FUNDING APPLICATION FORM

(Group Project)

# **RURAL AND REGIONAL ADVANCEMENT FOUNDATION**

This application form is for those interested in applying for funds from the Mt Burdett Rural and Regional Advancement Foundation (RRAF) for a project or activity with multiple participants. The application must be targeted on the development of participants’ skills, education and/or confidence to build their capacity to have an increased impact in their community.

Before completing this form, please read through the RRAF funding guidelines to check that your concept is likely to fit within our funding criteria.

If you would like to apply for funding as an individual for a project or activity where you are the sole participant, please use the RRAF Funding Application (Individual) form.

Please contact the Mt Burdett Foundation Executive Officer to find out the next application deadline. Applications to be submitted electronically to: [executiveofficer@mtburdettfoundation.org.au](mailto:executiveofficer@mtburdettfoundation.org.au)

In assessing the completed application, Mt Burdett Foundation may choose to request further information from the Applicant or other organisations connected to the project.

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| APPLICANT DETAILS | | | | | | | |
| Project title |  | | | | | | |
| Organisation name (if applicable) |  | | | | | | |
| Applicant contact name |  | | | | | | |
| Applicant contact phone |  | | | | | | |
| Applicant contact email |  | | | | | | |
| Postal address |  | | | | | | |
| Physical address |  | | | | | | |
| Website |  | | | | | | |
| Entity type (attach evidence of any relevant certification) | E.g. Incorporated Assoc., Charitable Org., community group, individual, other (please specify) | | | | | | |
| ABN |  | | | | | | |
| Target area for primary benefits | E.g. The region and/or sector benefiting | | | | | | |
| Is your organisation / group registered for GST? | | | | Yes |  | No |  |
| Is your organisation a Tax Concession Charity (TCC)? | | | | Yes |  | No |  |
| Is your organisation a Deductible Gift Recipient (DGR)? | | DGR1 |  | DGR2 |  | N/A |  |

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| FIT OF THE PROJECT WITH THE FOUNDATION You must be able to check all three of these boxes to proceed. | |
| This application is for the purpose of human capacity building |  |
| The participant/s and beneficiaries live in regional WA |  |
| The participant/s or beneficiaries are in the early to mid stage of their career |  |

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| TELL US ABOUT YOUR PROJECT:  * What do you want to do? * Why do you want to do this? * Why does your community need this project? * How will you do it?   Attach images (optional) and additional information separately if relevant. | |
| 500 words maximum | |
| Project start date |  |
| Project end date |  |

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| TELL US HOW YOUR PROJECT WILL MAKE A LASTING DIFFERENCE TO THE COMMUNITY: Describe the importance of the project and the need in the community for this project, the effectiveness of the project in meeting the need, and the level of impact the project will have on individuals and the community now and in the future. Outcomes must be measurable in some way (can be quantitative and/or qualitative). | | | | | | |
| **Outline the need for your project and demonstrate evidence for that need.**   * *Attach any Letters of Support relevant to demonstrating need for the project. (Letters of support are not compulsory but may be beneficial if the Applicant does not have a well-established reputation for delivering projects of a similar scale and nature)* | | | | | | |
| 250 words maximum | | | | | | |
| **How will your project meet this need and what impact will this have on the community now and in the future?** | | | | | | |
| 250 words maximum | | | | | | |
| **Is there other work or existing resources that currently address the need? If so, demonstrate why there is need for your project to contribute in this space.** | | | | | | |
| 250 words maximum | | | | | | |
| **What impact is your project likely to have on the community and individuals? (outcomes must be measurable and can be quantitative and/or qualitative)** | | | | | | |
| *Expected Outcome* | *How Outcome will be Measured* | | *Timeframe* | | | |
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| ***What are the consequences of the project not proceeding?*** | | | | | | |
| 250 words maximum | | | | | | |
| *What number of people in the community are likely to benefit from the project DIRECTLY* | |  | | | | |
| *What number of people in the community are likely to benefit from the project INDIRECTLY* | |  | | | | |
| *Is there a monetary cost to individuals to benefit from your project?* | | *Yes* | |  | *No* |  |
| * *If yes, state the budgeted cost per person* | |  | | | | |

