A0034308A

ABN 20 185 204 520

Bencourt Care Inc invites applications for the following grant rounds.

**2017 - Grant Rounds**

|  |  |
| --- | --- |
| **Round** | **Applications to be submitted by:** |
| 1 | Monday, 20 March 2017 |
| 2 | Monday, 24 April 2017 |
| 3 | Monday, 7 August 2017 |
| 4 | Monday, 23 October 2017 |

Applicants will be contacted regarding the outcome of their application following review by the Bencourt Care Inc Committee.

**Applications to be submitted to:**

Jackie Mullan

Bencourt Care Manager

PO Box 2

BENDIGO VIC 3552

E: [manager@bendigoanglican.org.au](mailto:manager@bendigoanglican.org.au)

**For application forms/further information please contact:**

Registry Bencourt Care Manager

P: (03) 5443 4711 P: (03) 5443 4711

E: [reception@bendigoanglican.org.au](mailto:reception@bendigoanglican.org.au) E: manager@bendigoanglican.org.au

**STATEMENT OF PURPOSES**

***\*To be eligible at least one part of the Statement of Purposes below must be met***

The purposes of the Association and its Council and Committee are to contribute to the Mission of the Anglican Church, in particular within the Anglican Diocese of Bendigo, by providing in accordance with Christian values for the relief of need, suffering, sickness, helplessness or poverty of people in the community including, but not limited to:

1. identifying and developing a range of community care services in an efficient and effective manner to meet identified needs:
2. managing care services in locations of identified need;
3. seeking out and serving children, young people and adults who are financially, emotionally or socially disadvantaged or marginalised;
4. undertaking, carrying on or carrying out any other charitable work or charitable purpose; and
5. as an incidental activity, participating at a national state and local level in issues of social justice associated with the provision of care services.

|  |  |
| --- | --- |
| **Applicant applying for funds** | |
| **Name of organisation, group, club, applicant** |  |
| **ABN/INC No** |  |
| **Contact Name** |  |
| **Position** |  |
| **Postal Address** |  |
|  |
| **Email** |  |
| **Telephone** |  |

|  |  |
| --- | --- |
| **Project – Please list in no more than 100 words the project or activities proposed, please note projects/activities must comply with the Statement of Purposes** | |
| **Project name** |  |
|  | |

|  |  |  |
| --- | --- | --- |
| **Statement of Purposes met** – **Please indicate which part of the statement of purposes your project/activity meets and explain how it complies** | | |
| **a** |  | |
| **b** |  | |
| **c** |  | |
| **d** |  | |
| **e** |  | |
| **Funds Required** | | |
| **Total funds applied for** | | **$** |

|  |  |
| --- | --- |
| **Budget** | |
| **Amount** | **Purpose** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other support** – Are there other sources of support/funds/resources for this project? | | | |
| **Support/Funds/Resources** | | **Source & Purpose** | |
|  | |  | |
| **Approval of application (This application must be signed by an appropriate authorised person)** | | |
| **Name** |  | |
| **Position** |  | |
| **Organisation** |  | |
| I confirm that if this application is successful, I will be responsible for the acquittal of funds granted.  **Signature Date** | | |