

Grant Application



PART 1 - ORGANISATIONS ONLY

1a Organisations Details

Organisation
Name

Address

ABN
(if applicable)

ACN
(if applicable)

Phone

Fax

Email

Web

1b Personal Contact Details

Primary
Contact Person

Position

Phone

Fax

Email

Secondary
Contact Person

Position

Phone

Fax

Email

1c Organisation Type

Company

Religious

Association

Club

Youth

School

Society

Other (please specify)

1d Target Community

General

Multicultural

Ethno-specific

Migrants

Elderly

Refugees

Gender-specific

Underprivileged/disadvantaged

Children

Youth

Other (Please specify)

PART 3 – ORGANISATIONS & INDIVIDUALS

3a Grant Request

Amount of grant requested

AU\$

Funds needed by

/ /

What is the total cost of the project?

AU\$

3b Other Organisations Grant Request

Have you applied and/or received a Grant/Sponsorship from any other Foundation/Institution in respect of this project?

Yes No

(if yes, please indicate)

Name of Foundation(s)/Institution(s)	Amount(s) applied for or received AU \$	At date of Application		
		Received	Pending	Rejected
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby consent to The Karpaty Foundation contacting other Ukrainian Foundations/Institutions regarding this grant application, where funding for the overall project or amount being requested from The Karpaty Foundation is greater than \$1,000.

Yes No

3c Purpose of Request

What will you be doing with the grant money? (please attach any supporting material/evidence)

3d Budget

Please provide a complete breakdown of all the income and expenditure for the event that grant is sought, including any profit and loss. (please attach any supporting material/evidence)

Income

Expenditure

3e Grant Benefit

Please describe how the community will benefit from this grant and how the purpose of the request (refer 3b) fulfils the purposes of the Karpaty Foundation as set out in the **Grant Application Guidelines**

3f Other Contacts

Please list the names and phone numbers of other people, companies or societies who may be consulted for information regarding you or your organisation:

3g Representation

Would you or a representative of your organisation be willing to make a presentation to the Trustees either before, during or after the project for which you are requesting the grant?

Yes No

3h Acknowledgement

Would you, your group or organisation be willing to be publicly acknowledged in marketing material? (e.g. press releases, newsletters, websites etc)

Yes No

Would you, your group or organisation be prepared to publicly acknowledge The Karpaty Foundation in marketing material (e.g. publications, programs, posters, newspapers, websites etc.)

Yes No

If yes, please indicate in what form such acknowledgements will occur:

3i Other Information

Please provide any other information you feel is important in support of your application

Applicants Declaration



I declare that the information I have provided in this application is true and correct. Furthermore, I acknowledge that the Karpaty Foundation may contact other Ukrainian Foundations/Institutions regarding the details of this application.

If the application is successful, I agree to comply with the Grant Guidelines set out by The Karpaty Foundation in all its facets.

I further Declare that:

- the funds received from the Karpaty Foundation will be used solely for the purposes outlined in the application; and
- that evidence of completion of the project will be forwarded to the Secretary at the earliest possible date after completion; and
- that acknowledgements be made on all publications funded by the Foundation.

On behalf of (organisation name):

Full Name:

Position in
organisation:
(If applicable)

Email:

Phone:

Fax

By activating the authorisation box below, I declare that the information I have provided in this application is true and correct.

Authorisation box
(requires activation)

Date / /

WITNESS

Please provide the name of another person who has witnessed this Grant Application and whom we can be contacted during the day if we need further information.

Full Name:

Position in
organisation:
(If applicable)

Email:

Phone:

Fax