

Small Grant Application

Form Preview

Before You Begin

Introduction

Welcome to The James Frizelle Charitable Foundation online grant application service, powered by SmartyGrants.

You may begin anywhere in this application form. Please ensure you save as you go.

For queries about the guidelines, deadlines, or questions in the form, please contact us on 07 5551 0830 during business hours or email admin@jamesfrizelle.org.au and quote your application number.

View the guidelines at www.jamesfrizelle.org.au.

If you need more help using this form, download the [Help Guide for Applicants](#) or check out [Applicant Frequently Asked Questions \(FAQ's\)](#)

NAVIGATING (MOVING THROUGH) THE APPLICATION FORM

On the right hand side of every screen, there is a box which links directly to every page of the application. Click the link to jump directly to page you want.

You can also click 'next page' or 'previous page' on the top or bottom of each page to move forward or backward through the application.

SAVING YOUR DRAFT APPLICATION

If you wish to leave a partially completed application, press 'save' and log out. When you log back in and click on the 'My Applications' link at the top of the screen, you will find a list of any applications you have started or submitted. You can reopen your draft application and start where you left off.

You can also download any application, whether draft or completed, as a PDF. Click on the 'Download' button at the bottom of the application navigation panel.

SUBMITTING YOUR APPLICATION

You will find a 'Review' button at the bottom of the Navigation Panel. You need to review your application before you can submit it.

Once you have reviewed your application you can submit it by clicking on 'Submit' at the top of the screen or on the navigation panel. You will not be able to submit your application until all the compulsory questions are completed.

Once you have submitted your application, no further editing or uploading of support materials is possible.

When you submit your application, you will receive an automated confirmation email with a copy of your submitted application attached. This will be sent to the email you used to register.

If you do not receive a confirmation of submission email then your submission has NOT been received.

ATTACHMENTS AND SUPPORT DOCUMENTS

You may need to upload/submit attachments to support your application. This is very simple, but requires you to have the documents saved on your computer, or on a zip drive, or similar. You need to allow enough time for each file to upload before trying to attach

Small Grant Application

Form Preview

another file. Files can be up to 25MB each; however, we do recommend trying to keep files to a maximum of 5MB – the larger the file, the longer the upload time. If you are not able to upload a document, please contact us for support (see contact details above).

COMPLETING AN APPLICATION IN A GROUP/TEAM

A number of people can work on an application using the same log in details as long as only one person is working at a time. Ensure you save as you go. **SPELL CHECK** Most internet browsers (including Firefox v2.0 and above; Safari; and Google Chrome) have spell checking facilities built in – you can switch this function on or off by adjusting your browser settings.

Auspicing

We recognise that some groups will be unable to qualify for direct funding from us as they are not a registered DGR1 Charity. Often in these cases they will enter an Agreement with another qualified organisation to complete the project. The group requiring support is known as the "auspicee" and the group applying for the funding is known as the "auspisor". In these cases we will refer to the "auspicee" as the Delivery Organisation and the "auspisor" as the Legal Organisation.

Contact Details

* indicates a required field

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This Application Form can only be used for grant applications of no more than \$10,000 for projects with a total value up to \$50,000.

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Small Grant Application

Form Preview

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AUSPICING

Does your organisation, **the group delivering the project** have DGR1 status?

If YES:

- A. Provide information requested in Legal Organisation.
- B. Leave information requested in Delivery Organisation blank.

If NO:

- A. Provide information requested in Legal Organisation for the Auspicor.
- B. Provide information requested in Delivery Organisation.

Legal Organisation Name *

Organisation Name

Legal Organisation trading name or known name

Organisation Name

Small Grant Application

Form Preview

Legal Organisation's primary focus *

Word count:

Must be no more than 25 words.
What does your organisation do?

Legal Organisation 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	

Must be an ABN.

Legal Organisation Primary Address *

Address

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

Legal Organisation Postal Address

Address

Legal Organisation Primary Phone Number *

Must be an Australian phone number.

Legal Organisation Primary Email *

Small Grant Application

Form Preview

Must be an email address.

Legal Organisation Primary Website

Must be a URL.

Legal Organisation Social Media Account

eg: Facebook page, Instagram account, LinkedIn etc...

Legal Organisation Primary Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Legal Organisation Mobile Phone Number *

Must be an Australian phone number.

Delivery Organisation

Individual Organisation

Organisation Name

Title First Name Last Name

Delivery Organisation 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.

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Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
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ATO Charity Type	More information
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Small Grant Application

Form Preview

Tax Concessions

Main business location

Must be an ABN.

Delivery Organisation Primary Address

Address

Delivery Organisation Primary Phone Number

Must be an Australian phone number.

Delivery Organisation Primary Email

Must be an email address.

Delivery Organisation Primary Website

Must be a URL.

Delivery Organisation Office Address

Address

Delivery Organisation Postal Address

Address

Delivery Organisation Social Media Account

eg: Facebook page, Instagram account, LinkedIn etc...

Project Details

* indicates a required field

Project Title *

Small Grant Application

Form Preview

Short project description *

Word count:

Must be no more than 100 words.

Provide a short description (100 words recommended) of your project - what are you out to do?

Start Date *

Must be a date.

End Date *

Must be a date.

Total Project Cost *

Must be a whole dollar amount (no cents).

What is the total budgeted cost (dollars) of your project? Projects with a total cost in excess of \$50,000 will not be considered.

Amount Requested. *

Must be a dollar amount.

Who are the primary beneficiaries of this project/program?

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

What Suburb do the beneficiaries of this project/program live in?

How many individuals will benefit from this project/program?

Must be a number.

Project Budget

Budget Confirmed

List name of funders and **confirmed** amount, including your cash contribution **and** the amount requested from the James Frizelle Charitable Foundation Contribution:

Income

\$

James Frizelle Charitable Foundation Contribution:	\$
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Small Grant Application

Form Preview

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Confirmed Totals

Total Confirmed Income Amount

\$

This number/amount is calculated.

Budget expenditure

Including a breakdown of individual line items such as salaries, equipment, travel/transport, administration etc.

Total Budget Expenditure should be inclusive of the grant from James Frizelle Charitable Foundation that you have applied for. Details of what this is to be spent on must be shown.

Total Budget Expenditure should balance to total Project Cost.

Expenditure or In kind contributions

\$

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Expenditure Total

Total Expenditure Amount

\$

This number/amount is calculated.

Other funding sources unconfirmed

If you have applied for other funding that is unconfirmed please list the name of the organisations applied to and amount:

Income or in kind contributions

\$

	\$
	\$
	\$

Small Grant Application

Form Preview

	\$
	\$
	\$
	\$
	\$

Other funding budget totals

Other Sources Total Income Amount

\$

This number/amount is calculated.

Attachments:-

Add Attachments Here:-

Attach a file:

Funding requests greater than \$50,000.00 MUST HAVE current Balance Sheet & Cashflow Projections attached; optional:- photos; references; impact results etc.

Declaration

I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify The James Frizelle Charitable Foundation of any changes to this information and any circumstances that may affect this application. I acknowledge that The James Frizelle Charitable Foundation may refer this application to external experts for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative grant funding opportunities.

I understand that The James Frizelle Charitable Foundation is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made, The James Frizelle Charitable Foundation will consult with the applicant before any decision is made to release the application or supporting documentation. I understand that this is an application only and may not necessarily result in funding approval.

I have read and agree to the above

Yes, I have read and agree

No, I dont agree

Authorised Representative

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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