

# 2025 IPAP Application

## Form Preview

### ORGANISATION INFORMATION

\* indicates a required field

#### IMPACT Philanthropy Application Program Guidelines 2025

\*  I confirm that I have read and understood the guidelines (above) prior to completing this form.

#### 1. Organisation details

**Organisation \***

Organisation Name

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Please ensure your ABN and details listed above are correct as we will use this information to confirm your eligibility, including your charitable tax status and ACNC registration. Perpetual will not be responsible for any incorrect data.

**Street Address \***

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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**Phone (business hours) \***

Must be an Australian phone number.

**General email \***

Must be an email address.

**Website \***

Must be a URL.

### 1.1 Head of organisation details (CEO, Head of Department / School, Director of Institute etc)

This contact will be used to communicate the outcome of this application and, if successful, for ongoing communications relating to the grant, including acquittal reporting. If the contact changes, please notify us at [philanthropy@perpetual.com.au](mailto:philanthropy@perpetual.com.au)

**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**Email \***

**Gender: How do you identify? \***

### 1.2 Chair details

**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Email \***

**Gender: How do you identify? \***

### 1.3 Chief Finance Officer details

**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Email \***

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**Gender: How do you identify? \***

### 1.4 Applicant details

This contact will be used to communicate the outcome of this application and, if successful, for ongoing communications relating to the grant, including acquittal reporting. If the contact changes, please notify us at [philanthropy@perpetual.com.au](mailto:philanthropy@perpetual.com.au)

**Name \***

Title

First Name

Last Name

**Position \***

**Phone (business hours) \***

**Email \***

**Gender: How do you identify? \***

**1.5 What is the organisation's mission statement? \***

Word count:  
Word limit of 50 words.

**I confirm the organisation is a going concern (can continue to operate on a financially viable basis into the foreseeable future). \***

Yes  No

**I confirm the organisation is not under administration. \***

**What is the gender composition of your organisation's Board?**

**% Female \***

**% Male \***

**% Gender diverse / Non-binary \***

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**Total (must equal 100%)**  
\*

This number/amount is calculated.

**Is your board remunerated for services provided (outside of expense recovery)?** \*

Yes  No

No more than 1 choice may be selected.

**Provide a percentage breakdown of how revenue is generated by your organisation (must equal 100%)**

*(If an error occurs, please remove the % sign)*

**Government %** \*

**Trusts and Foundations %** \*

**Corporate / Sponsorship %** \*

**Direct fundraising %** \*

**Membership fees %** \*

**Investment income %** \*

**Bequests %** \*

**Other %** \*

**Total %**

This number/amount is calculated.

**What is your charity size?** \*

Small  Medium  Large

As classified by the ACNC.

**What is the annual revenue generated by the organisation?**

\$

As per financial statements.

**How many people work within the organisation (paid)?** \*

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Include part-time & casual staff.

**How many people work within the organisation (active volunteers)? \***

**Has the number of active volunteers within the organisation increased or decreased over the last 3 years? \***

## ORGANISATION INFORMATION

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**The organisation works within which sector? \***

**In your opinion, what is the biggest challenge affecting the not-for-profit sector? \***

Word count:

Must be no more than 50 words.

**Is the organisation a university, hospital or medical research institution? \***

Yes  No

**Is your organisation a religious or faith-based entity? \***

**1.6 Provide a brief overview of your organisation's top strategic priorities for 2025 - 2026 \***

Word count:

Word limit of 100 words.

**1.7 List between three and five key performance indicators (KPIs) that your organisation uses to measure the efficient use of its resources? \***

Word count:

Word limit of 150 words. Provide targets or goals to demonstrate how you measure each of your efficiency KPIs.

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**1.8 Demonstrate how your organisation is performing against the key performance indicators listed above. \***

Word count:  
Word limit of 150 words.

**1.9. List between three and five key performance indicators (KPIs) that your organisation uses to measure how effective it is at achieving its mission \***

Word count:  
Word limit of 150 words. Include targets and measures used to demonstrate performance against KPIs. Must be relevant to mission and/or strategic priorities.

**1.10 Demonstrate how your organisation is performing against the key performance indicators listed above. \***

Word limit of 150 words.

**1.11 Provide three to five external forces or trends that are presenting challenges to your organisation. List them first, then provide further detail in the box below.**

A minimum of 3 are required. These should be high level statements (2-3 words).

**1. \***

**2. \***

**3. \***

**4.**

**5.**

**Describe why each external force or trend is presenting a challenge to your organisation. \***

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Word limit of 250 words.

### **1.13 Provide three to five risks that affect your organisation. List them first, then describe and provide mitigation strategies in the box below.**

A minimum of 3 are required. These should be high level statements in order of priority (2-3 words).

