

THE H.V. McKAY CHARITABLE TRUST

APPLICATION FOR ASSISTANCE

DATE RECEIVED:

Information Sought	Application Information
<p>1. <u>Applicant</u></p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>Email:</p> <p>Name of telephone contact:</p>	
<p>2. <u>Background of Applicant</u></p> <p>If association or company:</p> <p>Brief history:</p> <p>If person: Attach C.V.</p>	
<p>3. <u>Project for which application is made:</u></p> <p>Describe briefly the project for which assistance is required.</p> <p>Describe the purpose of the assistance.</p>	
<p>4. <u>Personnel involved:</u></p> <p>List personnel, qualifications and experience</p>	
<p>5. <u>Timing:</u></p> <p>Commencement date of project</p> <p>Expected completion date.</p>	

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<p>6. <u>Budget:</u></p> <p>List or attach list of expected income and expenses.</p> <p>Expenditure should include details of: salaries, wages or fees and to whom payable.</p> <p>promotional costs</p> <p>insurance</p> <p>governmental charges</p> <p>other matters as the applicant considers relevant</p>	
<p>7. <u>Sources of Finance:</u></p> <p>List other sources from whom support has been requested, and their response.</p> <p>State financial services to be provided by the applicant.</p> <p>State government support received or expected.</p> <p>Detail any government support received by applicant in the past three years.</p>	
<p>8. <u>Results and Impact:</u></p> <p>What results are expected from the project?</p> <p>What will be its impact?</p> <p>How will the project be reported?</p> <p>To whom?</p> <p>If a continuing project, what will be the source of future funding?</p>	

Information Sought	Application Information
9. <u>Taxation:</u> Complete the attached form regarding ABN/GST and Income Tax Exemption status under Division 50 of the Income Tax Assessment Act 1997, and endorsement as a Gift Recipient.	
10. <u>Research and Similar Projects:</u> Where the project is a research project outline the method of research and originality claimed.	
11. <u>Travel Grants:</u> Where a project includes travel, applicants should include full itineraries and estimated costings.	
12. <u>Attachments:</u> (List of attachments)	Constitution Committee/directors and officers Last full years accounts Tax exemption status

Signed by Applicant

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Dated

H V McKAY CHARITABLE TRUST

Please complete the following:

Organisation Name:

GST Contact Person: Phone No:

Your ABN:

Is your Organisation registered for GST? YES / NO

Your GST No:

Your Organisation will issue "Tax Invoices" in accordance with legislation. YES / NO

Has your Organisation received endorsement of Income Tax Exemption status under Division 50 of the Income Tax Assessment Act 1997? YES / NO

Has your Organisation received endorsement as a Gift Recipient? YES / NO

Signed: Print Name:

Position: Date:.....

Please return to: Mr Mark Henry
H V McKay Charitable Trust
C/- Henry Partners
PO Box 509
MANSFIELD VIC 3724

Or email to admin@henrypartners.com.au