Stan Perron Charitable Foundation - 2027 Community Grant Round No.1

* indicates a required field

In submitting this application, I/we understand that the Directors of the Foundation will assess this application against the Funding Guidelines. *
○ YES ○ NO

In support of this application, I/we submit that the application meets the following Funding Guidelines (provide a yes response where applicable).

If you are unsure in answering 'yes' to any of the questions, please provide further information below.

The application is for a cause within Western Australia
○ YES

The application concerns the health and wellbeing of young people aged 0 to 25
○ YES

The application looks to solve the cause of a problem rather that treating the symptoms
○ YES

The application is for a cultural or arts program and/or organisation
○ YES

The application supports the promotion of business ethics through education
○ YES

The application is for funding that will encourage engagement in community service
○ YES

Other sources of funding have been applied for in order to undertake the application project
○ YES

The funding applied for is the ‘cornerstone’ funding for this project
○ YES

If you did not answer 'yes' to any of the above questions, please provide further details in support of your application here

Applicant History

* indicates a required field

Have you previously received funding from the Stan Perron Charitable Foundation? *
- ○ Yes
- ○ No

Previous Funding Support

What was the total amount funded? *

$

Must be a dollar amount.

What was the name of the project? *

Date of funding *

Must be a date.

Have you provided acquittal form or impact report for this previously funded application? *
- ☐ Yes
- ☐ No

If you have not provided acquittal form or impact report please attach here
Attach a file:

Application will not be assessed until this update has been received

As you have not received previous funding, please provide any historical information to assist with the assessing of your application

(e.g. how long has this project been underway, previous sources of funding, what has lead to you making this application? *

Please attach any historical information to assist with the assessing of your application. Collaborative funding is recommended for new applicants

Attach a file:

Applicant Details

* indicates a required field

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Primary Website Address

Must be a URL.

Applicant Primary Address
Address

Applicant Postal Address
Address

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Upload Applicant's Logo
Attach a file:

If your application is successful we may wish to display your logo on our website

I hereby consent to Stan Perron Charitable Foundation using our Logo for inclusion on their website

○ Yes ○ No

Applicant Organisation ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Name(s) of Patron

(Not necessarily a financial sponsor or benefactor)

Application Contact *

Title First Name Last Name

Position within organisation *

Phone Number

Must be an Australian phone number.
Please include Area Code.

Email Address

Must be an email address.

Project / Program Details

* indicates a required field

Reason for Application

Only complete the sections that are relevant to your application. If not applicable, please answer "Not Applicable". Please attach any relevant or supporting documentation using the *Supporting Documentation* upload button at the bottom of this section.

Project / Program Title *

Short Project / Program Description *

Provide a short description (200 words recommended) of your project - what are you out to do?

Who will be involved with the Project/Program?

Name any other organisations/individuals

Key Exclusions:

The Foundation will generally NOT fund organisations related to religious belief, ethnic or political activity nor programs or activities that are clearly a core responsibility of Government.

Foundation Guide *

Please select (one) primary area of focus for requested funding

What are the primary areas of focus for this project/program? *

No more than 5 choices may be selected.
You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

What are the planned activities? *

Briefly list the specific activities that will take place and when they are expected to take place (200 words recommended)

Who are the primary beneficiaries of this project/program? *

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project/program

Select from the list below to indicate the geographic reach of your project/ program: *

○ Metropolitan ○ Peel ○ South West ○ Great Southern ○ Wheatbelt ○ Mid West ○ Goldfields ○ Gascoyne ○ Pilbara ○ Kimberley ○ Across all areas

Enter project location address *

Address

Postcode is required. Country must be Australia

What are the expected outcomes of the project? *

Describe outcomes you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

How will you know if these outcomes have been achieved? *

Describe any changes you will see if the expected outcomes of the project occur (200 words recommended)

How will project/program outcomes be sustained beyond the life of the project/ program? *

Describe how the project/program will be funded and/or continued *

Describe likely project/program risks *

Provide a short description (up to 200 words)

Letters of Support and/or Endorsement of your application are required from:

- ○ Stakeholder
- ○ Partner
- ○ Community Agencies
- ○ Treating Clinicians
- ○ Other

*
Attach a file:

Letter(s) of Support required for application assessment

Financial Considerations

Total funding requested from ALL sources including this application to the Stan Perron Charitable Foundation *

$

Must be a dollar amount.