**1. \***

**2. \***

**3. \***

**4.**

**5.**

**Describe each risk and accompanying strategies to mitigate each risk. \***

Word count:

Word limit of 250 words.

## PROJECT INFORMATION

\* indicates a required field

**2.1 Project Title \***

**Start date \***

Funding is received in June 2025. The earliest your project can start is July 2025.

**End date \***

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Expenditure of funds for standard grants should be completed within one year.

### Project Location \*

Address

  

Enter the head office location here, if more than one, and list all locations (or National) at 2.2. Project Description.

### The application primarily seeks to address issues in which geographic area? \*

### Is it specific to one of these areas? \*

Select 'None of the above' if multiple locations or National.

### Is this application for Health and Medical Research? \*

Yes  No

If yes, complete Section 3 of this form.

### Total project cost \*

\$

Must be a whole dollar amount (no cents).

### Type of project \*

The following will not be considered for funding: retrospective funding, fundraising appeals (incl. general capital appeals), or funding direct to individuals.

### 2.2 Project description. \*

Word count:

Must be no more than 150 words

### 2.3 Project activities \*

Word count:

Word limit of 250 words.

### The project for which the organisation is seeking funding is \*

A new activity  An existing activity

### Age of individuals the project in this application primarily aims to assist \*



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### The project in this application primarily assists people with the following conditions \*

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Alzheimer's disease            | <input type="checkbox"/> Cardiovascular disease         | <input type="checkbox"/> Heart Disease           | <input type="checkbox"/> Multiple sclerosis          |
| <input type="checkbox"/> Arthritis/Osteoporosis         | <input type="checkbox"/> Cerebral palsy                 | <input type="checkbox"/> Kidney disease          | <input type="checkbox"/> Myeloproliferative diseases |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Cystic Fibrosis                | <input type="checkbox"/> Lupus                   | <input type="checkbox"/> Parkinson's disease         |
| <input type="checkbox"/> Autism spectrum disorder       | <input type="checkbox"/> Deafness or hearing impairment | <input type="checkbox"/> Mental health disorders | <input type="checkbox"/> Not applicable              |
| <input type="checkbox"/> Blindness or vision impairment | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Motor Neurone disease   | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Cancer                         | <input type="checkbox"/> Eating disorders               |  |  |

Select no more than 2 options. If your application does not fit into one of the available options, please select 'not applicable' or 'other'. Selecting 'not applicable' or 'other' will not make your application ineligible.

### The most relevant condition to this application is? \*

### Who are the primary beneficiaries of your project?

Please select up to two, and list them in order of affiliation (1 being most closely aligned).

#### 1. \*

#### 2.

If your application does not fit into one of the available options, please select the option/s that most closely align.

### The demographics of the group that the project in this application relates to \*

### Is the organisation Aboriginal or Torres Strait Islander led?

- Yes  No

No more than 1 choice may be selected.

Only required if Aboriginal and Torres Strait Islander peoples selected in demographics question above.

### Is your organisation strategy led by people with lived experience? \*

- Yes  No

No more than 1 choice may be selected.

### If yes to the above, please select level of representation.

- Board  Senior leadership  Program strategy

### The project in this application primarily aims to assist \*

- Women and girls  Men and boys  Gender Diverse Individuals  Not specific to any one group  Not applicable

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No more than 1 choice may be selected.

### Have you undertaken a gender analysis of the outcomes of this project? \*

Yes  No  Don't know

It is important that organisations understand the gendered implications of any program or initiative. This question applies to all projects and programs regardless of the gender of the beneficiary group.

### If yes to the above, please provide details.

Word count:

Word limit of 150 words. What will you do to address gender inequity and what changes do you expect will occur as a result?

### How will you measure the gender reach of your project?

Word count:

Word limit of 150 words.

### Does your project align with any of the Sustainable Development Goals? \*

Yes  No  Not Sure

Select based on your project and not the organisation's mission and/or strategic priorities.

### Which Sustainable Development Goals does your project best align with?

Please select up to three and list them in order of affiliation (1 being most closely aligned)

#### [List of Sustainable Development Goals](#)

1.

2.

3.

### 2.4 Indicate the approximate number of end beneficiaries (and intermediary beneficiaries) of the project

#### [Applicant Instructions \(Please read\)](#)

#### 2.4.1 Number of end beneficiaries (not staff or volunteers) \*

For example number of students, patients, youth, elderly.

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### 2.4.2 Number of intermediary beneficiaries (organisational or non-organisational staff/volunteers)

For example number of teachers, doctors, youth workers, volunteers, charity staff, researchers.

