

## TRUSTEES OF THE ROMAN CATHOLIC DIOCESE OF SALE CHARITABLE FUND

ABN 85 334 135 693

# **Application for funding 2021**

Organisation	
Address Line 1	
Address Line 2	
City/Town	
State	Postcode
	Phone
Email	
Title of Project for which fu	nding is sought:
Location of project	
Brief (50 word) description	of project
Amount of funding sought	\$
Total cost of project	\$
Brief aims and objectives	

#### Auditor name and address

Is your organisation properly constituted or incorporated?	Yes	No
Incorporation number		
ABN		
Is your organisation registered for tax deductibility purposes Income Tax Assessment Act 1997?	under Divis	ion 30 of the

Yes No

Note: If Trinity Families is unable to confirm your DGR status using your ABN number then proof will have to be provided before funds can be released.

Project aims: What do you hope to achieve from this project? Dot points will suffice.

Project timeline: Outline proposed completion dates for key tasks, training, establish procedures, research, other fund-raising, fitting out premises etc:

Which groups will benefit from this project? Select all which will benefit.YouthAgedMigrantsAboriginalsEthnic minoritiesFamiliesSpecial needsCarersBroader communityOther

Provide details of community support you have already received

Indicate your expertise is undertaking a project of this kind.

How do you intend to market or promote your project, including the involvement of Trinity Families funding?

### Financial details

Has your organisation sought financial assistance from other funding sources for this project?

Yes No

Γ

If Yes, please provide details.

Amount sought from Trinity Families	\$
Your contribution	\$
Contribution from other sources	\$
Total project cost	\$

How will your contribution be made? Do you have funds on hand, are you still fundraising or waiting for assistance from other sources?

If this application to Trinity Families was only partially funded, could the project still go ahead?

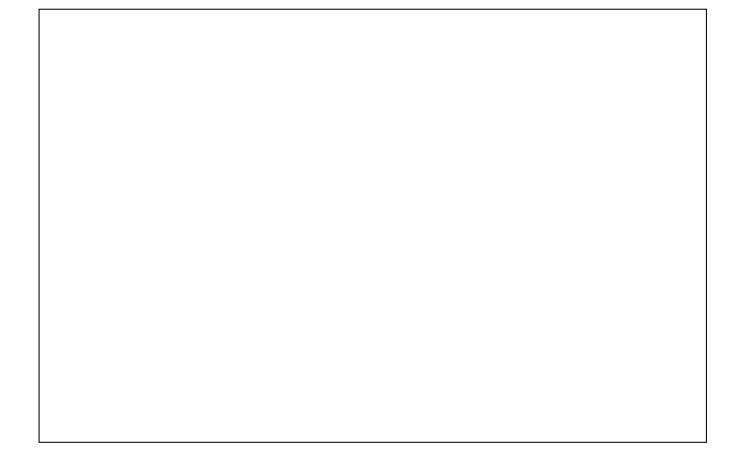
Yes No

If yes, explain how the project could proceed. Would it need to be scaled back or funds obtained from elsewhere?

### Breakdown of proposed expenditure:

Salaries	\$	_	
(Salaries of new employees	included in above total) \$		
Administration	\$		
Equipment purchases	\$	_	
Materials	\$	_	
Promotion	\$	_	
Office consumables	\$	_	
Contractors	\$	_	
Fitout	\$	_	
Rent	\$	_	
Travel	\$	_	
Insurance	\$	_	
Volunteer training	\$	_	
Volunteer reimbursements	\$	_	
Other expenditure	\$	_	
Does your organisation hav	e public liability insurance?	Yes	No
If yes, amount of cover \$	<u> </u>		

How will you know if your project has achieved its aims? How will you try to evaluate the project/activity?



Is there anything further which you think will assist us in evaluating this application?

Please read through your application, then make the official acknowledgement below by selecting the appropriate box. It may then be saved and the file emailed to us by no later than 30th September 2021 at *trinity@sale.catholic.org.au* 

#### Statement:

I, \_\_\_\_\_\_the applicant for the above named organisation declare I have read the Trinity Families distribution policy and certify that to the best of my knowledge, the information contained in this application is true and correct. Agreed No (application will be rejected)

Dated \_\_\_\_\_

Please note receipt of this application form will be acknowledged.