Arcare Family Foundation
ABN: 49 835 967 501
346 South Road, Hampton East, VIC 3188

Arcare Family Foundation Grant Application Form

General Details

Primary contact for this application
Secondary contact

Grant round Innovation in Ageing / Assisting the community (drop down or box selection)

Applicants Project/Program name:

Applicant Organisation Details

Organisation Name:
Organisation Type: Not for Profit/ Education Institution / University

ABN

Link to ACNC registration

Upload your most recent annual report or audited financial report.
(upload here)

To be eligible applicants need:

DGR Status Check box YES/NO

TCC Status Check box YES/NO

Organisation Address:

Email
Web address

Facebook

Instagram
Other

Authorised person submitting this application
Name
Position
Email

Project/Program Application

Tell us about your organisation

Who are your primary beneficiaries?

Share your Project idea that needs funding?

Why is this work important?

Who will benefit?

Describe how your program is innovative (for Innovation in Ageing only)

Are there any other projects helping to fund this project?

Please attach a Letter of Support from other project funders (where applicable)

Why is your organisation best placed to deliver this project?

How many people are likely to be directly impacted by this project?

Where are the project beneficiaries located?

Is this project considered to be: remote, regional, metro, state, national?

Anticipated start and end date of your project

Start.   End.

Risk Management

Are there any risks that may hold up your plans to deliver your project?

Have you developed strategies to address these risks, please outline them here:
Risk Management Plan Link

Project Budget

How much funding are you seeking in this application?

Please complete the [budget template here](#)

Do you have other supporting documents that you would like to share to support your application? (upload up to 3 documents)

Review and Submit your application