

Theodore and Isabella Wearne Charitable Trust Inc. Application for Financial Assistance for Organisations

ONLY APPLICATIONS SUBMITTED THROUGH THE WEBSITE APPLICATION FORM WILL BE CONSIDERED. WRITTEN APPLICATIONS THAT ARE COMPLETED AND EMAILED WILL NOT BE CONSIDERED.

Terms of Application (Application)

1) Assessment of Applications

- a. Submission of the Application does not expressly or impliedly mean that The Theodore and Isabella Wearne Charitable Trust Inc. (**The Trust**) has accepted the Application.
- b. The Trust is under no obligation, legal or otherwise to process the Application to a successful conclusion.
- c. Each application will be determined on its merits and in compliance with *The Wearne Trust's Guidelines for Financial Assistance for Organisations*.

2) Liability

- a. The Trust will not be responsible for any direct or indirect loss, injury, claim, liability, or damage related to the use of this site, whether from errors or omissions in the content of this site or any other linked sites, from the site being down or from any other use of the site.
- b. The Trust will not be liable for any direct or indirect loss, injury, claim, liability, or damage, arising out of or related to any products, goods, or services received by the Organisation through a successful Application or any products, goods, or services provided by the Organisation to a third party with funding received from the Trust
- c. The Organisation indemnifies and will keep indemnified and hold harmless the Trust from and against any direct or indirect loss, injury, claim, liability, or damage, arising out of or related to any products, goods, or services provided by the Organisation to a third party with funding received from the Trust.

3) No representations

To the extent permitted by Australian law, The Trust makes no representations or warranties in relation to:

- a. any goods or services ultimately received by the Organisation through the Trust; and
- b. any goods or services ultimately provided by the Organisation to a third party with funding received from the Trust.

[]: By ticking this box I declare that I have read and have authority to agree to *The Wearne Trust's Guidelines for Financial Assistance for Organisations* and I have authority to acknowledge and accept the Terms of Application on behalf of the Organisation.

Privacy Policy

The Wearne Trust respects the privacy of those who apply to the Wearne Trust for assistance. Any personal information collected through this form will be collected, used and held pursuant to the Wearne Trust's Privacy Policy.

1. Organisation Details:

Organisation _____

Organisation ABN _____

Contact Name: _____ Phone Number: _____

Contact email address: _____

Is the Organisation an incorporated body? Yes/No

2. Project/Program Details:

a) Project/program title: _____

b) Short project/program description (max 300 words):

c) Who will be involved with the project/program?

Name	Role/Position Title

d) Start Date: _____

End Date: _____

e) Select the primary focus/objective of your project/program:

Paediatric/Children's Health

Health and Wellbeing of Older West Australians

Education program/initiative

Other: _____

f) What are the planned activities?

Briefly list the specific activities that will take place and when they are expected to take place. Please answer in 200 words or less.

Activity	Timeframe

g) How many people will benefit from this project/program?

h) Select from the list below the geographical reach of your project/program

- Metropolitan
- Regional – South West
- Regional – Great Southern
- Regional – The Goldfields
- Regional – Midwest
- Regional – Pilbara
- Regional – Kimberley
- Across all areas

i) What are the expected outcomes of the project/program?

Describe the desired outcomes you want the project to achieve in terms of benefits for participants and/or others. Please answer in 200 word or less.

j) How will you know if these outcomes have been achieved?

Describe the changes you will see if the desired outcomes of the project are achieved. Please answer in 200 words or less.

k) Describe the likely risks of the project/program

Provide a short description, 200 words or less.

3. Financial Considerations

a) Total grant amount requested from all sources: _____

b) Have you sought Government Assistance: Yes / No

If Yes, please attach correspondence at Step 5

b) Provide details of other sources of funding (financial assistance) to deliver this project/program

Organisation	Contact Name	Contact Phone	Contact Email	Amount (\$)

d) Total grant amount requested from The Wearne Trust: _____

Please attach relevant documentation such as quotes for items to be purchased at Step 5

Please attach most recent Annual Report for your Organisation at Step 5

e) Payment Details of Organisation

Preferred payment method is EFT or BPAY

EFT: Account Name: _____

BSB: _____ Account Number: _____

Reference/Client Number: _____

OR

BPAY Biller Code: _____

BPAY Reference Number: _____

Payment details for the organisation must be included or the application will not be processed.

If supplier requires another payment method, please email the Wearne Trust at info@wearnetrust.org.au to arrange an alternative payment method.

PLEASE NOTE: RECEIPTS MUST BE PROVIDED TO THE WEARNE TRUST WITHIN 30 DAYS OF THE DATE OF PAYMENT. FAILURE TO DO SO MAY RESULT IN FUTURE APPLICATIONS NOT BEING CONSIDERED.

4. Organisation History

a) Have you previously received funding from The Wearne Trust? Yes / No

b) If Yes, what was the total amount received? _____

What was the name of the project(s)? _____

Previous date(s) of funding received: _____

5. Please scan and upload the following documents (as relevant to this application):

If documents are not uploaded your application will not be considered

Quotes, if applicable. For each item requested two (2) quotes per item are required and should be for items of similar description. The quotes must be less than three (3) months old and include freight and installation charges, if applicable. Mitigating circumstances which prevent this may be considered by The Trust. Please note all donations paid will be nett GST unless otherwise notified with reason for including the GST in the donation.

Current financial information about the organisation. Attach most recent annual report for the organisation

Government or private assistance documentation - evidence of other sources of funding sought both private and Government

Any other relevant information such as correspondence from other charities, government departments.

[]: By ticking this box I declare that I have authority to consent to the Trust collecting the information provided in this Application on behalf of the Organisation.

Date: _____ (web submission to be date/time stamped, or other record of date/time submitted).