Have you sought other financial assistance to deliver this Project/Program? *

- ○ Yes
- ○ No

If you answer yes, please attach correspondence

Provide details of other sources of funding to deliver this project/program?

Please provide contact name and details of each party

Supporting Documents
Attach a file:

Budget

Please attach a budget or forecast that details the funding and expenditure related to this application and/or project. The budget or forecast should include the sources of funding (including the amount of this application) and where those funds are expected to be used. This will aid in the Foundation's assessment of your application.

Upload Budget *
Attach a file:

Total request for funding ONLY from the Stan Perron Charitable Foundation (this amount is to show the total for any multi-year funding request) *

$

Must be a dollar amount.
What is the total financial support you are requesting in this application?

Is your Grant Amount expected to be paid over multiple years? *
- ○ Yes
- ○ No

Number of Years

○ 2 Years ○ 3 Years ○ 4 Years ○ 5 Years ○ Greater than 5 Years ○

Key amount requested - per year (as requested in budget):

Amount requested in Year 1

Must be a dollar amount

Amount requested in Year 2

Must be a dollar amount.

Amount requested in Year 3

Must be a dollar amount

Amount requested in Year 4

Must be a dollar amount

Amount requested in Year 5

Must be a dollar amount

Amount requested Year 6

Must be a dollar amount.

Amount requested Year 7

Must be a dollar amount.

Amount requested Year 8

Must be a dollar amount.

Amount requested Year 9

Must be a dollar amount.

Amount requested Year 10

Must be a dollar amount.

Impact - Expected Benefits from Project

* indicates a required field

Impact data collected by the Foundation will not influence the assessment of this application. Impact data is being collected to assist the Foundation with its aggregate impact reporting.

How many people will be DIRECTLY impacted by this application? *

Must be a number.

How many people will be INDIRECTLY impacted by this application? *

Must be a number.

Please add any additional commentary surrounding impact figures, if required.

maximum 100 words

Please note: Interim progress and annual reporting is required to be forwarded if funding is approved.

Multi-year beneficiaries will receive an acquittal form through Smartygrants closer to next payment date.

Below are some factors to be considered for social and impact reporting -

• Advise of any changes to the program due to current conditions.

• Have the outcomes been realised as set out to be achieved in your application?

- Tell the story of change your project has made

- What changes have resulted due to the project

• Outline how you measured the outcomes attained.

- Provide data and observational evidence

• Outline what you have done well and what could have been done better.

- Offer any insight to what has been learned during the reporting period to assist with the projects ongoing success

• Provide all involved parties feedback if available, to show collaboration in achieving outcomes.

• Provide Annual Report or other shared information for the funding period

Reporting can be emailed to: info@perronfoundation.org.au

New applications will not be accessed until prior reporting has been received

Do you have any Impact Reporting to add from previous funding?
Attach a file:

Upload most recent report here

May we contact you direct for further updates regarding Impact from time to time: *
○ yes ○ No

Beneficiary

* indicates a required field

A beneficiary, whether an individual or organisation, ultimately benefiting from the donation.

Who is the Beneficiary? *
○ Applicant
○ Third Party

Applicant payment details for electronic payment

Name of Bank *

*
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.
If your Bank Account name exceeds 40 characters, in addition, please enter full details in reference details box below

Confirmation of banking details

Please upload a copy of Applicant's Bank deposit slip or header of Bank statement showing applicant name and bank account details *
Attach a file:

Payment to Third Party (only complete this section if funding request is not to be paid to the Applicant)

Payment to Third Party by electronic transfer

Name of Bank

Bank Account
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Payee Address
Address

Please attach Third Party invoice/quotation
Attach a file:

Confirmation of banking details

Please upload a copy of Third Party Bank deposit slip or header of Bank statement showing Third Party name and bank account details
Attach a file:

Privacy Collection Statement

Your privacy is respected by Stan Perron Charitable Foundation. The personal information you provide on this form will be used to assess your eligibility. If you do not provide the requested information, we may be unable to confirm your eligibility.

Submission of this application to Stan Perron Charitable Foundation does not expressly mean or imply that Stan Perron Charitable Foundation has accepted your application. Stan Perron Charitable Foundation is under no obligation, legal or otherwise to process your application to a successful conclusion. Each application will be determined on its merits, and with Stan Perron Charitable Foundation funding guildelines. Stan Perron Charitable Foundation is not liable for any loss or damage whatsoever upon your application being declined.

For further information regarding the Stan Perron Charitable Foundation Privacy Policy please refer to the Stan Perron Charitable Foundation website.