Required & Comment** | **Have any necessary approvals been obtained?** | | |
| **Yes** | | **No** |
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| **KEY STAKEHOLDERS**  *E.g. local council, landowners, neighbours to project, indigenous representatives, community groups.* | **Stakeholder consulted and willing to engage in project?** | | |
| **Name of stakeholder and relationship to project** | **Yes** | | **No** |
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| **PROJECT BENEFICIARIES** | | | |
| How will the project’s intended beneficiaries receive access in order to benefit from the project outcomes?*(For example, this may include an application / booking process, a publicity campaign to generate awareness, signage, or using existing systems / networks / partnerships.* | | | |
| 300 words maximum | | | |

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| RISK ASSESSMENT | | | | |
| Project Risk Assessment attached? | Yes |  | No |  |

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| PROJECT BUDGET SNAPSHOT (Ex GST) | | | | | |
| **CASH (ex GST)** | | | | | |
| Proponent’s contribution: | $ ex GST | | | | |
| Funding secured from other project partners (list amount and who): | $ ex GST$ ex GST | | | | |
| Funding sought from Mt Burdett Foundation: | $ ex GST | | | | |
| Funding sought from other project partners (not yet secured): | $ ex GST | | | | |
| TOTAL PROJECT COST | $ ex GST | | | | |
| **IN KIND (ex GST)** | | | | | |
| Proponent’s contribution: | $ Value & Item | | | | |
| Other sources: | $ Value, Item, Source | | | | |
| TOTAL IN KIND VALUE | $ ex GST | | | | |
| Detailed Project Budget Breakdown attached? | | Yes |  | No |  |
| **FUNDING REQUIREMENT DETAILS** | | | | | |
| Are there other existing funding sources available to fund the project? | | Yes |  | No |  |
| *If yes, provide comment on what these are and your progress investigating access* | | | | | |
| 200 words maximum | | | | | |
| Does this project require ongoing funding? | | Yes |  | No |  |
| *If yes, comment on how the project will be funded into the future post involvement from Mt Burdett Foundation* | | | | | |
| 200 words maximum | | | | | |

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| ATTACHMENT CHECKLIST | | |
| **Attachment** | **Yes** | **N/A** |
| Certification of charitable status or incorporation |  |  |
| YTD financial statement *(if available)* |  |  |
| Audit report from past financial year *(if available)* |  |  |
| Insurance Cover - Certificates of Currency |  |  |
| Material such as Organisational Chart or bios of key personnel *(optional)* |  |  |
| References *(optional)* |  |  |
| Letters of Support *(optional)* |  |  |
| Project Budget Breakdown |  |  |
| Risk Assessment |  |  |
| *Other attachments: (note details)* | | |
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**DECLARATION**

* I certify that all information provided is current and correct.
* I have the necessary delegated authority to submit this application on behalf of the Proponent.
* I give permission to Mt Burdett Foundation to contact any relevant persons or organisations in the processing of this application.

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| **Signed:** |  |
| **Name:** |  |
| **Position:** |  |
| **Date:** |  |