### 2.4.3 Please provide details about the end beneficiary count estimation (2.4.1)

Word count:

Word limit of 150 words. Who are the end beneficiaries, statistical justifications etc.

### 2.5 For the end beneficiaries above (2.4.1), what is the likelihood that any given beneficiary will be significantly influenced by the project, with respect to the underlying problem? \*

- It is virtually certain that any given beneficiary will be significantly influenced
- There is a high probability that any given beneficiary will be significantly influenced
- There is a moderate probability that any given beneficiary will be significantly influenced
- It is possible that any given beneficiary will be significantly influenced

Choose one option. See Applicant Instructions hyperlink above for the definition of the Underlying Problem; educational deficits, incarceration, addiction, mental illness, disability, financial disadvantage, medical condition/illness, crime, disaster, violence, homelessness, unemployment, war/its effects, or environment and animal (note carefully that the underlying problem is general not specific).

### 2.6 For those significantly influenced end beneficiaries above (2.5), what level of relief is expected to be experienced with respect to the underlying problem \*

- The intervention offered will effectively eliminate the underlying problem
- The intervention offered will greatly reduce the underlying problem
- The intervention offered will help reduce the underlying problem
- The intervention offered will improve quality of life

Choose one option. See Applicant Instructions hyperlink above for the definition of the Underlying Problem; educational deficits, incarceration, addiction, mental illness, disability, financial disadvantage, medical condition/illness, crime, disaster, violence, homelessness, unemployment, war/its effects, or environment and animal (note carefully that the underlying problem is general not specific).

### 2.7 List your project's expected outcomes and provide details on how you will measure these. Leave blank any fields that do not apply to your project.

Outcomes are the changes that will occur for the beneficiaries of your project. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

Refer to our [website](#) for further assistance on how to answer this question.

Intended outcome	Expected timeframe	Indicator	Measurement tool
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Word limit of 80 words.	See description above.	Word limit of 80 words. What will you use to measure this outcome, e.g. 'change in number of students completing high school from x to y'.	Word limit of 80 words. For example surveys, interviews, focus groups.

### 2.8 There are risks associated with any project. List a minimum of 3 risks and accompanying mitigation strategies. \*

Word count:  
Word limit of 150 words.

## FINANCIAL DETAILS

\* indicates a required field

### 2.9 Funding sought

**Amount requested \***

\$

The maximum amount is \$120,000 per application (unless otherwise advised). Applications above this amount may be marked ineligible.

**Would your organisation be open to partial funding? \***

Yes  No

No more than 1 choice may be selected.

**Have you been invited to apply for funding?**

Yes

No

Organisations who are invited to apply for funding from a specific trust receive a separate email. If you did not receive an email invitation, this question does not apply to you.

**Trust Name \***

**Amount \***

Must be a dollar amount.

**Reference Code \***

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As provided in your invite email

**Was the invitation for single or multi-year funding? \***

- Single year  Multi-year

**Amount Requested Year 1**

Must be a dollar amount.

**Amount Requested Year 2**

Must be a dollar amount.

**Amount Requested Year 3**

Must be a dollar amount.

### Project Budget - Income

Please list all income items for your project. Include amounts you are seeking funding for under **Unconfirmed income**. (Note - complete Year 1 column only, unless otherwise advised.)

Confirmed income	Year 1	Year 2	Year 3
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Unconfirmed income	Year 1	Year 2	Year 3
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

**TOTAL INCOME**

Year 1	Year 2	Year 3
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

### Project Budget - Expenditure

Please list all expenditure items for your project.

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Include expenses that will be covered by IPAP funding (ie the amount you are seeking funding for) under **IPAP expenditure**. (Note - Complete Year 1 column only, unless otherwise advised.)

IPAP expenditure	Year 1	Year 2	Year 3
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

**TOTAL IPAP EXPENDITURE** (must equal the amount you are seeking funding for)

Year 1	Year 2	Year 3
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Other expenditure	Year 1	Year 2	Year 3
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

**TOTAL EXPENDITURE**

Year 1	Year 2	Year 3
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

## HEALTH AND MEDICAL RESEARCH ONLY

\* indicates a required field

### 3. Health and Medical Research

Please complete this section if your organisation is in the Health or Medical Research sector and you responded 'yes' to the question 'Is this application for Health and Medical Research' in the Project Information section of the application form.

**Has this application been authorised by your central research or fundraising office? \***  Yes  No

**Research Subsector \***

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**Is funding being sought for a randomised clinical trial? \***

Yes

No

### Ethical and hazardous implications of the project:

**Has this application been approved by the Ethics Committee? \***

Yes

No

Hint: Applications without ethics committee approval will not be considered for funding.

