

THE JACK BROCKHOFF FOUNDATION MEDICAL GRANT APPLICATION

Guidelines

The information required to be provided in support of your application is set out below. Applications which do not provide the required information or do not include the attachments requested will not be considered for funding.

To assist the Trustees in their review of your request, please provide a concise response to all questions and abide with the suggested maximum word count where indicated.

The Trustees appreciate that not all projects/programs can be described succinctly within the broad word-count guidelines suggested. Double-side page printing is encouraged, preferably typed with a font size no smaller than 10.

Applications are considered by the Foundation's Trustees twice yearly (in June and December).

The closing dates for submission of Grant Applications with all required documentation is 5.00 pm on the 15th day of March and September. Should either of these dates fall on a non business day, then the closing date will be the next business day.

Late applications or applications deficient in information will not be considered.

Receipt of your application will be acknowledged via email (to the addressee as nominated on Part A of the Grant Application) generally within ten days of receipt.

All applicants will be notified of their success or otherwise usually within thirty days following the meeting of Trustees in June and December.

Where to send your completed Grant Application

Please mail your completed Grant Application and all requested attachments to:

The Executive Officer
The Jack Brockhoff Foundation
PO BOX 1580
Doncaster East VIC 3109

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PART A

Your Organisation – Address, Contact Details and Financial Matters

Name of Organisation as per DGR & TCC endorsements Web site address (if applicable)P/C.....
Street AddressP/C.....
Postal Address if different from aboveP/C.....
Contact Person regarding this application	<i>Mr Ms Mrs Dr Prof Sr Fth</i> <i>Position/Title</i> <i>Telephone (Office)</i> <i>Mobile (If appropriate)</i> <i>Email</i> (for acknowledgment & subsequent notification)
Program/Project Manager Only if different to the Contact Person
ABN/ACN of Organisation
DGR/TCC Endorsement Please provide a copy with your Application (month/year)
Date of latest audited Financial Statements (Annual Report) Please provide a copy with your Application (month/year)
Total of last year's revenue/income	\$
Percentage of total revenue received from Government sources Including Local, State and Federal sources %
Total forecasted budgeted expenditure for the current Financial Year Total cost of all of your Organisation's budgeted programs this year	\$

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PART B

Your Organisation – History, Purpose, Activities and Staff

<p>Your Organisation's background & purpose (50 words)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Characteristics of the population or community served (20 words) e.g. age, geographic location, socio-economic status, special needs, number of people assisted, etc.</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Summarise the major programs your Organisation has undertaken within the last 12 months (30 words)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Briefly describe two of the most significant accomplishments your Organisation has achieved for the benefit of the population or community you serve and the month and year they were achieved (30 words)</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Your Organisation's Management & Staff</p> <p>Number of Directors Are they remunerated (paid)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name of your Chairman Year Appointed</p> <p>Number of Members (if applicable)</p> <p>Number of (equivalent*) full-time staff (*including part-time staff)</p> <p>Number of active volunteers who assist your Organisation with its programs/services</p> <p>Number of staff & volunteers to be involved with the Project/Program seeking funding</p>
<p>What other organisations in your local community serve a similar constituency (group of clients) or address similar needs as your own? (20 words)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>How does your organisation differ from those nominated above? (20 words)</p> <p>.....</p> <p>.....</p> <p>.....</p>

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PART C

Your Project/Program – Title, Budget, Classification and Referees

Project/Program Title	
Total Budget (expenditure) for this Project/Program	\$
Amount requested from The Jack Brockhoff Foundation (excluding GST)	\$
Other Funding Sources (list the names of trusts, foundations, corporations and other funding sources, including Government from which you are seeking funding from for this project; include the amount sought from each and when an outcome is expected)
Timetable for Project/Program Implementation	Commencement Date: month/year Estimated Completion Date: month/year
Indicate under which of our program areas we should group your Project/Program tick <u>ONE</u> area only	<input type="checkbox"/> Disabilities (including Special Schools) <input type="checkbox"/> Medical, Hospitals & Medical Services <input type="checkbox"/> Community Development & Support <input type="checkbox"/> Aged & Infirm Care <input type="checkbox"/> Youth
Description of the Project/Program for which the grant is sought maximum of 50 words
Geographic location of the people to be served by this Project/Program select <u>ONE</u> area only and nominate location	<input type="checkbox"/> Metropolitan Melbourne <input type="checkbox"/> Regional / Rural Victoria <input type="checkbox"/> Statewide
Is this the first application your organisation has submitted to our Foundation	YES <input type="checkbox"/> NO <input type="checkbox"/> month/year your Organisation last received a grant from our Foundation
Referees Nominate two (2) referees not working for your Organisation who would be prepared to speak or write in support of your application (if requested to do so by our Foundation)	1. name, organisation and contact number 2.

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PART D

Your Project/Program

<p>Objectives of the research</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Key personnel undertaking the research (include details of qualifications and experience relative to the research project)</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Time frame (indicate over what period the research is expected to take place and the anticipated timing of when results are likely to become evident)</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Is this application for a new or an existing project? (are funds sought for a new project (seeding grant) or is this an application for subsequent year's funding for an existing research project?)</p>	<p>NEW/EXISTING PROJECT (please indicate)</p> <p>.....</p> <p>.....</p>
<p>Financial Budget (itemize all expenses likely to be incurred in undertaking this research including the cost of any equipment needing to be purchased)</p> <p>(attach a separate sheet detailing this information if insufficient space)</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Equipment (if the request is to fund the purchase of specialized equipment, will other departments/institutions have access to this equipment?)</p>	<p>(provide details if relevant)</p> <p>.....</p> <p>.....</p>
<p>What group of people is your research aimed at assisting? (e.g. indicate illness, age group, disability etc.)</p>	<p>.....</p> <p>.....</p>
<p>What beneficial outcomes do you envisage your research will provide?</p>	<p>.....</p> <p>.....</p>

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PART E

Checklist

Please review the following list to ensure all requested information has been supplied

Read the Foundation's Guidelines for Grant Applicants	<input type="checkbox"/>
Discussed your proposed project with The Jack Brockhoff Foundation's Staff to ascertain if the Program/Project meets the Trustees' current funding preferences	<input type="checkbox"/>
Completed all sections of the Grant Application (Parts A - E)	<input type="checkbox"/>
Attached copies of the ATO endorsements for DGR & TCC	<input type="checkbox"/>
Attached your Organisation's latest Annual Report including audited financial statements	<input type="checkbox"/>
Attached a copy of quotes (applicable if funding is sought for equipment) NB. Please <u>deduct the cost of GST</u> from the application amount as grants awarded will not include the GST component	<input type="checkbox"/>
Attached details of the itemized Project/Program budgeted expenditure	<input type="checkbox"/>
Read the Foundation's Privacy Statement available from our website	<input type="checkbox"/>
Provided the names and contact details of two referees who would speak in support of the Organisation's request	<input type="checkbox"/>

JBF OFFICE USE ONLY

Date received at JBF office	
Information is complete	<input type="checkbox"/>
Entered on GIFTS	
Request ID	
Acknowledgment sent	<input type="checkbox"/>

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