District Coordinator Matching 2026/2027
Form Preview

Applicant Details

* indicates a required field

Acknowledgement

I acknowledge that I have read and understand the guidelines on FFV's website. *

○ Yes
Guidelines can be found here: https://www.freemasonsfoundation.org/masonicgrantsandeducationgrants

District Contact Details

Representative *

Title | First Name | Last Name

District you're representing in this application *

Mobile Number *

Phone Number

Must be an Australian phone number.

Contact Email *

Do you want to subscribe to Freemasons Foundation Victoria's quarterly newsletter? *

○ Yes
○ No
○ Already subscribed

Will this application be based on a financial contribution or volunteer service? *

☐ Financial contribution
☐ Volunteer hours
☐ Both financial contribution and volunteer hours

No more than 2 choices may be selected.
Your Lodge can combine both funds raised and hours volunteered in the one application.

Is this request to purchase equipment for an Emergency Service Provider? *

☐ Yes
☐ No

EG. Country Fire Authority, Life Saving Victoria, Victoria State Emergency Service, Volunteer Marine Search and Rescue units, other eligible volunteer emergency services groups as defined in the State Emergency Management Plan.

Emergency Service Provider

Foundation funds cannot be used to replace government funds. Please read and confirm below that the Emergency Service Provider are unable to receive support through VESEP - The Volunteer Emergency Services Equipment Program.

I confirm that the Emergency Service Provider are unable to receive government funding through the VESEP program. *
○ Yes

Please provide written confirmation from the Emergency Service Provider *
Attach a file:

A PDF version of an email or photo of a hard copy letter is suitable confirmation

Lodge Contributions

Please list every Lodge contributing to this application, including the Lodge submitting the application.

For each Lodge, complete the **Financial Contribution** and/or **Volunteer Hours Contributed** field, as applicable. If a contribution type does not apply, leave that field blank.

Financial Contribution
Enter the total monetary donation being made by each Lodge.

Volunteer Hours
Only volunteer hours undertaken in support of the organisation named in this application are eligible for matching.

The Foundation values volunteer hours at $50 per hour, with the total value matched at a 4:1 ratio.

Example

A Lodge has two members volunteering at the applicant organisation's fundraising event:

- Member 1 volunteers 2 hours
- Member 2 volunteers 3 hours

The Lodge has contributed 5 volunteer hours.

The table below will automatically populate the dollar value of the volunteer hours.

Name of Lodge	Lodge Number	Total Financial Contribution	Total Volunteer Hours Contributed	Volunteer Hours x $50

		Must be a dollar amount.	Must be a number.	This number/ amount is calculated.

Volunteer Hours

Please attach confirmation from the community organisation verifying the volunteer hours claimed in this application. Confirmation may be provided as an email from the organisation's official email address or as a letter on the organisation's letterhead.

A template that can be shared with the organisation for use in preparing their email or letter is available here: Volunteer Hour Confirmation - template

Confirmation of Volunteer Hours *

Attach a file:

Total Contributions + FFV Matching

Total Financial Contribution

$

This number/amount is calculated.

Total Volunteer Hour Contribution x $50

This number/amount is calculated.

Total Matching Request

$

Must be a whole dollar amount (no cents) and at least 1.
This is the matched amount you are requesting from the Foundation. The Foundation matches eligible Lodge contributions at a ratio of 4:1. A maximum of $10,000 in total matching support is available to each Lodge per financial year, including any matching claimed for both funds raised and volunteer hours contributed.

Total Lodge + FFV Contribution *

$

This number/amount is calculated.
This automatically equates the Total Financial Contribution, Volunteer Hour Contribution and Requested Matching Amount.

If applicable, please attach relevant quotes to support the application.

Attach a file:

Organisations Details

* indicates a required field

Organisations Contact Details

District Coordinator Matching 2026/2027
Form Preview

Organisations Name *

Organisation Name

Legal Name of the Charity to which the grant will be made

What does the organisation do?

Word count:
Must be no more than 200 words.
Please provide a brief summary of the purpose of the organisation

Organisation's ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.
Charity ABN Number

Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Organisations Website

Name of Contact *

Title First Name Last Name

Position Held *

Phone Number *

Mobile Phone Number

Contact Email *

Must be an email address

If applicable, please attach any support material

Attach a file:

Charity Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.
Funds will be paid directly to the nominated organisation. Funds will not be paid into a Lodge bank account.

Project Details

* indicates a required field

Project Details

Project Title *

Short project description *

Provide a short description of your project - what are you out to do?

About how many people will benefit from this project?

Must be a number.

What area/s of Victoria will this project support? *

☐ Metropolitan Melbourne
☐ Regional Victoria
☐ State-Wide
☐ Other:

Details of the specific purpose to which the funds would be applied. *

Submissions are more likely to be successful if they identify a particular project or item for which the grant is sought.

What impact will the funding have on the local community? *

Describe the specific issue or need you want to address.

If the application is successful, how will the recipient acknowledge the funding and support of Freemasons Foundation Victoria and how will the funding be publicised to the local community. *

Is the organisation a local charitable organisation *

☐ Yes ☐ No

At least 1 choice and no more than 1 choice may be selected.

If no, why do you want to support the organisation

How did the District become aware of the organisation *

How did the District encourage Lodges to donate? eg. fundraising event, email to secretaries, lodge visits *

Other Information

* indicates a required field

Conflict of Interest

A conflict of interest may arise if a member of the Masonic Order has a personal interest (including that of a friend or family member) that could conflict with the impartial assessment of this grant. Conflicts may be actual, potential or perceived. Although a conflict will not automatically prevent this application being successful, all conflicts must be disclosed to Freemasons Foundation Victoria.

Do any members of the Masonic Order have an actual, potential, or perceived conflict of interest in relation to the assessment of this application? *

○ No, I confirm that no members have an actual, potential, or perceived conflict of interest in relation to this application.

○ Yes, one or more members have an actual, potential, or perceived conflict of interest in relation to this application.

Please provide details of any perceived conflict

Publication of Grant

At the end of each month we will be publishing a list of grants approved. If the application is approved do you agree for the information to be included on the list? Note, in some instances you may want to inform the recipient of the grant at a presentation at a later date, if this is the case please select 'No'. *

○ Yes

○ No

Declaration

* indicates a required field

Declaration and Privacy Statement

I certify that all details supplied in this application and in any attached documents are to the best of my knowledge true and correct and that the application has been submitted with the full knowledge and agreement of the Lodge/s and District. I confirm that the organisation that we wish to support have consented to providing their personal information to Freemasons Foundation Victoria and Freemasons Victoria in connection with this application.

I acknowledge that I have read Freemasons Foundation Victoria’s privacy policy and consent to Freemasons Foundation Victoria collecting, using, handling and disclosing my personal information in accordance with Freemason Foundation Victoria’s privacy policy.

I agree that I will contact Freemasons Foundation Victoria immediately if any information provided in this application changes or is incorrect.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I agree to use my best endeavours to obtain and provide supporting evidence to Freemasons Foundation Victoria confirming that the funds have been used for the project outlined above. *

○ Yes

District Coordinator Matching 2026/2027

Form Preview

I am authorised to complete this application and have read and undertsood the declaration and privacy statement *

○ Yes

Authorised Person's Name *

Position Held in District *

Date of Declaration *

Must be a date.