

Grant Application Form 2018

Thank you for your interest and for choosing to apply for a MyState Foundation grant. We give Tasmanian youth a hand by providing accessible grants for community groups. We believe it's the little ideas, local organisations like you and small acts that can help make a big difference in people's lives and sustain a positive future within the Tasmanian community. Before you get started, please read the Grant Application Guidelines at mystate.com.au/foundation. When completed, please send this application form to the MyState Foundation by 4.00pm Friday 27 April 2018 (see details at the end of this form).

Essential Criteria and Eligibility

Please note that MyState Foundation grants are only available for eligible organisations with Deductible Gift Recipient (DGR) status. If your organisation does not have DGR status, your application will not be accepted. If you are unsure of the status of your organisation, check the ATO website: abr.business.gov.au or consult your accountant before proceeding with this application.

1. GENERAL

Organisation Name
(Please provide the full name of your organisation)

Does your organisation hold Deductible Gift Recipient (DGR) Status?

Yes No

If yes, provide a copy of your endorsement from the ATO. **If NO, do not proceed with this application.**

Is your organisation incorporated?

Yes No

If yes, provide a copy of your Certificate of Incorporation.

Is your organisation Income Tax Exempt?

Yes No

Personnel

Chief Executive Officer's Name

Manager's Name

Manager's Title

Contact Person

Please nominate a contact person for your MyState Foundation grant application. Your nominated contact person must be available to be contacted by the Foundation during business hours.

Title

Mr Mrs Ms Miss Other

Given Name/s and Surname

Position

Phone Number

Mobile Number

Email

Registered Office

Residential Address

Street

Suburb /Town

State

P/code

Postal Address (if different from above)

P.O. Box

Suburb /Town

State

P/code

Website Address

Email

Local Office (Complete only if your head office is located outside of Tasmania)

Registered Office Residential Address

Street

Suburb /Town

State

P/code

Postal Address (if different from above)

P.O. Box

Suburb /Town

State

P/code

Permission To Contact – Declaration (Complete only if your head office is located outside of Tasmania)

I (insert name) _____ give permission for MyState Foundation to use the private details within this application to contact our organisation regarding information which the Foundation considers to be useful to our organisation.

Signature (nominated contact person):

Date

The collection, use and disclosure of personal information by MyState Foundation is described in the document Privacy Policy which is available at mystate.com.au; at any MyState branch, or by calling 138 001.

2. ABOUT YOUR ORGANISATION

What is the primary focus of your organisation? (Must be no more than 100 words)

What services to you provide to the community? (Must be no more than 100 words)

What are your usual sources of funding? (Must be no more than 100 words)

Have you previously received funds from the MyState Foundation? Yes No

If yes, please provide details (Additional summary information can be provided as an attachment)

Year	Project	Amount

3. PROGRAM DETAILS

What is the name of your program?

How much funding are you seeking?

(Must be a dollar amount and no more than \$10,000)

Does this amount include GST?

 Yes No

Please note, GST will not be included in the Foundation's grant

Will your program be able to go ahead without a grant from the MyState Foundation? Yes No Yes, but with reduced impact (please describe below)

Who will the program benefit?

What age of young Tasmanians form the target group for your program?

Infants to 5 years Children 6-11 years Children 12-18 years Young adults 18-25 years

What area of Tasmania will your program focus on?

Statewide Central South North West South East West East North

How many young Tasmanians will be directly affected by your program? (include youth and other parties who may benefit)

What is the program?

What community issue does your program most closely relate?

Health Education Financial literacy Life skills Employment Disadvantaged youth Homelessness

Other—please specify and refer to the grant guidelines/criteria

Program Start Date

Expected Program Completion Date

What does your program aim to achieve? (Must be no more than 100 words)

3. PROGRAM DETAILS CONTINUED

What are the main activities of your program? (Must be no more than 100 words)

What is the vision of your program? (Must be no more than 100 words)

What are the goals of your program? (Must be no more than 100 words)

What are the key performing indicators for your program? (Must be no more than 100 words)

Who will benefit the most from your program? (Must be no more than 100 words)

How did you identify the need for your program? (Must be no more than 100 words)

3. PROGRAM DETAILS CONTINUED

What will the wider community benefit of your program be? (Must be no more than 100 words)

How will your program be managed? How will your organisation ensure that performance targets are met? (Must be no more than 100 words)

Who will be taking 'ownership' of the program? (Must be no more than 100 words)

Are there any other activities which form part of your program? (Must be no more than 100 words)

If successful, how will your grant be allocated?

Description	Amount (\$)
Total	

3. PROGRAM DETAILS CONTINUED

Have you applied to other organisations for funding for this purpose? Yes No

If yes, please provide details:

Funding Organisation	Year	Approved/Declined	Amount (\$)	Current Status

4. DECLARATION

All details contained within this application are a true reflection of the status of our organisation and the project we wish to undertake.

The signatory below is an officer of the organisation and has been authorised to seek funding on its behalf.

Full Name (Please print)

Position

Signature

Date

5. CHECKLIST

Before submitting this application please ensure that you:

- Meet the essential criteria of valid DGR status
- Have answered all questions and signed the declaration
- Retain a copy of this funding application for your records
- Have attached copies of your DGR, ABN and GST status to this application

Forward your completed application and supporting documents to:

<p>BY EMAIL/FAX Email: foundation@mystate.com.au Fax: (03) 6215 9782</p>	<p>BY MAIL MyState Foundation Level 2/137 Harrington Street Hobart Tasmania 7000</p>	<p>BY COURIER MyState Corporate Reception Level 2/137 Harrington Street Hobart Tasmania 7000</p>	<p>ENQUIRIES Email: foundation@mystate.com.au Office: (03) 6215 9463 Fax: (03) 6215 9782 Website: mystatefoundation.org.au</p>
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APPLICATIONS CLOSE: 4.00PM FRIDAY 27 APRIL 2018