

# FFV Masonic Grants\_July2023

Form Preview

## Applicant Details

\* indicates a required field

**Is the Masonic Order requesting support for local school awards \***

Yes

No

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

Yes

No

## Masonic Order Contact Details

**Representative \***

Title

First Name

Last Name

**Phone Number \***

**Mobile Number \***

**Contact Email \***

## Masonic Order Details

**Name of Lodge**

**Lodge Number**

Name of Lodge	Lodge Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Grant Details

**How much is being contributing towards the project \***

\$

Must be a whole dollar amount and at least 0

**How much are you requesting from the FFV \***

\$

This is the amount you are requesting from the Foundation

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**Total Project Cost \***

\$

Must be a whole dollar amount

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

Attach a file:

**Has the Application been approved by Members \***

Yes

No

**Date Approved**

Must be a date - Please provide date if application has been approved by Members

**Attach copy of Minutes**

Attach a file:

A copy of the minutes noting approval needs to be provided before a grant be reviewed.

## Organisations Details

\* indicates a required field

### Organisations Contact Details

**Organisations Name \***

Organisation Name

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

**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

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Main business location

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 \*

Must be an Australian phone number

### Mobile Phone Number

### Contact Email \*

Must be an email address

### If applicable, please attach any support material

Attach a file:

### Annual Report Website Link

Must be a URL

### 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

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### Project Details

**Project Title \***

**Short project description \***

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

**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. \***

**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. This may include (if appropriate) photographs, media coverage or a letter of thanks from the recipient. \***

Yes

### 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.**

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**I confirm that the members of the Masonic Order have no actual, potential or perceived conflict of interest in relation to the assessment of this application. \***

Yes, no member has an actual, potential or perceived conflict of interest in relation to this application  
 No, a member (s) has an actual, potential or perceived conflict of interest in relation to this application

**Please provide details of any perceived conflict**

**How did the Masonic Order become aware of the organisation \***

**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**

## 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. 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.

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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 in Lodge \***

**Date of Declaration \***

Must be a date.