

ASPIRE FOUNDATION

Funding Application Form

Version 2
3 September 2021

INSTRUCTIONS

Information is required for each section of this application. For those sections that do not apply, simply add NA.

Do not delete any information from this template.

If you wish to provide information that is additional to that requested in this Application Form, attach it to your application as a separate document.

Where indicated, responses should be provided in point form.

For questions regarding the application form please contact:

Paul Sunderland +61 3 9820 1300

Submit your application form to:

psunderland@aspirelr.com.au

1. Organisation Information

Please provide the following information about your organisation.

Organisation Name		
Trading Name (if applicable)		
Contact Person		
Position Held		
Address		
Telephone		
Email		
Website		
ABN		
Is your organisation listed as approved for tax-deductible donations under Section 78(4) of the Income Tax Act?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Charitable Status Number
Principal Activities		
Staffing Numbers	Ongoing:	Contractors/freelancers:

2. Proposed Project

Please provide the following information about the proposed project. Full details should be provided in **Attachment 1**.

Project Title			
Project Type	<input type="checkbox"/> New program	<input type="checkbox"/> Ongoing program	<input type="checkbox"/> Recurring program
Project Overview (maximum 150 words)			
Project Objectives			
Target Audience (maximum 150 words)			
Location			
Start Date	dd/mm/yyyy	End Date	dd/mm/yyyy
Student Numbers	Minimum:	Maximum:	
Project Partners <i>Give details of other organisations involved in the delivery of the project – what is their role, are they making a financial or in-kind contribution to the project, have you worked with this organisation in the past etc.</i>			
Project Manager Name	Qualification(s)	Experience	
Staff Name(s)	Title	Responsibilities	
Contractor/Freelancer Name(s)	Title	Responsibilities	

3. Outcomes and Evaluation

Summarise the expected results of the program and how these will benefit the participants. **Describe** how the target audience will benefit from participating in the project e.g., will they develop job-ready skills, participate in a VET program and receive credit towards a nationally accredited qualification etc.

Program Benefits to Participants	How Benefits will be Measured

4. Financial Management

Please detail the proposed budget for your program.

Funds requested from the Aspire Foundation

\$

Other sources of funding

Government	Amount (AUD)	Committed	
Local Government	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Government	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Federal Government	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Philanthropic Trusts	Amount (AUD)	Committed	
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sponsorship	Amount (AUD)	Committed	
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other	Amount (AUD)	Committed	
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOTAL	Amount (AUD)
Total Funding	\$

ATTACHMENT 1

Program Delivery

Provide a breakdown of the proposed program. This section is important as it provides Aspire with details of the program upon which we can evaluate how it meets the Aspire's Foundation objectives.

Program Title			
Length of Program <i>(how many weeks the program will run)</i>			
Number of Times the Program will be run			
Maximum number of participants in each program			
Start Date(s)	dd/mm/yyyy	Finish Date(s)	dd/mm/yyyy
Participant Numbers	Minimum:	Maximum:	
Breakdown of the Program <i>Summarise the training/workplace visits/speakers/assessments that will occur during the program. Add more weeks to the table as required</i>			
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			