

The Andrews Foundation
P.O. Box 7106, Dandenong, Victoria 3175
Telephone: (03) 9793 4722 Facsimile: (03) 9793 2495

Grant Application

Date:

Name of Applicant:

Mailing Address:

.....

..... **Post Code:**

Phone Number:

Project Title:

Project Address:

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Contact Person(s):

Position in Organisation:

Signature:

Tax Exempt Organisation Yes / No (**SEE ATTACHED GUIDELINES**)

Total Cost of Project: \$

Applicant's Contribution: \$

Government or Local Grant: \$

Grant sought from Foundation: \$

A Member of the Australian Association of Philanthropy.
All correspondence should be addressed to the Secretary.

Your Organisation

Outline the objectives/aims of your organisation:

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Current activities of your organisation:

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Membership:

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Brief history of your organisation:

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Project Information

Please describe the Project for which a Grant will be sought:

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Is this a Non-recurring Capital Project?

Yes/No

If no, please describe the special circumstances which are considered to justify this application, eg, historically related, etc.

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What is the Timetable for the Project?

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Funding

Has Government/Local Government Funding been applied for? Yes/No
Please detail:

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Has Government/Local Government Funding been approved? Yes/No
Please detail:

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Have other Organisations/Foundations been applied to? Yes/No
Please detail which organisations and if application successful:

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Community Infrastructure

What Community Support is available?
(eg, Appeals, Establishment of Committees)

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Are a large number of people in the community to benefit?

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Please describe the input by Project volunteers:

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Which area of the Community will benefit most from this Project and how?
(eg, Health, Youth, etc.)

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Capital and Operational Costs

Summary

Expenditure Item Cost	Total Project Cost	Contribution from Applicant	Contribution from Govt Grants	Contribution sought from Foundation	Comments
Materials					
Transport/Travel					
Equipment Purchases					
Equipment Hire/Lease					
Consultant Costs					
Contractor Costs					
Landscaping					
Fittings & Furnishings					
Salaries					
Other					
Total	\$	\$	\$	\$	\$

Note: Please attach any additional project and costing information you may have that may assist the Trustees in assessing your application.

Attachments

Copy of Last Audited Financial Report

Yes

No

If no, please supply reasons why not included:

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Copy of Constitution

Yes

No

If no, please supply reasons why not included:

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