



BUDERIM
FOUNDATION
Our Foundation... Our Future

BUDERIM FOUNDATION LTD.
COMMUNITY GRANTS PROGRAM
2010 APPLICATION FORM

CLOSING DATE:
13 AUGUST, 2010

Proudly supported by



Section 1: PROJECT OVERVIEW & ORGANISATION DETAILS

(a) PROJECT OVERVIEW

Please complete the following:

Name of Project:

Name of Organisation:

Grant Requested excluding GST: \$..... Total project cost excluding GST: \$.....

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) ORGANISATION CONTACTS

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

Contact (Name):

Position:

Email:

Business Phone: (07) After Hours Phone: (07)

Mobile: Fax:(07)

Postal Address:.....

.....

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

Alternate (Name):

Position:

Email:

Business Phone (07): After Hours Phone: (07)

Mobile:

(c) ORGNISATION'S DETAILS

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
- Registered for GST

Australian Business Number:.....

Street Address of your main activity (if applicable):

Street Address:
.....

Website: www.

(d) SPONSORING ORGANISATION'S DETAILS

(Please complete the following only if you are applying for funding for a project on behalf of an unincorporated group.):

Organisation Name:

Contact (Name):

Position:

Email:

Business Phone (07):After Hours Phone: (07)

Mobile: Fax:(07)

Postal Address:.....
.....

Australian Business Number:.....

(e) ORGANISATION BACKGROUND

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?

(c) PROJECT FINANCES

INCOME BUDGET	\$ (amount)
(Please tell us about your sources of funds)	
Your organisation's cash contribution	
Your volunteer contribution # (please cost by using figures below)	
Buderim Foundation grant	
Approved Bank Loans	
Approved government funding (Circle whether Grant/Subsidy/Loan)	
Other approved grants	
In-Kind Donation of Goods / Products / Services	
Bequests	
Fundraising Programs (Donations/Pledges)	
Other (please specify)	
Other (please specify)	
Other (please specify)	
TOTAL**	
EXPENDITURE BUDGET	\$ (amount)
(Please tell us about your major cost items <u>excluding all GST</u> components. Attach another page if necessary.)	
Your volunteer contribution # (please cost by using figures below)	
Contingency	
TOTAL**	

Please calculate your volunteer contribution by using the following rates: \$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 experts or professionals. Using these hourly rates enables us to make a fair comparison of volunteer contributions between all projects.

**Please note, it is important that the total of the income budget equals the total of the expenditure budget. Applications whose income and expenditure figures do not match will be considered ineligible.

How the project will be carried out (e.g. by volunteers, in-kind contractors etc)?

.....

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 & 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

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

(d) 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:

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

What consultation has been done with these groups?

.....
.....

Outline any other partner organisations that will help you develop and deliver this project and what their role will be:

.....

.....

.....

.....

.....

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?

.....

.....

(e) PROJECT PLAN

Outline each major task followed by a brief description of each task.	TIME FRAME Estimated when this task will be completed.
Project Starts	
Project finishes	

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

.....

.....

.....

.....

.....

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.)?

.....

.....

.....

.....

(f) 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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(g) BANK DETAILS (FOR PAYMENT OF GRANTS)

Account Name:

BSB Number:

Account Number:

(h) 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 3: CHECKLIST

- Completed application form
- 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 two years
- Quotes for items over \$300
- Any supporting documents such as last two Annual Reports, 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
- Copy of this application for your records.

Forward application form/s and supporting information by 13 August 2010.

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

By Mail to:
Grants Committee
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. The Foundation appreciates your feedback.