

FFV Community Grant - 2024/2025

Form Preview

Contact Details

* indicates a required field

Organisation Details

Organisation Name *

Organisation Name

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.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Address *

Address

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

Organisations Website

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Head of Organisation (CEO or equivalent)

FFV Community Grant - 2024/2025

Form Preview

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Is the contact person for the application different to the Head of the Organisation? *

Yes No

Contact for Application

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position Held *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Project Details

* indicates a required field

Project Details

Project Title *

Total Amount Requested *

What is the total financial support you are requesting in this application?

Total Project Cost *

What is the total budgeted cost (dollars) of your project?

FFV Community Grant - 2024/2025

Form Preview

If applicable, please attach relevant quotes to support the application and any other information

Attach a file:

Detailed Project Description

Brief project description *

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

What does your organisation do? *

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

Why does this work need to be done? *

Describe the specific issue or need you want to address

Who will benefit from the project? *

Describe the estimated number, gender, age and location/region of those participating in the project

What are the expected outcomes of the project? *

Describe three things you want the project to achieve in terms of benefits for participants and/or others

How will you know if these outcomes have been achieved? *

Describe three changes you will see if the expected outcomes of the project occur

In broad terms, the Foundation assesses the grant after consideration of:

- Linking of the project with our name/brand as Freemasons, and

FFV Community Grant - 2024/2025

Form Preview

- Whether the project provides or could provide an enduring difference to the Victorian community.

How do you believe the project meets the criteria above? *

I agree to provide supporting evidence to Freemasons Foundation Victoria confirming that the funds have been used for the project outlined above by completing an Acquittal Report and understand that failure to submit may impact future applications submitted to Freemasons Foundation Victoria for funding. *

Yes

Project Budget

Outline your project budget including details of other funding that has been confirmed and applied for.

Budget

Income	\$	Expenditure	\$
Amount requested in this application	\$		\$
Other funding sources confirmed	\$		\$
Unconfirmed funding	\$		\$
In-kind contributions	\$		\$
	\$		\$
	\$		\$
	\$	In-kind contributions (as above)	\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

Declaration

* indicates a required field

Declaration and Privacy Statement

FFV Community Grant - 2024/2025

Form Preview

I certify that all details supplied in this application and in any attached documents are true and correct and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

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, including if I am successful with any application, to disclosing my personal information to local freemasons or lodges, or other third parties for presentation purposes.

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

Yes

Authorised Person's Name *

Position Held *

Date of Declaration *

Must be a date