ORGANISATION INFORMATION

* indicates a required field

IMPACT Philanthropy Application Program *Guidelines* **2021**

*   ☐   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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Street Address *   Address

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

Postal Address   Address

For PO Box please click 'Can't find my address' then input

Phone (business hours) *

Must be an Australian phone number.

General email address *

Must be an email address.

Website address *

Must be a URL.

Charitable status * ☐ DGR1 ☐ DGR2 ☐ DGR4 ☑ TCC ☐ None of the above

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

Head of organisation * Title First Name Last Name

Email address *

1.2 Contact details — Chair

Chair * Title First Name Last Name

Email address *

1.3 Contact details — Chief finance officer

Chief Finance Officer * Title First Name Last Name

Email address *

1.4 Contact details - Applicant

Applicant * Title First Name Last Name

Position *

Other:

Phone (business hours) *

Email address *

1.5 What is the organisation's mission statement? *

Word limit of 50 words

Provide a percentage breakdown of how revenue is generated (must equal 100%)
(If an error occurs please take out the % sign)

Government % *

Philanthropic trusts % *

**Corporate / Sponsorship % ** *

Direct fundraising % *

Membership fees % *

Investment income % *

Bequests % *

Other % *

What type of fundraising programs are you currently operating? *

☐ Direct marketing
☐ Digital
☐ Face to face
☐ Telephone

☐ Events
☐ Community
☐ Major gifts
☐ Bequests

☐ Capital campaigns
☐ Trusts and Foundations
☐ Other:

Resourcing Insights

Perpetual does not assess the data provided below. This will be used to provide useful insights into the sector. If unsure of any amount, please leave blank.

What is the annual revenue generated by the organisation? *

$

Use the last financial year figure as submitted on the Annual Income Statement

Fundraising Income

$

Must be a dollar amount.

Fundraising Expenditure

$

Must be a dollar amount.
Enter as a positive amount

Total Expenses

$

Must be a dollar amount.
Enter as a positive amount

Total Profit or Loss

$

Must be a dollar amount.
Use minus (-) sign for negative amounts

Cost of Fundraising Ratio (if known)

Must be a percentage

Is your organisation registered with the ACNC? *

☐ Yes ☐ No
Choose either Yes or No

What is your charity size? *

☐ Small ☐ Medium ☐ Large
As classified by the ACNC

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. *

A No response will make the application ineligible

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

[ ]
Include part-time & casual staff

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

[ ]

ORGANISATION INFORMATION CONT'D

* indicates a required field

Is this application for Health and Medical Research? *
○ Yes   ○ No
If yes complete section 3 of the form

Is your organisation a university, hospital or medical research institution? *
○ Yes   ○ No

If yes, which department

[ ]

The organisation works within which sector? *

[ ]

The organisation or department primarily assists people of the following group *

[ ]

1.6 What is the primary objective of the organisation? *

[ ]

Word count:
Must be no more than 100 words

1.7 Provide a brief overview of your organisation's top strategic priorities for 2021 - 2022. *

[ ]

Word count:
Must be no more than 100 words

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

[ ]

Word count:
Provide targets or goals to demonstrate how you measure each of your efficiency KPIs. Must be no more than 150 words

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

Word count:
Must be no more than 150 words

1.10. 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:
Include targets/measures used to demonstrate performance against KPIs. Must be relevant to mission / strategic priorities. Must be no more than 150 words

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

Must be no more than 150 words

1.12 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.

1. *

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

2. *

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

3. *

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

4.

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

5.

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

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

Must be no more than 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.

1. *

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

2. *

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

3. *

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

4.

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

5.

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

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

Word count:
Must be no more than 250 words

PROJECT/PROGRAM INFORMATION

* indicates a required field

2.1 Project/Program Title *

Word limit of 20 words.

Project/Program start date *

Funding is received in June 2021. The earliest your project can start is July 2021

Project/Program end date *

Project/Program must be completed within one year

Project/Program Location *
Address

State/Province and Country are required.

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

No more than 5 choices may be selected.
Required for ACNC classification, 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)

Total project/program cost *

$
Must be a whole dollar amount (no cents).

Type of project/program *

Perpetual will support any project except retrospective funding

2.2 Brief project/program description. *

Word count:
Must be no more than 150 words.

2.3 Provide any additional information that will assist the Trustee to better understand the background, rationale or need for the project/program. *

Word count:
Must be no more than 150 words

2.4 What actions need to be undertaken for the project/program

Word count:
Must be no more than 50 words

The project/program for which the organisation is seeking funding is *

Age of individuals the project/program in this application primarily aims to assist *

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

Is it specific to one of these areas? *

Country of activity *

The project/program in this application primarily assists people with the following conditions *

☐ Alzheimer's disease	☐ Cardiovascular disease	☐ Heart Disease	☐ Multiple sclerosis
☐ Arthritis/ Osteoporosis	☐ Cerebral palsy	☐ Kidney disease	☐ Myeloproliferative diseases
☐ Asthma	☐ Cystic Fibrosis	☐ Lupus	☐ Parkinson's disease
☐ Autism spectrum disorder	☐ Deafness or hearing impairment	☐ Mental health disorders	☐ Not applicable
☐ Blindness or vision impairment	☐ Diabetes	☐ Motor Neurone disease	☐ Other:
☐ Cancer	☐ Eating disorders		

Tick 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? *

Other:

The project/program in this application primarily aims to benefit *

☐ Alternative education curriculum, eg High Scope or Reggio Emilia styles	☐ Individuals with a physical or cognitive disability and their families	☐ Those affected by natural disasters	☐ Unemployed individuals and their families

☐ Incarcerated persons and their families

☐ Low socioeconomic individuals and families

☐ Those experiencing or at risk of family violence

☐ Veteran support

☐ Individuals and their families affected by alcohol and/or drug misuse

☐ The chronically or terminally ill

☐ Those experiencing or at risk of homelessness

☐ Other: [   ]

☐ Individuals experiencing mental ill-health and their families

☐ Those affected by crime

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

The project/program in this application primarily aims to benefit *

[   ]

Other:

[   ]

The demographics of the group that the project/program in this application relates to *

[   ]

Is the organisation Aboriginal or Torres Strait Islander led?

