



THE WILLIAM ANGLISS (VICTORIA) CHARITABLE FUND

Suite 2.09, 2nd Floor, 156 Collins Street, Melbourne, 3000

APPLICATIONS OPEN 1 MARCH

APPLICATIONS CLOSE 31 MAY

Consideration will be based on the information provided on the face of this application form.

1. Legally constituted name of organization:

2. Postal address:

3. Telephone:

4. Email:

5. Account name:

BSB:

Account number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. Concise description of organization (no more than 50 words please):

7. Indicate if funding is being requested for a specific project and if so, please give a brief description and the projected cost (no more than 50 words please):

8. Name of project and amount requested:

<input type="text"/>	\$ <input type="text"/>
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9. Estimated budget for current financial year for the organisation:

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10. Projected surplus/deficit for the current financial year for the organisation:

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11. Estimated subsidies from Federal, State and Local Government for the organisation:

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12. Has your constitution been amended in the past 12 months? ☐ Yes ☐ No

13. If yes, or a first time applicant, please upload your constitution here ☐ Upload here

14. Tax status:

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15. ACNC Registration ☐ Yes ☐ No

16. Annual report ☐ Upload here

17. Name (block letters please):

Position held

Date:

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18. By submitting this application form, I acknowledge and accept the guidelines of the William Angliss Charitable fund and declare that the information provided is true and correct.

☐ Accepted