CAGES Foundation Community Grants

Form Preview

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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 Expr	ession of Interest	please review C	CAGES Foundation	n 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.
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ABN	-
Entity name	

More information

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

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Head of Org Mobile Phone Number *
Must be an Australian phone number.
Is the head of your organisation the primary contact for this EOI?
If not, you will be asked to complete details for a primary contact
Primary Contact
Applicant Contact Title First Name Last Name
Applicant Contact Position
Applicant Contact Primary Phone Number
Must be an Australian phone number.
Applicant Contact Primary Email
Must be an email address.
Applicant Contact Mobile Phone Number
Must be an Australian phone number.
Organisation
* indicates a required field
Organisation Objective *
Word count: Must be no more than 100 words.
What are the opportunities/issues your organisation is addressing? *

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Word count: Must be no more than 250 words. Include specific demographic or geographic focus of who and where your organisations works if applicable.
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 \$

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		\$		
		\$		
		\$		
		Mus	t be a dollar amount.	
Budget Tota	als			
Total Expendi	ture Amount			
\$				
This number/amo	ount is calculated	l.		
_	ested from CA	GES Foundation		
\$				
Must be a dollar a		0 000 are accepted in	our community grants i	round
riease note requi	ests for up to \$50	o,000 are accepted in	our community grants i	ound
Please attach	vour most re	cent financial stat	tement	
Attach a file:	,			
How did you h	near about CA	GES Foundation		
Have you rece	eived philanth	ropic funding pre	viously?	
Please indicat	te how you for	und the online ap	plication process:	
Very easy	○ Easy	○ Neither	○ Difficult	 Very difficult

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.

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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.

We would value any feedback you may have regarding our online grants application 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 to the application process/form that you think we need to consider:
No more than 100 words.