

# November 23 Community Round Form Preview

## Applicant history

\* indicates a required field

**Have you previously received funding from the Stan Perron Charitable Foundation? \***

- Yes  
 No

If yes, please complete section below

### Previous Funding Support

**What was the total amount funded? \***

\$

Must be a dollar amount.

**What was the name of the project? \***

**Date of funding \***

Must be a date.

## Applicant details

\* indicates a required field

**Applicant \***

- Individual       Organisation

Organisation Name

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Primary Website Address**

Must be a URL.

**Applicant Primary Address**

Address

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

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## Applicant Postal Address

Address

  

## Applicant Primary Phone Number \*

Must be an Australian phone number.

## Applicant Primary Email \*

Must be an email address.

## Upload Applicant's Logo

Attach a file:

If your application is successful we may wish to display your logo on our website

## I hereby consent to Stan Perron Charitable Foundation using our Logo for inclusion on their website

Yes

No

## Applicant 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Name(s) of Patron

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(Not necessarily a financial sponsor or benefactor)

## Application Contact \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Position within organisation \*

## Phone Number

Must be an Australian phone number.  
Please include Area Code.

## Email Address

Must be an email address.

## Project / Program details

\* indicates a required field

### Reason for Application

Only complete the sections that are relevant to your application. If not applicable, please answer "Not Applicable". Please attach any relevant or supporting documentation using the *Supporting Documentation* upload button at the bottom of this section.

### Project / Program Title \*

### Short project / program description \*

Provide a short description (200 words recommended) of your project - what are you out to do?

### Who will be involved with the project/program?

Name any other organisations/individuals

### Start Date \*

Must be a date.

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### End Date \*

Must be a date.

### Select the Primary focus/objectives of your project/program: \*

- West Australian Arts & Culture
- Pediatric/Children's Health
- Health and Wellbeing of West Australians
- Health Service/Hospital
- Medical Research/Equipment
- Disability Service
- Education Program/Initiative
- Disease Control & Prevention

### Key Exclusions:

The Foundation will generally NOT fund organisations related to religious belief, ethnic or political activity nor programs or activities that are clearly a core responsibility of Government.

### What are the primary areas of focus for this project/program? \*

No more than 5 choices may be selected.

You can select items from any area of the list - all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

### What are the planned activities? \*

Briefly list the specific activities that will take place and when they are expected to take place (200 words recommended)

### 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

### Select from the list below to indicate the geographic reach of your project/program: \*

- Metropolitan
- Inner regional (Peel, South West, Great Southern, Wheatbelt)
- Outer regional (Goldfields, Mid West, Gascoyne, Pilbara, Kimberley)
- Remote
- Across all areas

### What are the expected outcomes of the project? \*

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Describe outcomes you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

**How will you know if these outcomes have been achieved? \***

Describe any changes you will see if the expected outcomes of the project occur (200 words recommended)

**How will project/program outcomes be sustained beyond the life of the project/program? \***

**Describe how the project/program will be funded and/or continued \***

**Describe likely project/program risks \***

Provide a short description (up to 200 words)

### Supporting Documents

Attach a file:

### Financial Considerations

**Total Grant Amount Requested from All Sources \***

Must be a dollar amount.

**Have you sought other financial assistance to deliver this Project/Program? \***

- Yes  
 No

If you answer yes, please attach correspondence

**Provide details of other sources of funding to deliver this project/program?**

Please provide contact name and details of each party

### Supporting Documents

Attach a file:

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### Budget

Please attach a budget or forecast that details the funding and expenditure related to this application and/or project. The budget or forecast should include the sources of funding (including the amount of this application) and where those funds are expected to be used. This will aid in the Foundation's assessment of your application.

### Upload Budget \*

Attach a file:

### Total Grant Amount Requested from the Stan Perron Charitable Foundation \*

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

### Is your Grant Amount expected to be paid over multiple years? \*

- Yes  
 No

### Number of Years \*

- 2 Years     3 Years     4 Years     5 Years     Greater than 5 Years

### State the Grant Amount required per annum \*

\$

Must be a dollar amount.

## Impact - expected benefits from Project

\* indicates a required field

Impact data collected by the Foundation will not influence the assessment of this application. Impact data is being collected to assist the Foundation with its aggregate impact reporting.

### How many people will be DIRECTLY impacted by this application? \*

Must be a number.

### How many people will be INDIRECTLY impacted by this application? \*

Must be a number.

### Please add any additional commentary surrounding impact figures, if required.

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maximum 100 words

**Will the applicant prepare an Impact Report on completion of the Project/  
Program, which can be shared with the Foundation?**

**May we contact you direct for further updates regarding Impact from time to  
time: \***

yes  No

## Beneficiary

\* indicates a required field

A beneficiary, whether an individual or organisation, ultimately benefiting from the donation.

**Who is the Beneficiary? \***

Applicant  
 Third Party

## Applicant payment details - electronic payment

**Name of Bank**

Account Name

BSB Number      Account Number

Must be a valid Australian bank account format.

If your Bank Account name exceeds 40 characters, in addition, please enter full details in reference details box below

## Confirmation of banking details

**Please upload a copy of Applicant's Bank deposit slip or header of Bank statement  
showing applicant name and bank account details \***

Attach a file:

## Payment to Third Party

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### Please attach Third Party invoice/quotation

Attach a file:

### Payee Address

Address

  

Payment to Third Party - payment by electronic transfer

### Name of Bank

### Bank Account

Account Name

BSB Number

Account Number

 

Must be a valid Australian bank account format.

Confirmation of banking details

### Please upload a copy of Third Party Bank deposit slip or header of Bank statement showing Third Party name and bank account details

Attach a file:

## Privacy Collection Statement

Your privacy is respected by Stan Perron Charitable Foundation. The personal information you provide on this form will be used to assess your eligibility. If you do not provide the requested information, we may be unable to confirm your eligibility.

Submission of this application to Stan Perron Charitable Foundation does not expressly mean or imply that Stan Perron Charitable Foundation has accepted your application. Stan Perron Charitable Foundation is under no obligation, legal or otherwise to process your application to a successful conclusion. Each application will be determined on its merits, and with Stan Perron Charitable Foundation funding guidelines. Stan Perron Charitable Foundation is not liable for any loss or damage whatsoever upon your application being declined.

For further information regarding the Stan Perron Charitable Foundation Privacy Policy please refer to the Stan Perron Charitable Foundation website.



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