

GOLDEN STAVE FOUNDATION
GRANT APPLICATION

Applicant Criteria:

- Applicants will only be accepted from a registered children’s charity in the state of New South Wales with DGR status
- All grant monies must be spend within the next 12 months from approval within the state of New South Wales
- Applications must have this completed form and be accompanied by the Organisation’s latest Annual Report.

Applicant Organisation:

Name:

Address:

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Principal Contact:

Telephone: Mobile:

Email: Web Site:

DGR No: ABN No: GST Registered: Yes / No

Tax Exempt: Yes / No

Type of Organisation: Company Limited by Guarantee (please tick)

Incorporated Society

Other – please specify:

About the Organisation

1 What is your principal purpose?

2 How long have you been operating?

3 Do you receive Government funding?
If yes, please specify:

4 What is your total estimated income for this year? \$.....

A COPY OF YOUR LAST AUDITED ANNUAL REPORT MUST BE PROVIDED WITH THIS APPLICATION.

5. What proportion (dollar value please) of your total income for the last audited financial period was spent on:

- Directly providing the services described in **Item 1** above \$.....
- Capital projects and outlays (ie. special equipment, etc.) \$.....
- Administrative and fundraising costs \$.....
- Other (specify) \$.....

6. Purpose of Grant

Write a brief description of the project, activity or purpose for which this Application is made:

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7. What is the total cost of the project per **Item 6** above? \$.....

8. What amount is being sought in this Application? \$.....

9. Will the full amount of **Item 8**, if granted, be spent in the next 12 months? \$.....

Please specify:

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I certify that any amount granted through this Application will be used solely for the purpose stated in **Item 6** above

Signed:

Position: **Date:**

Mail the completed Grant Application package to:

General Manager, Golden Stave Foundation, PO Box 651, Neutral Bay NSW 2089