



BUDERIM
FOUNDATION
Our Foundation... Our Future

BUDERIM FOUNDATION LTD.
COMMUNITY GRANTS PROGRAM
2008 APPLICATION FORM

CLOSING DATE:
31 JULY 2008

Proudly supported by



MAY 2008

Section 1: BACKGROUND DETAILS

(a) PROJECT DETAILS

Please complete the following:

Full Name of Organisation:

Name of Project:

Grant Amount Requested: \$.....

Does this amount cover the full project cost? Yes / No (please circle)

Category which best describes your project:
(please tick)

- Protecting and preserving our natural environment
- Assisting people in need to live healthy and fulfilling lives
- Adding richness and diversity to local artistic and cultural endeavours
- Increasing learning opportunities across all age groups
- Celebrating and showcasing our heritage and local history
- Encouraging and supporting those with sporting and other recreation interests
- Strengthening the social fabric of the community
- Combination of two or more categories (Please tick which categories)

(b) DECLARATION

I confirm that I am authorised by
(organisation name)

to apply to the Buderim Foundation Limited and that the information provided in this application is true and correct.

Should any substantial details on our project change, I agree to provide the Buderim Foundation Limited with updated information as soon as practical.

Should our application be successful, I agree to acknowledge the support of the Buderim Foundation Limited in all relevant printed material and website (if applicable) for one calendar year from the time of the awarding of the grant.

Should our application be successful, I agree to allow the Buderim Foundation Limited to publicise our project.

Name _____ Signature

Position _____ Date

(Office Use Only)

Organisation Record Number:.....

Project Number:.....

Date:/...../.....

Section 2: OTHER FUNDING APPLICATIONS FOR THIS PROJECT.

Please circle appropriate answer below.

Have you previously applied for other funding for this project? Yes / No

(e.g. Federal/state/local government grant, Jupiters Casino Community Benefit Fund, philanthropic grant)?

If yes, please complete the table below.

We have applied to: (name of funding organisation)	Application Status (please indicate date applied and approved, rejected or date response is due)	Grant Requested (Amount, less GST)	Grant Approved if applicable (Amount)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Do you mind if we discuss your application with other funding bodies? Yes / No

If you have previously unsuccessfully applied for a grant in the last two years from another organisation (not the Foundation) and your project or activity has not started (i.e. you did not get a grant for a project or activity and that project or activity has been put on hold pending funding), you can complete a small portion of the form and provide us with a copy of your previous application (instead of completing the whole form), providing all the questions in Section 4 of the Foundation form are similar to the other organisation's form.

SKIP SECTION 4. COMPLETE SECTIONS 3 AND 5 ONLY.

If you are intending to apply for a grant for the same project or activity to another organisation prior to 31 July 2008 or have applied and are waiting for advice, please forward us a copy of that application (instead of completing the whole form), providing all the questions in Section 4 of Foundation form are similar to the other organisation's form.

SKIP SECTION 4. COMPLETE SECTIONS 3 AND 5 ONLY.

Section 3: TELL US ABOUT YOUR ORGANISATION

(a) ORGANISATION DETAILS

What is your organisation's mission (what does it do)?

.....
.....
.....

What are its main activities or programs (if different to above)?

.....
.....
.....
.....

How many volunteers help with providing the activities or programs you mentioned above?

5-20 21-50 51 or more

How many full financial members does your organisation have?

5-20 21-50 51 or more

How many paid staff does your organisation have?

full-time
part-time
casual

What makes your organisation different/what are its strengths?

.....
.....
.....

When was your organisation founded?

Australian Business Number (ABN) or QLD *Associations Incorporation Act 1981* Number:

.....

What is your organisation's annual income? \$.....

What is the value of your organisation's cash assets?

What is the value of your organisation's other assets?

Street Address of your main activity (if applicable):

Street Address:

.....

Postal Address (if different):.....

.....

Website:

(b) YOUR ORGANISATION TYPE: (PLEASE TICK)

- Incorporated non-profit organisation
- Committee / advisory body sponsored or appointed by a government agency
- Unincorporated organisation sponsored by an incorporated non-profit organisation or a government agency
- Trust

Please tick if you have any of the following endorsements by the Australian Taxation Office.

- Income Tax Exemption
- Deductible Gift Recipient
- Income Tax Concession Charity

Please note grants can only be made to non-profit organisations, trusts or government sponsored organisations.

(c) IF YOU ARE APPLYING FOR FUNDING FOR A PROJECT ON BEHALF OF ANOTHER ORGANISATION, OR UNINCORPORATED GROUP PLEASE NAME THAT ORGANISATION OR GROUP.

