



2026 IMPACT Philanthropy Application Program

Application ID: IPAP2026/491

Organisation:

Primary contact:

Collaboration

Do you wish to collaborate on the application with anyone else?

☐ Yes ☐ No

Organisation details

Non-editable fields in this section are referenced from your [organisation's profile](#). Your organisation's profile must be completed and activated before this application can be submitted.

Organisation name:

Australian Business Number (ABN):

Phone number:

Email:

Website:

Address:

Address (Primary)

Postal address

Australian Business Register information



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**Deductible Gift Recipient
(DGR1) status:**

**Tax Concession Charity
(TCC) status:**

**Australian Charities and
Not-for-profits Commission
(ACNC Registration):**



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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.

Name:

Contact position:

Telephone:

Email:

Gender:

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

Name:

Position:

Email:

Chair details

Name

Organisation details

What is the organisation's mission statement?

What is the gender composition of your organisation's Board as a percentage?

Female:

Male:

Gender diverse / non-
binary:

Total: 0.00%

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

☐ Yes ☐ No

Provide a percentage breakdown of how revenue is generated (must equal 100%)

Government:

Trusts and foundations:

Corporate / sponsorship:

Direct fundraising:

Membership fees:

Investment income:

Bequests:

Other:

Total %: 0.00%

What is your charity size?

As classified by the ACNC.

☐ Small ☐ Medium ☐ Large

Is your organisation strategy led by people with lived experience?

☐ Yes ☐ No



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What is the annual revenue generated by the organisation?

As per your last audited financial statements.

How many people work within the organisation (paid)?

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?

- ☐ Increased
- ☐ Decreased
- ☐ Remained the same

The organisation works within which sector?

--Select one--

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

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

- ☐ Yes ☐ No

Is your organisation a religious or faith-based entity?

--Select one--

Provide a brief overview of your organisation's top strategic priorities

Include priorities for 2026 - 2027

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

Provide targets or goals to demonstrate how you measure each of your efficiency KPIs.

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

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

Include targets and measures used to demonstrate performance against KPIs. Must be relevant to mission and/or strategic priorities.

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

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.

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:



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Describe each risk and accompanying strategies to mitigate each risk.

Project information

Project title

Start date

Funding is received in June 2026. The earliest your project can start is July 2026.

End date

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

Project location

Enter the primary location of the project.

Suburb

State

--Select one--

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

--Select one--

Is it specific to one of these areas?

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

--Select one--

Is this application for health or medical research?

☐ Yes ☐ No

Type of project

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

--Select one--

Project description

Include project rationale and context.

Project activities

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

- ☐ Not specific to one group
 ☐ Early childhood - under 6
 ☐ Children - 6 to under 15
 ☐ Youth - 15 to under 25
 ☐ Adults - 25 to under 65
 ☐ Adults - 65 and over

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

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.

- | | | | |
|---|---|--|--|
| ☐ Alzheimer's disease | ☐ Cardiovascular disease | ☐ Heart disease | ☐ Myeloproliferative diseases |
| ☐ Arthritis/osteoporosis | ☐ Cerebral palsy | ☐ Kidney disease | ☐ Parkinson's disease |
| ☐ Asthma | ☐ Cystic fibrosis | ☐ Lupus | ☐ Not applicable |
| ☐ Autism spectrum disorder | ☐ Deafness or hearing impairment | ☐ Mental health disorders | ☐ Other |
| ☐ Blindness or vision impairment | ☐ Diabetes | ☐ Motor neurone disease | |
| ☐ Cancer | ☐ Eating disorders | ☐ Multiple sclerosis | |

The most relevant condition to this application is?

--Select one--

Who are the primary beneficiaries of your project?

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

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

1: --Select one--

2: --Select one--

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

--Select one--

The project in this application primarily aims to assist

If this project is not specifically targeted at assisting women and girls, men and boys, or people outside of traditional gender binaries, please select 'not specific to any one group'.

- ☐ Women and girls
- ☐ Men and boys
- ☐ Gender diverse individuals
- ☐ Not specific to any one group
- ☐ Not applicable

Have you undertaken a gender analysis of the proposed outcomes of this project?

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.

- ☐ Yes
- ☐ No
- ☐ Don't know

How will you measure the gender reach of your project?

Does your project align with any of the sustainable development goals?

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

[List of sustainable development goals](#)

- ☐ Yes
- ☐ No
- ☐ Not sure

End beneficiaries of the project

Please read the [applicant instructions](#)

Estimated number of end beneficiaries (not staff or volunteers)

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

Estimated number of intermediary beneficiaries (organisational or non-organisational staff/volunteers)

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

Please provide details about the end beneficiary count estimation (above)

Who are the end beneficiaries, statistical justifications etc.

For the end beneficiaries above, what is the likelihood that any given beneficiary will be significantly influenced by the project, with respect to the underlying problem?

The Underlying Problem is the main social issue that is causing the need for the project; 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). See Applicant Instructions for more information

- ☐ 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

For those significantly influenced end beneficiaries above, what level of relief is expected to be experienced with respect to the underlying problem?

The Underlying Problem is the main social issue that is causing the need for the project; 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). See Applicant Instructions for more information

- ☐ 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

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)

Expected outcome (40 word limit)	Timeframe See description	Indicator What will you use to measure this outcome, e.g. change in number of students completing high school from x to y. (50 word limit)	Measurement tool For example surveys, interviews, focus groups. (30 word limit)
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Immediate

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

Financial details

Funding sought

Total project cost

Total amount requested

Would your organisation be open to partial funding?

☐ Yes ☐ No

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

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.)

Details of funding

Confirmed income	Year 1	Year 2	Year 3
	\$0	\$0	\$0
	\$0	\$0	\$0
Unconfirmed income	Year 1	Year 2	Year 3
	\$0	\$0	\$0
	\$0	\$0	\$0
Total	Year 1	Year 2	Year 3
Total	\$0	\$0	\$0

Budget - Expenditure

Please list all expenditure items for your project.

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.)

Details of expenditure

IPAP expenditure	Year 1	Year 2	Year 3
	\$0	\$0	\$0
	\$0	\$0	\$0
Other expenditure	Year 1	Year 2	Year 3
	\$0	\$0	\$0
	\$0	\$0	\$0
Total	Year 1	Year 2	Year 3
Total	\$0	\$0	\$0

Bank details

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

Bank name:

Account name:

BSB number:

Account number:

Accounts receivable contact

Email

Phone (business hours)

Declaration

I declare that:

- the information provided in this application is accurate, true and correct at the time of completion
- I/we consent to the information in this application being disclosed to an external organisation for the purposes of consideration for potential funding



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Trustee companies such as Perpetual Trustee Company Limited ("Perpetual") are regulated by the Corporations Act 2001 (Cth) and supervised by the Australian Securities and Investments Commission. As a result, Perpetual is required to disclose certain information to our clients (such as beneficiaries of charitable trusts) about our services in a Financial Services Guide (FSG).

You can opt out from receiving communications at any time.

- ☐ 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.