

ORGANISATION INFORMATION

* indicates a required field

IMPACT Philanthropy Application Program [Guidelines](#) 2020

- * I confirm that I have read and understood the guidelines (above) prior to completing this form.
- * I confirm I have viewed the webinar available on Perpetual's website

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address *

1.2 Contact details — Chair

Chair *

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

Email address *

1.3 Contact details — Chief finance officer

Chief Finance Officer *

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

Email address *

1.4 Contact details - Applicant

Applicant *

Title	First Name	Last Name
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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%)

government % *

a percentage

philanthropic trusts % *

a percentage

corporate / sponsorship % *

a percentage

direct fundraising % *

a percentage

membership fees % *

a percentage

Investment income % *

a percentage

Bequests % *

a percentage

other % *

a percentage

What type of fundraising programs are you currently operating? *

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Direct marketing | <input type="checkbox"/> Telephone | <input type="checkbox"/> Major gifts |
| <input type="checkbox"/> Digital | <input type="checkbox"/> Events | <input type="checkbox"/> Bequests |
| <input type="checkbox"/> Face to face | <input type="checkbox"/> Community | <input type="checkbox"/> Capital campaigns |

Can select more than one

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 Research or 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 2020 - 2021. *

Word count:

Must be no more than 100 words

1.8 List between three and five key performance indicators (KPI's) 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 KPI's. 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 (KPI's) 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 150 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 150 words

ACTIVITY INFORMATION

2020 Application

Form Preview

* indicates a required field

Applicant Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone (business hours) *

Email address *

2.1 Activity Title *

Word limit of 20 words.

Activity start date *

Funding is received in June 2020. The earliest your project can start is July 2020

Activity end date *

Activity must be completed within one year

Project Location *

Address

Please enter the most appropriate postcode and state. This could be where the project is managed, the central point or the largest suburb involved in the project etc. This question is not assessed, and you will not be marked ineligible based on your answer

Total activity cost *

\$

Must be a whole dollar amount (no cents).

Type of Project *

Perpetual will support any project except retrospective funding

2.2 Brief activity 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 activity. *

Word count:

Must be no more than 150 words

2.4 What actions need to be undertaken for the activity *

Word count:

Must be no more than 50 words

The activity for which the organisation is seeking funding is *

The activity in this application primarily assists people with the following conditions *

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Myeloproliferative diseases | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Obesity | <input type="checkbox"/> Arthritis/Osteoporosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Deafness | <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Other: <input type="text"/> |

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 activity in this application primarily aims to benefit *

- | | |
|---|--|
| <input type="checkbox"/> Financially disadvantaged people | <input type="checkbox"/> Veterans and/or their families |
| <input type="checkbox"/> People at risk of homelessness/ people experiencing homelessness | <input type="checkbox"/> Victims of crime (including family violence) |
| <input type="checkbox"/> People with chronic illness (including terminal illness) | <input type="checkbox"/> Victims of disaster |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Advancement of education of children (High Scope or Reggio Emilia styles) |
| <input type="checkbox"/> Pre/post release offenders and/or their families | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Unemployed persons | |

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 activity in this application primarily aims to benefit *

Other:

What is your project's primary alignment with the following Sustainable Development Goals? *

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> No Poverty | <input type="checkbox"/> Clean Water & Sanitation | <input type="checkbox"/> Reduced Inequalities | <input type="checkbox"/> Life Below Water |
| <input type="checkbox"/> Zero Hunger | <input type="checkbox"/> Affordable & Clean Energy | <input type="checkbox"/> Sustainable Cities & Communities | <input type="checkbox"/> Life on Land |
| <input type="checkbox"/> Good Health & Well-Being | <input type="checkbox"/> Decent Work & Economic Growth | <input type="checkbox"/> Responsible Consumption & Production | <input type="checkbox"/> Peace, Justice & Strong Institutions |
| <input type="checkbox"/> Quality Education | <input type="checkbox"/> Industry, Innovation and Infrastructure | <input type="checkbox"/> Climate Action | <input type="checkbox"/> Partnership for the Goals |
| <input type="checkbox"/> Gender Equality | | | |

Select up to three most relevant Sustainable Development Goals

The demographics of the group that the activity in this application relates to *

Is the organisation Indigenous led and/or community controlled?

Yes

No

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

Gender of individuals in the activity 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.

Age of individuals the activity in this application primarily aims to assist *

The application relates to aged care *

Yes

No

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

Is it specific to one of these areas? *

Country of activity

International only

2.5 Indicate the approximate number of end beneficiaries (and intermediary beneficiaries) of the activity

[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 positively influenced by the programme, to the full extent idealised by the programme. *

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

Choose one option

2.7 For those optimally 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; financial disadvantage, homelessness, medical condition/disease/illness, disability,

recidivism, unemployment, war/its effects, crime, disaster, educational deficits, or other (note carefully that the underlying problem is general not specific).

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

Word count:

Must be no more than 150 words

2.9 There are risks associated with any project. 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 *

\$

Must be a whole dollar amount (no cents).
What is the total financial support you are requesting in this application?

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

Yes

No

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:

2020 Application Form Preview

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 activity or program you are applying for. **Please note total income is to equal total expenditure**

Confirmed Funding

Confirmed \$

Unconfirmed Funding

Unconfirmed \$

Total income *

2.12 Expenditure

Provide detail of expenditure for the activity or 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 RESEARCH AND MEDICAL RESEARCH ONLY

* indicates a required field

3. Health Research and Medical Research

Please complete this section if your organisation is in the health research 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
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

2020 Application Form Preview

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.