FFV Community Grants - 2026/2027
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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

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)

Name *

Title First Name Last Name

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

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?

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

Attach a file:

Which funding area does your application align to?

- ○ Mental Health and Help-Seeking
- ○ Connection, Purpose and Positive Masculinity
- ○ Physical Wellbeing and Healthy Ageing

What area/s of Victoria will this project support?

- ○ Metropolitan Melbourne
- ○ Regional Victoria
- ○ State-Wide
- ○ The project will take place outside of Victoria
- ○ Other:

Does this project form part of a government funded contract or initiative?

- ○ No
- ○ Yes
- ○ Other:

Detailed Project Description

What does your organisation do? *

Brief project description *

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

Start Date

Must be a date.

End Date

Must be a date.

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

Why does this work need to be done and how was the need identified? *

Describe the specific issue or need you want to address, what is the gap this project fills and what would happen if this project didn't exist (Hint, preference will be given to applicants that most align with the Foundation's focus on supporting Men and Boys wellbeing across our current focus areas).

This is a new or ongoing project or program? *
- ○ New
- ○ On-going

If this is an ongoing project or program, what have been the outcomes to date?

Word count:
Must be no more than 200 words.

Describe the primary beneficiaries and participants in the project. *

Outline the gender, age and context of those participating in the project

How many people do you anticipate participating in this project?

Must be a number.

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 and how do you intend to use this information? *

Describe changes you will see if the expected outcomes of the project occur and how you will measure if outcomes have been achieved

Should this application be successful, I agree to providing a payment receipt and 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	$	In-kind contributions (as above)	$
Other funding sources confirmed	$		$
Unconfirmed funding	$		$
In-kind contributions	$		$
	$		$
	$		$
	$		$
	$		$

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

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.

Should this application be successful, I agree to providing a payment receipt within 30 days of receiving funding.

Should this application be successful I agree to providing supporting evidence to Freemasons Foundation Victoria confirming that the funds have been used for the project outlined in this application by completing an Acquittal Report and understand that failure to submit may impact future applications submitted to Freemasons Foundation Victoria for funding.

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 undertsood the declaration and privacy statement *

○ Yes

Authorised Person's Name *

Position Held *

Date of Declaration *

Must be a date