



Application Form

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| Project name | |
| Total grant amount requested, including any GST | |
| Which trust objectives are met by this project? (please tick) | |
| The provision of nursing, medical or allied health services | |
| Personal and community support services | |
| Technical and/or environmental aids | |
| Respite, recreational and rehabilitation services | |
| Community based activities | |
| Education, teaching and/or research | |
| Will other organisations be contributing to, or sponsoring the project? If so, please name the organisation/s below. | |
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| Key contact details | |
| Organisation | |
| Project Manager name | |
| Project Manager position | |
| Email | |
| Phone | |
| Address | |
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| Proposal Abstract | |
| Please provide an overview of the proposed project including full details of the total grant requested (exclusive of GST) <i>continues on next page.</i> | |
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Application Form

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| Legal name of entity/person administering the project | |
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| Is the administrator of the project registered for GST? | |
| Does the administrator of the project have an ABN? | |
| If you answered, 'yes' please provide your ABN | |
| Project Scope | |
| Please provide a brief summary of your project abstract. | |
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| Client Demographic Group | |
| Who would benefit, and what type of disability do they have? | |
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| General Benefits | |
| How will the project benefit people living with disability generally? | |
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| Trust Objectives | |
| How does the project meet the Trust Objectives? | |
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Application Form

Personal Authority

How does the project allow people to have more personal authority in their lives?

Social Inclusion

How does the project increase the active participation of people in the life of the wider community?

Capacity Building

How does the project build capacity for the individual, family, and/or the wider community in support of personal authority and social inclusion?

Involvement of People Living with Disability

How will the project include people living with disability and families in the development and governance of the project?

Project Methodology

Please provide details on how you will approach the project and its key stages.

Application Form

Indicative Timelines

What are the timelines for major project components?

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Indicative Budget and Cash Flow

What resources will be required for the project, e.g. staffing, equipment, IT, infrastructure?
(Costs are GST exclusive)

| Item | \$ Cost |
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| Total | \$ |



Application Form

Project Cost/Benefit Analysis

How much will it cost and how many people will benefit from it?

Proposed Funding Acquittal Processes

How will you account for the funding you receive?

Involvement of Other Entities

Will other entities be approached to fund this project? If yes, are there any current outcomes?

Any Other Information?

Please list any other information you believe to be relevant to your application.

Julia Farr MS McLeod Benevolent Fund

Project Evaluation Summary



Julia Farr
MS McLeod
Benevolent Fund

What are the measurable benefits of the project, as they impact on the lives of people living with disability?

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How will each benefit be measured?

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What is the measurements schedule (timeframe and frequency?)

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What resources (people and materials) will be involved in taking the measures and reporting on them

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Julia Farr MS McLeod Benevolent Fund Statement of Organisational Capacity



Julia Farr
MS McLeod
Benevolent Fund

Please demonstrate your organisation's capacity to undertake this project work by providing the following information as attachments to this document:

- Certificate of Incorporation
- Summary of the organisation's work—past and present
- Strategic Plan
- Most recent annual report
- Most recent full year financials
- Summary of insurances in place to support the proposed work
- Referees—people who can offer written support for your application.

Application should be addressed to:

Grant Applications
Julia Farr MS McLeod Benevolent Fund
PO Box 701
Unley Business Centre SA 5061

For any queries about this application form please call Katie Bonner on (08) 8373 8333 or email katieb@purpleorange.org.au.