○ Yes   ○ No

Only required if 'Aboriginal and Torres Strait Islander people' was chosen above

Gender of individuals in the project/program primarily aims to assist *

[   ]

Have you done a gender analysis for the project *

☐ Yes   ☐ No   ☐ Don't know

Answer yes if your project is specifically designed to improve opportunities for women and girls, or you think this may occur as a side benefit to your activity. If your project does not address gender inequity, please select 'no.' This will NOT make your application ineligible.

If yes to the above, please provide details.

[   ]

Word count:

Must be no more than 150 words.

What will you do to address gender inequity and what changes do you expect will occur as a result?

How are you measuring against the gender analysis?

[   ]

Word count:

Must be no more than 150 words.

Does your project/program align with any of the Sustainable Development Goals? *

Which Sustainable Development Goals does your project/program best align with?

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

List of Sustainable Development Goals

1.

2.

3.

2.5 Indicate the approximate number of end beneficiaries (and intermediary beneficiaries) of the project/program

See Applicant Instructions (Please Read)

2.5.1 Number of end beneficiaries (not staff or volunteers) *

e.g. students, patients, youth, elderly

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

e.g. teachers, doctors, youth workers, volunteers, charity staff, researchers

2.5.3 Please provide details about the end beneficiary count estimation (2.5.1)

Must be no more than 150 words.
Who are the end beneficiaries, statistical justifications, etc

2.6 For the end beneficiaries above (2.5.1), what is the likelihood that any given beneficiary will be significantly influenced by the project/program, 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 other (note carefully that the underlying problem is general not specific).

2.7 For those significantly influenced end beneficiaries above (2.6), 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 other (note carefully that the underlying problem is general not specific).

2.8 What are the expected outcomes of your proposed project/program? State how you will measure these outcomes? *

Word count:

Must be no more than 150 words. Outline outcomes not outputs.

2.9 There are risks associated with any project/program. List a minimum of 3 risks and accompanying mitigation strategies. *

Word count:

Must be no more than 150 words

FINANCIAL DETAILS

* indicates a required field

2.10 Funding sought from Perpetual

Amount requested from trusts managed by Perpetual *

$

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

Have you received funding for an IPAP project in the last three years? *

Is this project suitable for multi-year funding? *

Would your organisation be open to partial funding if Perpetual cannot fund the full amount requested? *

Are you applying for retrospective funding? *

A yes response will result in your application being marked ineligible

If your organisation was invited to apply for funding, please include the following:

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

Trust Name

Amount

Must be a dollar amount.

Reference Number

10 digit code supplied in the invite email

Was the invitation for single or multi-year funding?

Amount Requested Year 1

$

What is the amount (in dollars only) of the total requested funds in the first year?

Amount Requested Year 2

$

What is the amount (in dollars only) of the total requested funds in the second year?

Amount Requested Year 3

$

What is the amount (in dollars only) of the total requested funds in the third year?

2.11 Income

Income refers to all funding confirmed, unconfirmed and in kind, for the project/program you are applying for. **Please note total income is to equal total expenditure**

Confirmed Funding	Confirmed $
	Must be a dollar amount.

Unconfirmed Funding	Unconfirmed $
Unconfirmed funding is the shortfall amount your organisation is committing to seek from other sources	

Total income *

2.12 Expenditure

Provide detail of expenditure for the project/program you are applying for. **Please note total income must equal total expenditure**

Provide detail of expenditure	Expenditure $

Total expenditure *

Must be a whole number (no decimal place).

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 organisation information section of the application form.

Has this application been authorised by your central research or fundraising office? *

Research Subsector *

Is funding being sought for a randomised clinical trial? *

Chief Investigator 1

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

Name of Chief Investigator *

Title

First Name

Last Name

Phone (business hours) *

Email address *

Institution *

Current appointment *

Department *

Academic qualifications of Chief Investigator 1

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 address

Institution

Current appointment

Department

Academic qualifications of Chief Investigator 2

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 brief description of the research in non-technical terms including why it is unique, the impact it will have on society and how it will be evaluated or measured. *

Word count:
Word limit of 250 words

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

Specific aims *

Word count:
Word limit of 350 words

Methods *

Word count:
Word limit of 350 words

Pilot data *

Word count:
Word limit of 350 words

Ethical and hazardous implications of the project:

Ethical — human *

Ethical — animals *

Ethical — carcinogens *

Ethical — radiation *

Ethical — DNA *

If you have ticked yes to any of the above, please confirm approval from the Ethics Committee.

BANK ACCOUNT DETAILS

* indicates a required field

Provide bank details below. If your application is successful, funds will be transferred by EFT into the nominated bank account.

Bank Account *
Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

Accounts receivable contact *
Title   First Name   Last Name

For payment advice.

Email address *

Phone (business hours) *

USE OF INFORMATION AND CERTIFICATION

* indicates a required field

The information in this application form is collected by Perpetual Trustee Company Limited (PTCo), ABN 42 000 001 007, AFSL 236643 for the purposes of assessing your application for

suitability to receive funding from trusts and endowments we manage. If you do not provide information in the required fields your application may be deemed ineligible. 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 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 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 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.