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| APPLICANT BACKGROUND & PROJECT DELIVERY CAPACITY To be assessed on the level of difficulty in delivering the project and the capacity of the applicant to deliver the project successfully. | | | | | |
| **Project Coordinator details:** | | | | | |
| *Name* |  | | | | |
| *Position* |  | | | | |
| *Phone* |  | | | | |
| **Details of any Partnerships:** | | | | | |
| *Partnership name, nature, secured?* | | | | | |
| **APPLICANT’S CAPACITY TO DELIVER** | | | | | |
| ***Address your organisation’s financial stability OR if you are an individual, outline how you will manage the project’s financial and resource requirements.*** | | | | | |
| 250 words maximum | | | | | |
| List any existing insurance policies (including amount covered) in place that cover the project and attach Certificates of Currency. List any cover that you intend to take out pending funding approval. | | Attached |  | N/A |  |
| ***Address you or your organisation’s human resource / structural capability*** | | | | | |
| 250 words maximum | | | | | |
| **APPLICANT’S PAST EXPERIENCE DELIVERING PROJECTS OF A SIMILAR SCALE AND NATURE** | | | | | |
| 250 words maximum | | | | | |
| **List two referees who can be contacted who will be able to verify the Applicant’s capacity to deliver the project.** | | | | | |
| Reference 1: Name of reference and relation to Applicant, along with their preferred contact details: | | | | | |
| Reference 2: Name of reference and relation to Applicant, along with their preferred contact details: | | | | | |

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| PROJECT PLANNING | | | |
| **PROJECT TIMELINE** *Provide an outline of the key dates and milestones in the delivery of your project. Add or delete columns as required.* | | | |
| **Item** | | **Completion Date** | |
| Milestone 1: | |  | |
| Milestone 2: | |  | |
| Milestone 3: | |  | |
| Final Project Report to Mt Burdett Foundation | |  | |
| **REQUIRED PROJECT APPROVALS** *Provide details of any licencing, permissions, or approvals required to achieve completion of your project.* | | | |
| **Type of Approval Required & Comment** | **Have any necessary approvals been obtained?** | | |
| **Yes** | | **No** |
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| **KEY STAKEHOLDERS**  *E.g. local council, local community groups, schools, project partners.* | **Stakeholder consulted and willing to engage in project?** | | |
| **Name of stakeholder and relationship to project** | **Yes** | | **No** |
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| RISK ASSESSMENT |
| List any risks associated with your project, including impediments to its success, and how you plan to mitigate those risks. |
| 250 words maximum |

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| BUDGET | | | |
|  | Cash (Inc GST) | In-Kind | In-Kind details |
| Applicant’s contribution: |  |  |  |
| Funding secured from other project partners (list amount and who): |  |  |  |
| Funding sought from other project partners (not yet secured): |  |  |  |
| Funding sought from Mt Burdett Foundation: |  |  |  |
| TOTAL PROJECT COST (Cash & In-kind) |  |  |  |

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| Detailed Project Budget Breakdown attached? (If you are not able to itemise the project income and expenditure in the above table, please provide separate spreadsheet). | Yes |  | No |  |

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| ATTACHMENT CHECKLIST | | |
| **Attachment** | **Yes** | **N/A** |
| Certification of charitable status or incorporation |  |  |
| Insurance Cover - Certificates of Currency |  |  |
| Letters of Support *(optional)* |  |  |
| *Other attachments: (note details)* | | |
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**DECLARATION**

* I certify that all information provided is current and correct.
* I have the necessary delegated authority to submit this application on behalf of the Applicant.
* I give permission to Mt Burdett Foundation to contact any relevant persons or organisations in the processing of this application.
* I understand that the final decision of my application being successful or not, lies with the Board of Directors of the Mt Burdett Foundation. The final decision is not contestable.

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| **Signed:** |  |
| **Name:** |  |
| **Position:** |  |
| **Date:** |  |