

ABORIGINAL BENEFITS FOUNDATION GRANT APPLICATION FORM

Aboriginal Benefits Foundation Ltd (ACN 110 243 466) as Trustee for

Aboriginal Benefits Foundation Trust (ABN 37 153 926 921)

PART A – APPLICANT AND SUMMARY

1. Applicant Contact Details	Contact Name:
	Position:
	Phone Number:
	Fax Number:
	Email:
2. Does your organisation have Deductible Gift Recipient Status*	Yes/No: <i>(please note, only organisations with DGR status may receive grant money from the ABF – documentation proving DGR status is required)</i>
3. Administering Organisation Details:	Name:
	Entity Number (e.g. ACN):
	Name of Office Holders/Manager:
	Address:
	Website (if any):
4. Project Details: (see also Part B of this Form)	Title:
	Scheduled Date of Commencement:
	Scheduled Date of Completion:
	Project Goals/Objectives (1 sentence):
	Brief Description (1 paragraph):
5. Project Budget: (see also Part C of this Form)	Total Budget:
	Amount Requested from ABF:
	Date Funds Would Be Required:

* For further information regarding Deductible Gift Recipient Status, click [here](#)

For further information regarding the ABF visit:
www.aboriginal.org.au

Send completed and signed forms to:
aboriginal@portfolioguardian.com.au
or to
Aboriginal Benefits Foundation Trust
GPO Box 2507
Adelaide SA 5001

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PART B – PROJECT DETAILS

<p>1. Does your project fall within the scope of grants awarded by the ABF? (please consider the 'Grants page of our website for further details at www.aboriginal.org.au)</p>	<p>Yes/No</p> <p><i>(please note, only projects that fall within the current scope of the ABF's grant application guidelines will be considered for grants)</i></p>
<p>2. Detailed Description of Project: (if you wish, please feel free to attach a full project outline and/or detailed plan)</p>	
<p>3. Benefits of Project to Aboriginal People</p>	
<p>4. Are there any other activities which will coincide with the Project? (if so, please describe)</p>	
<p>5. Supporting Material: (please list any supporting material attached to this application – e.g. letters of support, referees, previous projects)</p>	

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PART C – PROJECT BUDGET

1. Total Budget:	
2. Amount Requested from ABF:	
3. Date Funds Would Be Required:	
4. Detailed Budget – Including All Projected Income, Costs and Expenditure (if you wish, please feel free to attach a full budget outline) <i>(please include any GST component of expenses, if applicable)</i>	
5. Other Supporters, Funding and Grants: (please list all other organisations/people from whom you have requested funding and the success or status of such requests – and the amounts you have applied for or received)	

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PART D – EVALUATION

Acknowledgement of ABF

Where reasonably practicable, grant recipients are required to acknowledge the Aboriginal Benefits Foundation (ABF) on all material published in relation to the project for which the ABF has provided funds (Project).

ABF's Use of Project Material

The ABF may wish to provide information to the public about the projects supported by the ABF. For that purpose, the ABF has the right to publish information, images of art works or progress photographs produced in the course of the Project.

Evaluation Report

The ABF requires that the Administering Organisation set out in the relevant Grant Application Form provides to the ABF an evaluation report (including financial statements) no more than two months after completion of the Project.

Return of Money

Should the Project not proceed, the Administering Organisation must refund all grant moneys to the ABF no later than two weeks after the scheduled completion date of the Project or two weeks after cancellation of the Project (whichever is sooner), unless otherwise agreed by the ABF. Extensions will only be granted in extenuating circumstances.

Agree to Conditions

On behalf of the Administering Organisation, I agree to the conditions above and to provide the Aboriginal Benefits Foundation with all relevant information requested by the ABF in relation to the Administering Organisation and the Project.

.....
Name and Signature of
Authorised Representative
of the Administering Organisation

.....
Name and Signature of Witness

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