



St Patrick's Centre, 486 Albert Street, East Melbourne VIC 3002 Australia PO Box 146, East Melbourne VIC 8002 Australia Telephone: (03) 9926 5636 | Email: archbishopsfund@cam.org.au





GRANT APPLICATION FORM

ABN			
ORGANISATION			
ADDRESS LINE 1			
Address Line 2			
CITY/TOWN			
State	POSTCODE		
PROJECT CONTACT PERSON			
Position within Organisation			
Address			
	SUBURB		
	STATE P		
PHONE NUMBER			
EMAIL ADDRESS			
ORGANISATION WEBSITE			
ELIGIBILITY			
Tick to acknowledge that your application fits the following criteria	□ The organisation is endorsed By the ATO as DGR item 1	☐ The individuals completing the application is/are authorised to do so on behalf of the organisation	
	□ The organisation is registered with the ACNC	☐ The program's ultimate beneficiaries are located in the Geographical area of the Catholic Archdiocese of Melbourne	





ORGANISATION DETAILS

Provide a brief description of the organisation	Include purpose, mission and key program area. Must be no more than 150 words.
PROJECT DETAILS	, and the second
Project Title	
Start Date	
End Date	Can be in the past
What is the need that this project seeks to address?	If ongoing leave blank
	Must be no more than 150 words
Provide a brief description of the project	
	Include activities and outputs. Must be no more than 200 words.





Please describe the beneficiaries of the project Include estimated number reached. Must be no more than 100 words. Describe any similar work being undertaken by other organisations. Have you taken up opportunities to collaborate, or considered that this need is already being address? Must be no more than 150 words. Describe the outcomes and impacts that you think this grant will have on the project and its beneficiaries In both the short and long term. Must be no more than 250 words. How will the project be evaluated? Include how you plan to share findings. Must be no more than 150 words. Amount sought from the Melbourne Catholic Archbishop's Charitable Fund





BUDGET - INCOME

Income	\$
Include all contributions including confirmed and unconfirmed in-kind and financial.	
Indicate type of contribution in brackets next to each item.	TOTAL
D	
BUDGET - EXPENDITURE	
Expenditure	\$
Lapenditure	
	TOTAL
	TOTAL
SUPPORTING DOCUMENTATION	
Please provide any supporting	
documentation	