Form Preview

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	ПU	II L J		ity
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ABN status Entity type

DGR Endorsed ATO Charity Type

ACNC Registration

Goods & Services Tax (GST)

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Before completing this Exp	ression of Interest	t please review	<b>CAGES Found</b>	dation funding
principles and criteria.				

Is your organisation a charity with DGR1 status? * ○ Yes ○ No  Is your activity focussed on Aboriginal and Torres Strait Islander children in the first five years of their life? * ○ Yes ○ No  Although your activities may take a family or whole of community approach the ultimate beneficiary must be Aboriginal and Torres Strait Islander children aged 0-5.  Is your organisation Aboriginal Community Controlled? * ○ Yes ○ No  Aboriginal inspired organisation with majority Aboriginal board and demonstrated high levels of Aboriginal employment, participation and leadership.  Contact information  * indicates a required field  Organisaton name * Organisation Name  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	principles and effectu.
first five years of their life? *  O Yes  No  Although your activities may take a family or whole of community approach the ultimate beneficiary must be Aboriginal and Torres Strait Islander children aged 0-5.  Is your organisation Aboriginal Community Controlled? *  O Yes  No  Aboriginal inspired organisation with majority Aboriginal board and demonstrated high levels of Aboriginal employment, participation and leadership.  Contact information  * indicates a required field  Organisaton name *  Organisation Name  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	
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check that you have entered the ABN correctly.  Information from the Australian Business Register	ABN *
•	· · · · · · · · · · · · · · · · · · ·
ABN	-
Entity name	

**More information** 

# CAGES Foundation Community Grants Form Preview

Tax Concessions
Main business location
Must be an ABN.
Street Address * Address
Suburb State Postcode
Must be an Australian post code.
Postal Address Address
Suburb State Postcode
Suburb State Postcode
Must be an Australian post code.
Website
Must be a URL.
Head of Organisation
Head of Org * Title First Name Last Name
Hand of Over Booking *
Head of Org Position *
Head of Org Primary Phone Number *
Must be an Australian phone number.
Head of Org Primary Email *
Must be an email address.
Head of Org Mobile Phone Number *
Must be an Australian phone number

Form Preview

applicable.

Is the he	ead of your orga	nisation the primary contact for this EOI?
If not, you	will be asked to com	mplete details for a primary contact
Primary	/ Contact	
<b>Applican</b> Title	<b>t Contact</b> First Name	Last Name
Applican	t Contact Position	on
Applican	t Contact Prima	ry Phone Number
Must be an	n Australian phone n	number.
Applican	t Contact Prima	ry Email
Must be ar	n email address.	
Applican	t Contact Mobile	e Phone Number
Must be an	n Australian phone n	number.
Organi	sation	
	s a required field	
Organisa	ation Objective *	k
Word cou Must be no	<b>nt:</b> o more than 100 wor	rds.
What are	e the opportunit	ties/issues your organisation is addressing? *
	more than 250 wor	rds. or geographic focus of who and where your organisations works if

Form Preview

How does your organisation address these opportunities/issues? *
Word count: Must be no more than 250 words. Include programs, services and advocacy.
Activity Details
* indicates a required field
What do you require funding for? *
Must be no more than 15 words. Activities may include organisational strategies, capacity building, programs or resources
Brief description *
Word count: Must be no more than 200 words. Provide a short description of what you plan to do.
What are the expected outcomes of this activity?
Describe three to five things you want this activity to achieve in terms of benefits for the participants and/or others
Budget Information
Budget
Expenditure \$
\$   \$
\$
\$   \$
▶

Must be a dollar amount.

Form Preview

Budget Total	S			
Total Expendit	ure Amount			
\$ This number/amou	int is calculated			
Tills Hulliber/allioc	int is calculated.			
_	sted from CAC	GES Foundation		
\$ Must be a dollar ar	mount.			
Please note reques	sts for up to \$50,	000 are accepted in	our community grants i	round
	your most rec	ent financial stat	ement	
Attach a file:				
How did you he	ear about CAC	SES Foundation		
Have you recei	ived philanthr	opic funding pre	viously?	
			plication process:	- ) ( ) ( ) ( )
<ul><li>Very easy</li></ul>	<ul><li>Easy</li></ul>	<ul><li>Neither</li></ul>	<ul> <li>Difficult</li> </ul>	<ul> <li>Very difficult</li> </ul>

#### **Review and Submit**

### **Privacy Notice**

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in CAGES Foundation's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles CAGES Foundation's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

Form Preview

process.	
Would you like to provide any additional information?	
Word count:	
Must be no more than 200 words.	
Please provide us with any improvements and/or additions t process/form that you think we need to consider:	o the application
No more than 100 words.	

We would value any feedback you may have regarding our online grants application