



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

ABN 85 334 135 693

## Application for funding 2025

Organisation \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact person \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Title of Project for which funding is sought:

Location of project \_\_\_\_\_

Brief (50 word) description of project

Amount of funding sought \$ \_\_\_\_\_

Total cost of project \$ \_\_\_\_\_

Brief aims and objectives

Treasurer/accountant \_\_\_\_\_

Auditor name and address

Is your organisation properly constituted or incorporated?      Yes                      No

Incorporation number \_\_\_\_\_

ABN \_\_\_\_\_

Is your organisation registered for tax deductibility purposes under Division 30 of the Income Tax Assessment Act 1997?

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.

How are you going to achieve your aims?

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.

Youth      Aged      Migrants      Aboriginals      Ethnic minorities  
Families      Special needs      Carers      Broader community  
Other

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

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 have public liability insurance? Yes No

If yes, amount of cover \$ \_\_\_\_\_

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

Does your organisation have a long-term development plan? If so, how does this project fit in with your plans?

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 5pm 29th August 2025 at [trinity@sale.catholic.org.au](mailto: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.*