



Melbourne Anglican Chaplaincy Fund

Established by the Anglican Diocese of Melbourne
Administered by the Melbourne Anglican Foundation Ltd.
The Anglican Centre, 209 Flinders Lane, Melbourne 3000
Email: foundation@melbourneanglican.org.au
Website: www.melbourneanglican.org.au/melbourne-anglican-foundation
Phone: (03) 9653 4286

ABN: 92 161 325 913

Melbourne Anglican Chaplaincy Fund Grant Application

Dear Applicant,

Thank you for your interest in the Melbourne Anglican Chaplaincy Fund, a charitable entity under the administration of the Melbourne Anglican Foundation.

Instructions for new Applications

It is important that prospective and new applicants carefully read and consider the objects of the Melbourne Anglican Chaplaincy Fund, which conform to Australian taxation law, and constitute the criteria against which applications will be assessed.

The purpose of the Chaplaincy Fund is to provide money:

- (i) to any public hospital or hospital which is carried on by a society or association otherwise than for the purpose of profit or gain to the individual members of that society or association within the Diocese of Melbourne;
- (ii) to any public benevolent institution which employs or shares in the employment of a chaplain licensed by the Archbishop of Melbourne or has committed itself to employ or to share in the employment of a chaplain licensed by the Archbishop of Melbourne.

Criteria for new Applications

1. The proposed program/activity/purpose must align in a tangible capacity with the stated purpose and mission of the Melbourne Anglican Chaplaincy Fund
2. The proposed program/activity/purpose must be fully compliant with the most recent Anglican Diocese of Melbourne Safe Ministry Practice standards
3. The proposed program/activity/purpose must include visible details and branding of the Melbourne Anglican Foundation on published donation materials including printed and digital media appeals
4. The proposed program or activity must be fully compliant with all pertaining Government and Legal requirements (OH&S, Working with Children Checks, RSA permits, etc.)
5. Any adults involved in the proposed program or activity must have a current clearance for service from Kooyoora in accordance with clause 2(b)(ii) of Schedule 1 of the Professional Standards Uniform Regulations 2017.



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In order for your application to be considered, please complete the attached application form and return to:

The Chair
The Melbourne Anglican Foundation
209 Flinders Lane
Melbourne Vic 3000
PH. 9653 4286
E. pmcdonald@melbourneanglican.org.au

You may wish to also include any additional information which you consider may assist your application. Please ensure you address how your application will meet and further the objects of the Fund as stated above.

Grant applications are assessed by the Board of Directors on a quarterly basis. You will be notified in writing as soon as possible after your application is tabled, of the outcome.

If you have any queries or require any further information please contact Paul McDonald, Operations and Administration Officer, for advice. Paul is in the office and can be contacted on (03) 9653 4286 or by Email pmcdonald@melbourneanglican.org.au

Sincerely,

A handwritten signature in blue ink, appearing to read 'Carolyn Clark'.

Carolyn Clark OAM
Chair Melbourne Anglican Foundation



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APPLICATION FORM : Melbourne Anglican Chaplaincy Fund

CONTACT DETAILS

Name of Applicant: _____

Address: _____

Contact Person: _____

Position held: _____

Telephone: _____

Email: _____

Name of the Proposed Program: _____

Grant Amount

The total amount you are applying for : \$ _____

GRANT PURPOSE DETAILS ; Melbourne Anglican Chaplaincy Fund

Grant Purpose: _____



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Please briefly outline the purpose of the grant, noting any attachments or additional information included with your application.

- Who will benefit from the grant?

- If applicable, what are the expected number of attendees and / or how many are likely to benefit from the program or activity? How will the intended attendees be reached and access the program?

- Will any members of staff be employed as part of this program or activity?
If so how many full and part time? How many volunteers will contribute to the program or activity?

BUDGET

- Please **detail the budget** for this grant, with particular details (where possible) on how the grant monies will be spent (expenditure report).

- Upon full usage of the grant monies or conclusion of the purpose please **create an acquittal report** that corresponds with the proposed budget

APPOINTMENT OF REPRESENTATIVE : Melbourne Anglican Chaplaincy Fund

The application is required to nominate a representative, who will provide a report for each calendar year, comprising:

1. The stated objectives of the grant purpose, and achievements;
2. A financial report for the past year of operation or part thereof;

3. Sign a declaration stating that the program or activity has been carried out in accordance with the objects and criteria of the Melbourne Anglican Chaplaincy Fund. and is, thereby, compliant with the Australian Tax Office deductible gift recipient (DGR) requirements.



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Program Name:

Parish or Ministry Context:

Minister/ Manager:

Appointed Representative:

Contact details for appointed Representative:

Phone:

Email:

DECLARATIONS : Melbourne Anglican Chaplaincy Fund

Declarations in support of the application:

MINISTER / CEO / CHAIRPERSON

Name

Signed



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Date: _____

CHURCHWARDENS or DIRECTORS

Name/s _____

Signed _____

Date: _____

I hereby consent to my appointment as the Representative for the purposes of the Melbourne Anglican Chaplaincy Fund and confirm my understanding of the roles and responsibilities

Name _____

Signed: _____

REPRESENTATIVE

Date: _____