

STEPPING STONES GRANT APPLICATION FORM

Application Date

Name of Organisation:

Name of contact person for this application:

Position held:

Daytime telephone number:

Mobile number:

Email address:

Postal address of Organisation/group:

Is your Organisation registered for GST?

Yes
No

Is your Organisation a Tax Concession Charity?

Yes
No

Does your organisation have Deductible Gift Recipient endorsement?

Yes
No

If yes, please provide a copy of your ATO endorsement.

Project Title:

Grant amount requested:
(From \$100 to \$2,000)

Start date of project:

Completion date of project:

**Select the category which
best describes your project:**

- ☐ Cultural ☐ Economic ☐ Education ☐ Environmental
☐ Health ☐ Social ☐ Other

**Preference area
being addressed:**
(More than one can
be selected)

- ☐ Addressing social disadvantage
☐ Promoting inclusion and increasing involvement in community
☐ Embracing community diversity
☐ Ensuring all children start school ready to learn
☐ Improving literacy and numeracy
☐ Increasing student wellbeing
☐ Improving student knowledge of careers and career pathways
☐ Building student aspiration

In which geographic area in or around Benalla is this project to run? (Name the district or area e.g. Devenish, East Benalla or Benalla District) Approximate size of this district or area.

What does your Organisation do? (Please provide a brief overview. E.g. your purpose, major programs, number of members, number of staff and/or volunteers) **RESPONSE TO BE LIMITED TO 100 WORDS.**

What would you like the grant for? (Please describe the project in general, the need it aims to meet and who will benefit) **RESPONSE TO BE LIMITED TO 100 WORDS.**

List other people or organisations who will be involved in this project:

How much will it cost? (Please provide a project budget. If you require more space, please attach a page) Please attach copies of quotes if relevant.

Is it part of a bigger project?

☐

Yes

☐

No

**Does this amount cover
the full project costs?**

☐

Yes

☐

No

If no, please list other sources of funding:

How will the project benefit our community?

How will you measure your success? (E.g. Feedback forms, surveys, data change etc.)

In signing this application, the below terms are agreed to: -

I/we acknowledge and understand that all applications become the property of Tomorrow Today. I/we agree that Tomorrow Today may provide this application to other potential funding sources. I/we agree to inform Tomorrow Today if the group or organisation has a significant change to its financial situation. I/we agree for Tomorrow Today to publish the results of grants funded.

I/we agree, if successful, to return a completed grant acquittal form with photos within twelve months of receipt of funds.

I/we agree, if successful, to acknowledge the support of Tomorrow Today in any published or display material related to the Project. A digital copy of the Foundation's logo is available from admin@tomorrowtoday.com.au

Bank account details

Provide bank details below. If your application is successful, funds will be transferred by EFT into the nominated bank account.

Bank Name:

Account Name: (of bank account)

BSB: (Must be 6 digits)

Account Number:

Signed:

Name/Title:

Applications can be submitted by email, post or in person. Email address will count as signature for applications sent electronically.

Tomorrow Today
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