

Major Grants Program Expression of Interest Form

Organisation information

1. Are you endorsed as a Deductible Gift Recipient as covered by Item 1 of the table in section 30-15 of the Income Tax Assessment Act 1997.

No → Please do not continue with this application. You are ineligible to apply.

For more information, contact the Foundation on 03 9633 0021 or 9633 0020.

Yes → Go to question 2.

Are you endorsed as a Tax Concession Charity?

No → Please do not continue with this application. You are ineligible to apply.

For more information, contact the Foundation on 03 9633 0021 or 9633 0020.

Yes → Go to question 2.

2. Name of organisation (DGR Name)

Does your organisation operate under a different name?

If Yes, please specify.

3. ABN

4. Organisation street address

Street number and street name

Suburb/Town

State

Postcode

5. Postal address

Same as above

OR

PO Box or Street number and street name

Suburb/Town

State

Postcode

6. Geographical areas of services provided

7. Name of organisation Chief Executive Officer

Title (Mr etc) Given names

Surname

Position title CEO OR specify different title

8. Contact person for this application

Same person in question 7 OR specify different contact person

Title (Mr etc) Given names

Surname

Position title

9. Contact details for contact person

Business telephone number

Mobile Number

Email address

10. Please provide an overview of the services provided by your organisation

11. How many clients did your organisation assist in the last financial year?

12. What is the annual operating expenses of your organisation?

13. Does your organisation receive any funding from Federal, State or Local governments?

If Yes, what percentage of government funding contributes to the overall organisation budget?

Federal

State

Local

How are the government funds used?

14. Was there a significant shortfall or surplus in your organisation's operating costs at the end of the last financial year.

If Yes, what was the significant shortfall or surplus amount? (State whether it was a shortfall or surplus)

What was the reason/cause of the shortfall/surplus?

15. How many staff does your organisation have?

Full-time paid staff

Part-time paid staff

Number of voluntary staff

Project information

16. Area of Primary Focus

- Homelessness**
 - Early intervention
 - Employment and training opportunities
- Youth**
 - Youth mental wellbeing
 - Young people in out-of home care
 - Multicultural Youth
- Ageing**
 - Ageing with a lifelong disability
 - Cultural diversity in ageing

17. Grant amount requested

\$

Year 1:

Year 2:

18. Project title

19. Project period

Commencement date

Completion date (if applicable)

20. Project description

Please provide an overview of project including why there is a need for this project and how it fits within the Foundation's grant-making principles (see guidelines)

21. Total project budget

\$

22. Have you received funding from any other source specifically for this project?

If Yes, provide details of the funding source and the amount of funding.

Name of funding source (government department/philanthropic trust/organisation)	Amount funded (A\$)

23. Approximate percentage of the organisation's total annual budget that the total project budget represents.

%

24. Description of how the project aligns with your organisation's mission and purpose.

25. Description of the extent of need and importance of the project to the greater Melbourne community.

26. Will this be a collaborative partnership. If Yes, please provide details.

How to lodge this application

Expression of Interest Forms must be received at the Lord Mayor's Charitable Foundation by Friday 17 February 2012. Late applications will not be accepted.

Submit Online: Expressions of Interest should be forwarded by email to grants@lmcf.org.au with the Organisation Name in the Subject Line.

Please note that Expressions of Interest should not exceed 4 Pages.