

TASMANIAN MASONIC BENEVOLENT FOUNDATION EST. 1843

FREEMASONS TASMANIA COMMUNITY GRANT APPLICATION FORM

Applicant Organisation Information

(All applicants should read the Freemasons Tasmania Community Grants Guidelines publication prior to starting or submitting a Grant Application Form. In this form, "Applicant" refers to the entity being considered as a Grant recipient and additional information can be provided on separate attachments)

Legal Name of Applicant: (Including any suffix Pty Ltd, Inc. etc.)	
Full Address: (Principal place of business and address for purposes of communications with Freemasons Tasmania)	
Website:	
ABN:	
Application Representative:	Name:
	Position:
Applicant Representative Contact Details:	Email:
	Direct Telephone:
Provide a summary of the Applicant: (Organisation, group, club, committee)	
Type of organisation: (As per current ABN registration)	
Is the Applicant registered for GST?	(If yes. Provide GST registered ABN details)
Is the Applicant government or state owned or controlled?	(If yes. provide details)
Do any individuals hold or own any shares or other	(If yes. provide details)
interests (directly or indirectly) in the Applicant, such	
that they are an ultimate beneficial owner of the	
Applicant? In the past 5 years, has the Applicant (including any	(If yes, provide details and include attachments)
director, board member, or member of the Applicant's senior	(ii yes) provide actains and morace actainments)
management team) been the subject of any investigation,	
allegation or prosecution for corruption, bribery,	
fraud, false accounting, tax evasion or other related	
serious conduct?	

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Project or Service Details (In this form, "Project or Service" refers to the ultimate use of the funding being sought from Freemasons) **Project or Service Name:** Start and end date of Project or Service / expected timeframe to undertake the activity: Describe what need the Project or Service addresses in the community and why Freemasons Tasmania should support this activity? Other Funding: Grant Amount What amount of Grant is requested? \$ (3 x Grant categories \$2,250, \$3,250 or \$6,000): Detail how this Grant will be used. Which community will benefit from the Grant requested from Freemasons Tasmania? What will be the lasting impact of the Project or Service for the community? How will Freemasons Tasmania's support be recognised? If yes, provide details Are any third-party vendors being engaged to assist in delivering the Project or Service? If yes, provide details Has the Applicant received support from Freemasons Tasmania previously?

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Provide the names of all executives, directors, board members and ultimate owners of the Applicant (attach a list where necessary).						
Name:			Position Title:			
Provide the Applicant's bank details (this will be used should the application be successful). Note: this question is not required for Matched Giving Charities.						
Bank and Branch:						
Account name:						
BSB Number:			Account Number:			
Two Authorised signatories: (include full name and position) Signatory 1:				Signatory 2:		
Legal Declaration (In this form, the	e lead person in the Appl	icant organisat	ion {e.g. chair	person, director, CEO} must complete and sign this section)	
I, being duly authorised to execute this Freemasons Tasmania Community Grant Application Form and to certify as to the matters set forth herein, certify that all information is complete and correct.						
Name and Title:						
Signature of duly authorised officer:						
Date:						
					epted from 9am Monday 31st March 2025 till e this date window will not be considered.	

Please print, complete, sign and submit completed form via email only to:

gltas@freemasonstasmania.org

Page 3 of 3