**SCHOOLS COMMUNITY IMPROVEMENT GRANTS**

 **APPLICATION FORM**

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| **SCHOOL DETAILS** |
| **SCHOOL NAME:** |
| **AUSTRALIAN BUSINESS NUMBER (ABN):** |
| **POSTAL ADDRESS:****SUBURB/TOWN: STATE: POSTCODE:** |
| **WEB ADDRESS:** |
| **SCHOOL PRINCIPAL NAME:** |
| **CONTACT FOR APPLICATION****NAME:****TITLE:****TELEPHONE:****EMAIL:** |

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| **PROJECT DETAILS** |
| **PROJECT DESCRIPTION (Concise as possible):** |
| **PROJECT PURPOSE** |
| **Explain the project purpose.****Explain how the project will be implemented, including the number of students involved.****Do you plan to partner with other community groups (other than your school community) in the implementation or delivery of this project? If so, please detail who they are and their role?** |
| **OUTCOMES / RESULTS:****Outline the expected community benefit, including those mostly impacted:****Detail how you will measure community benefit?** |

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| **PROJECT BUDGET** |

Outline your project budget including details of other funding. The budget must balance (total income = total expenditure).

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| **INCOME** |
| **Grant Application Amount***\* This is the amount you are seeking from the Foundation – up to $5,000.* | **$** |
| **Additional Project Income** *(not including the grant application amount requested above):** **Co-Contribution** *(the amount the school will contribute)*
* **Sponsorship**
* **Donations**
* **Other Income**
 | **$****$****$****$** |
| **TOTAL PROJECT INCOME** | **$** |
| **EXPENDITURE** |
| * **Equipment**
* **Administration**
* **Resources**
* **Other (Detail: )**
* **Other (Detail: )**
* **Other (Detail: )**
 | **$****$****$****$****$****$** |
| **TOTAL EXPENDITURE** | **$** |

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| **Please provide any additional information that may assist in assessing this application.**  |

**SIGNED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE** \_\_\_\_\_\_\_\_\_\_

**Enquiries regarding this application should be directed to:**

**(Foundation Secretary)**

**03 5337 7126 or foundation@ballarat.catholic.org.au**

**Please email your completed application to:**

**foundation@ballarat.catholic.org.au**

**Appendix A**

**Assessment consideration**

Please consider the following points prior to submitting this application.

1. *Grant Amounts* – Each grant application can be up to $5,000 per school. Schools with multiple campuses will be treated as one (1) school.
2. *Government Funding* – The Foundation will not preference grant applications to support programs that are already wholly/partially government funded or have been government funded previously.
3. *Mission* – The Foundation will prioritise applications that align with its mission, critically to provide relief, support, and comfort of those suffering from disadvantage within the Diocese of Ballarat.
4. *Applications* – Foundation applications will be assessed by the Foundation board at the November meeting.

**Regrettably, not all applications received will be successful. Please note also that the decision of the Foundation Board is final and not subject to any appeal process.**

**RELEVANT DATES**

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| **Final date for lodgement of applications** | **Notification to successful applicants** | **Payment of Funding to Successful applicants** |
| 10th November 2025 | No later than 12th December 2025 | February 2026 |