

# THE JACK BROCKHOFF FOUNDATION STANDARD 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 Grant Application is required to be completed in full by ALL applicants.

Note, if a grant is sought to fund medical research, there is a separate application available from our website.

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 15<sup>th</sup> 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 of the Application at the Foundation's office.

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

**THE JACK BROCKHOFF FOUNDATION  
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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 Address	..... ..... .....P/C.....
Postal Address if different from above	..... ..... .....P/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 Local, State and Federal	..... %
Total forecasted budgeted expenditure current Financial Year Total budgeted cost of all of your Organisation's planned programs this year	\$ .....

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**PART B**

Your Organisation – History, Purpose, Activities and Staff

<p>Your Organisation's background &amp; purpose (50 words)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Characteristics of the population or community served (20 words)</p> <p>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>.....</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>.....</p>
<p>Your Organisation's Management &amp; 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 &amp; 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, Timetable, Description and Referees

Project/Program Title	
Total Budget (expenditure) for this Project/Program	\$
Amount requested from The Jack Brockhoff Foundation (excluding GST)	\$
<b>Other Funding Sources</b> (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)	..... ..... .....
<b>Timetable for Project/Program Implementation</b>	Commencement Date: ..... <span style="margin-left: 150px;">month/year</span>  Estimated Completion Date: ..... <span style="margin-left: 150px;">month/year</span>
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"/> ..... <span style="margin-left: 150px;">month/year your organisation last received a grant from our Foundation</span>
<b>Referees</b> 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. .... <span style="margin-left: 40px;">name, organisation and contact number</span>  2. .....

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**PART D**

Your Project/Program

<p>Describe the need to be addressed and the people your Project/Program aims to benefit (20 words) Include the approximate number of people who will benefit, including specific demographic or regional aspects, etc.</p> <p>..... ..... .....</p>
<p>What are the Project/Programs anticipated outcomes? (30 words)</p> <p>..... ..... .....</p> <p>Is there a likelihood of the Project/Program leading to beneficial outcomes for the broader community? if YES, please briefly elaborate (20 words)</p> <p>..... ..... .....</p>
<p>Sustainable outcomes (20 words) How will the benefits achieved from the Program/Project be sustained once grant funds have been expended?</p> <p>..... ..... .....</p>
<p>Evaluation and measurement of the Program/Project's success (50 words) Summarise how and by whom the effectiveness and success of your Program/Project will be measured</p> <p>..... ..... ..... ..... ..... .....</p>

<p><i>Name, position and signature of the person lodging this Grant Application</i></p>	Name .....
	Position .....
	Signature .....
	Dated .....

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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 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 DGR and TCC endorsements	<input type="checkbox"/>
Attached your Organisation's latest Annual Report and/or 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 requested amount as grants awarded will <u>not</u> 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	<input type="checkbox"/>

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**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"/>