City of Logan Charitable Trust Grant Application Form

The City of Logan Charitable Trust Limited ATF the City of Logan Charitable Trust (Trust) is collecting personal information from you, including your name, email address, and contact number for the purposes of the City of Logan Charitable Trust receiving and assessing compliant grant applications. Your information will be provided directly to the City of Logan Charitable Trust who will manage it in accordance with the *Information Privacy Act* 2009 (Qld) and the Trust's Privacy Policy. Your information will not be given to any other person or agency unless you have given us permission or we are required or authorised by law. For more information, visit https://cityoflogancharitabletrust.org.au

| Name of Organisation: (Required) |
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| ABN: (Required) |
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| Street Address: (Required) |
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| Postal Address, if different to street address: |
| |
| Contact Person: (Required) |
| |
| Position: (Required) |
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| Contact Phone Number: (Required) |
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| Total amount requested (GST Exclusive): (Required) |
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Details

| Please provide a breakdown of the costs involved in the funding being requested (GST Exclusive): (Required) |
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| Responsible Officer (eg. President / Chairperson of the Organisation): (Required) |
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| Position of Responsible Officer: (Required) |
| Places provide details about what your organization does (may 200 words); (Paguired) |
| Please provide details about what your organisation does (max 200 words): (Required) |
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Eligibility

| The following criteria must be met to ensure an organisation is eligible to apply for this grant with copies of supporting documents attached as required: |
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| Deductible gift recipient status – Type 1 |
| The organisation intends to use the grant for the purposes set out in their deductible gift recipient status and in accordance with their constitution |
| The organisation is established and operated with Australia |
| The organisation is located in or delivers services within the City of Logan |
| The organisation must provide proof that the grant provided by the Trust will be used to benefit the community residing within the City of Logan |
| Please refer to the link for the City of Logan Charitable Trust Grant Funding Guidelines |
| Has your organisation received funding from the City of Logan Charitable Trust in the past 2 years?: (Required) |
| If yes, has the funding been acquitted with documentary evidence provided to the City of Logan Charitable Trust: (Required) |
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| Has your organisation received funding from the Queensland Government in the past 2 years? If yes, when and for what purpose?: (Required) |
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| duration): (| clude project start date an | inity need / problem you will be addressing under dend date (Note: Projects must not exceed 12 m | r this nonths |
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| | | n and how it will work. Please include the amoun wn of costs exclusive of GST: (Required) | t |
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| Required) | , gotalio on nov | v you will me | asure the impa | act and succe | ess of the pro | ect: |
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| Signature of Responsible Person (Required) | |
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| Date (Required) | |

City of Logan Charitable Trust ABN 74 753 782 923

https://cityoflogancharitabletrust.org.au/

Email to: enquiries@cityoflogancharitabletrust.org.au

Link to: City of Logan Charitable Trust Grant Funding Guidelines - see FAQ section on website