**Ethical — human \***

**Ethical — animals \***

**Ethical — carcinogens \***

**Ethical — radiation \***

**Ethical — DNA \***

### Chief Investigator 1

We only require details for two chief investigators. If there are more than two, please list the most senior only.

**Name of Chief Investigator \***

Title

First Name

Last Name




**Phone (business hours) \***

**Email \***

**Gender: How do you identify? \***

**Institution \***

**Current appointment \***

**Department \***

### Academic qualifications of Chief Investigator 1

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Qualifications - Chief Investigator	Institution - Chief Investigator	Year - Chief Investigator

### Recent and relevant publications — Chief Investigator 1

#### Publication 1

#### Publication 2

#### Publication 3

#### Publication 4

#### Publication 5

### Chief Investigator 2

**Name of Chief Investigator**

Title

First Name

Last Name

**Phone (business hours)**

**Email**

**Gender: How do you identify?**

**Institution**

**Current appointment**



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**Department**

### Academic qualifications of Chief Investigator 2

**Qualifications - Chief Investigator**

**Institution - Chief Investigator**

**Year - Chief Investigator**

Qualifications - Chief Investigator	Institution - Chief Investigator	Year - Chief Investigator

### Recent and relevant publications — Chief Investigator 2

**Publication 1**

**Publication 2**

**Publication 3**

**Publication 4**

**Publication 5**

**Provide a description of the research in technical terms under the following headings:**

**Specific aims \***

Word count:

Word limit of 350 words.

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### Methods \*

Word count:  
Word limit of 350 words.

### Pilot data \*

Word count:  
Word limit of 350 words.

## BANK ACCOUNT DETAILS

\* indicates a required field

Provide bank details below. If your application is successful, funds will be paid by EFT by the end of June to the nominated bank account below.

### Bank Account \*

Account Name

BSB Number      Account Number

Must be a valid Australian bank account format.  
Please double check these details before submitting.

### Accounts receivable contact \*

Title      First Name      Last Name

### Email \*

### Phone (business hours) \*

## USE OF INFORMATION AND CERTIFICATION

\* indicates a required field

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The information in this application form is collected by Perpetual Trustee Company Limited (PTCo), ABN 42 000 001 007, AFSL 236643 to assess your application for suitability to receive funding from trusts and endowments we manage or to assess whether your application may be suitable to disclose to an external organisation that approaches PTCo for potential projects or organisations to fund. If you do not provide information in the required fields your application may be deemed ineligible to receive funding from a trust or endowment we manage or contain insufficient information to be passed on to an external organisation. We may also use **aggregate and unidentifiable** application responses to determine sector trends, which we may share publicly.

The questions in the BANK ACCOUNT DETAILS section are designed to collect banking information for a Company. This information is collected to ensure payments are made to the correct bank accounts. We will be unable to make payment to your requested bank account unless you answer the questions correctly and completely.

We may disclose your personal information to outsourced providers supporting Perpetual's operations. You are entitled to access all personal information that the Perpetual Group holds about you.

We collect, use and disclose your personal information in accordance with our Privacy Policy, which includes details about how you may request access to and correct the information that we hold about you. Our policy also outlines our privacy complaints process. To review Perpetual's Privacy Policy please visit <https://www.perpetual.com.au/privacy-policy>. You can contact Perpetual's philanthropic services team via [philanthropy@perpetual.com.au](mailto:philanthropy@perpetual.com.au) for more information.

**Trustee companies such as Perpetual are regulated by the Commonwealth Corporations Act and supervised by the Australian Securities and Investments Commission. As a result, we are required to disclose certain information to our clients (such as beneficiaries of charitable trusts) about our services in a [Financial Services Guide \(FSG\)](#).**

**Organisation Name \***

**I/we agree to the delivery of disclosure documents, such as the FSG, electronically including via electronic mail or Perpetual's website please visit <https://www.perpetual.com.au/Privacy-Policy/Financial-Services-Guide> \***

**I/we consent to the information in this application being disclosed to an external organisation for the purposes of consideration for potential funding to the applicant \***

**I/we give permission for Perpetual to provide all documents electronically including via email & understand that Perpetual will not accept any responsibility or liability for any unauthorised access or interference after transmission, or for any delay or non-delivery of any document \***

**I confirm and agree that the information provided within this application form is accurate, true and correct, at the time of compilation and will be used for the**

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**purposes set out in the 'Use of Information and Certification' contained in this application form. \***

**I give consent to be contacted from time to time by Perpetual to share sector insights (including findings and insights from this application process), articles, event invitations and surveys? \***

You can opt out from receiving any of the above communications at any time.

SAMPLE