

# The Blum Foundation Grant Application Form

Closing Date: 1 October

Applicant Details			
<b>Name of applicant organisation</b>			
<b>Type of Gift Applied For</b> <i>(please tick)</i>	Operational		Project
<b>Tax Status</b> <i>(please tick)</i>	Tax Concession Charity (TCC)		Health Promotion Charity
	Public Benevolent Institution		DGR (Item 1)
	Charitable Institution		DGR (Item 2)
	Charitable Fund		Other
<b>Postal address</b>			
<b>State</b>		<b>Post Code</b>	
<b>Phone</b>		<b>Web site</b>	
<b>Contact name</b>			
<b>Position title</b>			
<b>Phone</b>		<b>Email</b>	
<b>Organisational Information</b> A brief overview of your organisation including mission or purpose and activities undertaken. Current office bearers. Membership numbers (if applicable)			
<b>Organisational Status</b> <i>(please tick)</i>	Incorporated		Unincorporated
<b>Incorporated Applicants Only</b>	ABN or Incorporation Number:		
<b>Bank account exists in name of applicant organisation</b> <i>(please tick)</i>	Yes		No
	<i>Note: The Blum Foundation pays all grants by Electronic Funds Transfer and will only pay grants to a bank account in the same name as the applicant organisation.</i>		
<b>Applicants with no bank account in organisation name:</b>  <i>If the applicant organisation does not have a bank account in the organisation name, they may still be eligible to apply through an associated organisation which does have a bank account. Payment will be made to the associated organisation.</i>	Associated Organisation Name:		
	Associated Organisation ABN or incorporation number:		
	Associated Organisation Address:		
	By submitting details of an associated organisation, the applicant and associated organisation acknowledge that work will be carried out by the applicant, but any undertakings would be given by the recipient of the moneys (the associated organisation). Funds received must be used for the purposes outlined in the application.		

**Referees:** Please provide the name, phone number and email address of two (2) community leaders or organisations who would speak in support of the application if requested to do so by Philanthropy, ANZ Trustees. Alternatively, enclose letters of support from them:

<b>Name Referee #1</b>	
Position title:	
Organisation:	
Phone:	
Email:	
<b>Name Referee #2</b>	
Position title:	
Organisation:	
Phone:	
Email:	

**For Operational Gift Applications Only:**

**Summary of operational support requirements**

Please provide a brief summary of the activities or items for which you are seeking operational funding, including date of activity if relevant.

For Polish Language School applicants, please include:  
What languages/subjects are taught, the level of subjects (primary, secondary, tertiary), number of enrolled students, details of any State or Federal funding.

**Note that the maximum operational grant size is \$1,000**

<b>Are you sourcing other funding?</b> Please indicate if you intend to apply for funding from another agency for the proposed activities / project?	
<b>Operational grant amount applied for?</b>	\$
<b>For Project Gift Applications Only:</b>	
<b>Project title</b>	
<b>Brief summary of the proposed project</b> Include objectives, who will benefit, what outcomes will be achieved, how success will be measured, key activities and timetable.	

<p><b>Are you sourcing other funding?</b></p> <p>Please indicate if you intend to apply for funding from another agency for the proposed activities / project?</p>	
<p><b>How much will the project cost?</b></p> <p>(Provide an itemised project budget and indicate if it is part of a bigger project)</p> <p><b>Note that the maximum project grant size is \$5,000</b></p>	
<p><b>Project grant amount applied for:</b></p>	<p>\$</p>

### Declaration

*(To be signed by two members of the executive committee which must include the chairperson/president and either the secretary or treasurer of the applicant organisation. In the case of an unincorporated organisation, the form must be signed by the chairperson of the applicant organisation and the chairperson of the associated organisation).*

We, the undersigned, on behalf of the applicant organisation, certify that the information set out and attached to this application is correct.

We agree that the gift will be expended on the project and for no other purposes and that we may, at the discretion of The Blum Foundation, be required to return on written request any part of the gift which has not been expended in accordance with this condition. The Blum Foundation also reserves the right to refer any evidence of misappropriation of the gift to relevant authorities for investigation.

We agree to retain the original receipts of expenditure on the project for 12 months from the date of receipt of the gift and to make the receipts available to The Blum Foundation on request during the period of the funded activity.

#### Chairperson/President of applicant organisation

Signed :	
Name:	
Date:	

#### Treasurer of applicant organisation or Chairperson of associated organisation

Signed :	
Name:	
Date:	

#### Please attach the following documentation to your application:

##### If your organisation is incorporated:

	A copy of your organisation's certificate of incorporation
	A copy of your organisation's statement of aims and objectives
	Your organisation's latest financial statement. This should clearly show all income, expenditure and balance of accounts for the preceding twelve months. The statement should be signed by the Treasurer of your organisation.

##### If your organisation is not incorporated but is associated with or part of another incorporated organisation:

	A copy of your associated organisation's certificate of incorporation
	A copy of your associated organisation's Audited financial statements [latest]

#### How to complete this application form:

- Fill out the details using the form, print a copy, collect supporting documentation and then obtain signatures and submit to ANZ Trustees;

Applications can be submitted by mail or email (scanned) to:

**Mail:** ANZ Trustees  
Attention: Philanthropy  
GPO Box 389  
Melbourne VIC 3001

**Email:** [trustapp@anz.com](mailto:trustapp@anz.com)

By **SUBMITTING** this Application to ANZ Trustees by post or email you acknowledge that you:

- are authorised by your organisation's executive committee (incorporated) or chairperson (unincorporated) to make this application on its behalf and declare all the information provided is true and correct.
- have read the terms and conditions for all grants managed by ANZ Trustees, including the Privacy Statement and Consent to use of Personal Information, and agree to those terms and conditions