

THE PIERCE ARMSTRONG FOUNDATION

Your Organisation – Address, Contact Details and Financial Matters

1	Name of Organisation as per DGR & TCC endorsements (if different from above) Web site address (if applicable)	
2	Street Address	P/C
3	Postal Address (if different from above)	P/C
4	Contact Person	Mr/Ms/Mrs/Dr/Prof/Sr/Fth Position/Title Telephone (office) Mobile (if appropriate) Email (for acknowledgement & subsequent notification)
5	ABN / ACN of Organisation	
6	DGR/TCC Endorsement (please provide a copy with your Application)	(month/year)
7	Date of latest audited Financial Statements (Annual Report) (please provide a copy with your Application)	(month/year)
8	Total of last year's revenue/income	\$

9	Percentage of total revenue received from Government sources (Local, State and Federal)	%
10	Total forecasted budgeted expenditure current Financial Year (Total budgeted cost of all your Organisation's planned programs this year)	\$
11	Your Organisation's background & purpose (50 words)	
12	Summarise the major programs your Organisation has undertaken within the last 12 months (30 words)	
13	Briefly describe two of the most significant accomplishments your Organisation has achieved for the benefit of the population or community you serve and the month and year they were achieved (30 words)	
14	Project/Program Title	

15	Total Budget (expenditure) for this Project/Program	\$
16	Amount requested from The Pierce Armstrong Foundation (excluding GST)	\$
17	Other Funding Sources List the names of trusts, foundations, corporations, and other funding sources, including Government from which you are seeking funding from for this project; include the amount sought from each and when an outcome is expected (if insufficient space please attach a separate sheet)	
18	Timetable for Project/Program Implementation	Commencement Date month/year Estimated Completion Date month/year
19	Indicate under which of our program areas we should group your Project/Program Tick <u>ONE</u> area only	Disabilities (including Special Schools) Medical, Hospitals & Medical Services Community Development & Support Aged & Infirm Care Youth Children & Family Services Emergency Relief Animal Care
20	Description of the Project/Program for which the grant is sought (maximum of 100 words - minimum font 10 pt)	

