**GWEN & EDNA JONES FOUNDATION**

**Application for Assistance**

**Applicant Details:**

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| --- | --- |
| Name/Organisation: |  |
| Organisation Address: |  |
| Postal Address: |  |
| Telephone Numbers: |  |
| Email Address: |  |
| Name of Contact: |  |
| Association or Company: |  |
| Date of Establishment: |  |

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| --- | --- | --- |
| Is your body incorporated: | YES | NO |
| Constitution or incorporation documents attached: | YES | NO |

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| List of current committee/directors:  (attach separate sheet if more space required) |
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| List personnel involved in project, qualifications, and experiences: |
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**Application for Assistance**

**Project Details:**

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| --- | --- |
| Project/Proposal Title: |  |
| Commencement Date: |  |
| Completion Date: |  |

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| Briefly Describe the Project: |
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| What do you want to achieve with this grant? |
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| What will be the impact of this project? |
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| If applicable, how will the project be reported and to whom? |
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| If a continuing project, what will be the future source of funding? |
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**Finance Information:**

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| --- | --- |
| **TOTAL PROJECT COST** | **$** |

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| **Budget:**  **Summary of expenses of total project**  **This should include the following** |
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| * Salaries, wages, or fees and to whom payable: |
| * Promotional costs: |
| * Insurance: |
| * Government charges: |
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| --- | --- |
| **Amount your organisation is contributing to project** | **$** |

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| **Sources of finances:**  Itemised list of confirmed funds for the project –   * Include the organisation and the amount granted: * Include amounts from your organisation: * Include Local, State & Federal Government Support: |
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| **Itemised list of other organisations that you have applied to for funding & amounts:** |
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| --- | --- |
| **AMOUNT REQUESTED:** | **$** |

**Information Sought:**

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| --- | --- | --- |
| **List Attachments:** |  |  |
| * Annual Report (previous two years) | YES | NO |
| * Financial Accounts | YES | NO |
| * Copy of Tax Exemption Status Certificate | YES | NO |
| * Incorporation Certificate | YES | NO |
|  |  |  |

|  |  |
| --- | --- |
| **Signed by Applicant:** |  |
| **Full Name:** |  |
| **Position Held:** |  |
| **Dated:** |  |

Send completed application to:

By post: Hand delivered

Mr J.F. Hunt Mr J.F. Hunt

Gwen & Edna Jones Foundation Gwen & Edna Jones Foundation

C/- McLaren Hunt Financial Group C/- McLaren Hunt Financial Group

PO Box 677 199 Koroit Street

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