



Bushfire Recovery and Pandemic Small Grant Application Form

Organisation Details

Organisation Name*	
ABN*	Web Address
Contact First Name*	Contact Surname*
Application Contact Title*	Application Contact Email*
Telephone (office hours)*	
Is your organisation a not-for-profit or community-based organisation?*	
Is your organisation registered with the ACNC as a charity?*	
Is your organisation endorsed as a Deductible Gift Recipient?*	
Does your organisation have public liability insurance?*	
Where will the project take place? (what Local Government Authority)*	
Have you discussed your project with your Local Government Authority?	
If no, why not?	

Auspice Organisation Details

Only required if your organisation is not incorporated or does not have an ABN.

Auspice Organisation Name

--

ABN

Web Address

--	--

Contact First Name

Contact Surname

--	--

Application Contact Title

Application Contact Email

--	--

Telephone (office hours)

--	--

Project Title

Start date*

End date*

--	--

Grant amount requested*

--

Purpose of the Grant

--

Please provide a brief summary of the purpose of your project: (max 100 words)*

How is your project for a charitable purpose that provides whole-community benefit?

How does this project respond to the impacts of the 19/20 bushfires and/or the Pandemic? (max 100 words)*

How does it build community resilience?

Is this project feasible and ready to begin quickly?*

--

Is this a continuation of an existing project?*

--

If this is a continuation of an existing project, please provide details.

--

Will you be partnering with any other organisations? Please list any organisations or groups assisting with this project.

--

Budget	
Income	
Total Income	Click or tap here to enter text.

Expenditure	
Total Expenditure	Click or tap here to enter text.

Balance (Total Income – Total Expenditure)	Click or tap here to enter text.
---	----------------------------------

The Total Income and Total Expenditure must balance, i.e. the Balance must be zero

Bank Details

Account Name*	Bank Name*
BSB*	Account Number*

CERTIFICATION & PRIVACY

The Into Our Hands Community Foundation is committed to protecting your privacy and ensuring that all information provided concerning this grant application is kept confidential. During the assessment and granting process; however, the Foundation may need to collect, use and disclose information about your organisation and the project in this application to third parties. This information could be passed on to the board of the Foundation, its officers and agents or external people to assist in assessing and reporting about the grant.

Permission to forward this application to other funding organisations for consideration*

Permission to add contact details to Into our Hands Community Foundation mailing list*

Permission to forward this application to individuals and experts for assessment*

I confirm I have read the grant guidelines on the Foundation website*

I confirm that the CEO/Manager/Chairperson has certified that the information in this application is true and accurate*

Name and role of CEO/Manager/Chair*

Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Please also attach your organisation's logo with your application and any other relevant files.