Organisation Name/Group:

(d) PROJECT CONTACTS:

Please list the representative from your organisation who is authorised to lodge this application and is accountable for this project.

Please indicate if you wish all correspondence to be forwarded to this following contact rather than the postal address previously provided:

Note: If the postal details for your contact person are the same as previously provided, please tick this box and do not complete the postal details below .

Contact (Name):

Position:

Postal Address (if different to organisation):

.....

Telephone: (07) Mobile:

Fax:(07)

Email:

Please list an alternative contact in the event your main contact is unavailable:

Alternate (Name):

Position:

Telephone (07): Mobile:

Fax: (07):

Email:

(e) BANK DETAILS (FOR PAYMENT OF GRANTS)

Account Name:

BSB Number:

Account Number:

When does the organisation's financial year end?/..... (e.g. 30/6)

(b) DETAILED FINANCES

Income Budget

(Please tell us about your sources of funds)

(\$ Amount)

Your organisation's cash financial contribution

Your volunteer contribution #

Buderim Foundation grant

Approved bank loans

Approved government support

(Indicate whether Grant/Subsidy/Loan)

Other approved grant/s

In-Kind Donation of Goods / Products / Services

Bequests

Fundraising Programs (Donations/Pledges)

Other

Total Budget Income

Expenditure Budget

(Please tell us about your major cost items. Attach another page if you need to.) (\$ Amount)

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.....

Total Budget Expenditure

Please calculate using the following equivalent rates of pay: \$17.50 per hour for volunteers, \$8.00 per hour for school students, \$20.00 per hour for project or activity Coordinator, and \$30.00 per hour for local expert or professional.

Answers to the following questions will help us evaluate your application against the project criteria and allow the Foundation to keep records for monitoring the success of grant program.

How the Buderim Community Benefits

Please Circle YES or NO to the following questions

Will members of the general public benefit from the end result/s of the project? Yes / No

Will members of local community groups benefit from the end result/s of your project? Yes / No

If YES, please list the names of these groups:

.....
.....
.....
.....

How many people will benefit from the project each year?
(e.g. How many people will use the facility or equipment or access your service?)

Please tick the appropriate box below:

1 – 50 51 – 150 151 – 300 over 300

Will the project specifically improve opportunities for any specific group/s (e.g. families, sole parents, women, men, children, youth, older people, people with disabilities, people from culturally diverse backgrounds, Aboriginal/Torres Trait Islander/South Sea Islander)?

Yes / No

If YES, please identify the group/s?

.....
.....

If YES, How will this/these group/s benefit? e.g. new facility, improved access, new or extended service?

.....
.....

When do you plan to start your project? Month.....Year.....

What are the timelines for the major milestones for the project?

.....
.....
.....
.....

When do you plan to finish the project or is it ongoing?

.....
.....

How will you know if your project has been successful (e.g. Our target of X many new people to access our new service was reached)?

.....
.....
.....
.....

Who will evaluate whether your project has been successful?

.....
.....

How would your organisation be willing to share information on what you achieved (e.g. write a small report for other groups, make a presentation to other community groups, speak on radio, etc.)?

.....
.....
.....
.....

(c) REFEREES

Please provide the names and contact details (including phone numbers) of one or two individuals or organisations that would speak in support of the application if requested to do so. (Please note, we do not require letters of support).

Name	Organisation	Position	Telephone	Email
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Section 5: CHECKLIST

Completed application form OR partly completed copy of Foundation application form and copy of submitted application form to another organisation

Supporting information as listed below.

CHECKLIST OF SUPPORTING INFORMATION

The Buderim Foundation Limited reserves the right to request additional information apart from the information listed below.

Applicants need to provide the following supporting information in addition to completing the relevant sections of the application form including:

- Australian Taxation Office Income Tax Exemption Certificate if applicable
- Australian Taxation Office Deductible Gift Recipient endorsement if applicable
- Australian Taxation Office Income Tax Concession Charity endorsement if applicable.
- Financial Reports for the last 2 years
- Quotes for items over \$300
- Any supporting documents such as Annual Report, publicity material, copies of recent media releases/reports relating to the organisation, photos, samples of work done, or anything you think helps give us a picture of who you are and what you are doing.

Forward application form/s and supporting information by 31 July 2008

By E-mail: Leanne Evans
Grants Committee Chair
leanne@buderimfoundation.org.au OR

By Mail to:
Leanne Evans
Grants Committee Chair
Buderim Foundation Limited
PO Box 1408
Buderim QLD 4556

Thank you for taking the time to apply to the Buderim Community Grants Program. The Buderim Foundation values your organisation's contribution to the Buderim community.

If you have any feedback on our form or application process generally, please email Leanne Evans leanne@buderimfoundation.org.au. We appreciate your feedback.