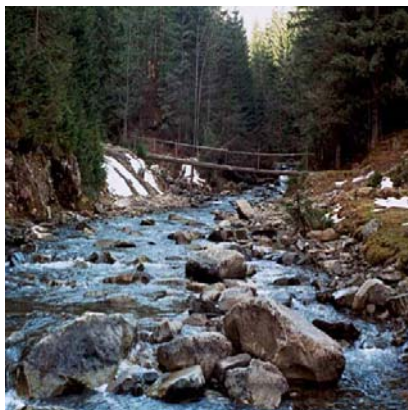


The

KARPATY

Foundation



Helping You
Help Our Community

Formed for community benefit as a result of the Karpaty Ukrainian Credit Union & SCU merger in 2010 (SCU now trades as Sydney Mutual Bank and is a division of Australian Mutual Bank Ltd)

GRANT APPLICATION



Grant Application Guidelines

The Karpaty Foundation provides grants to individuals and organisations for the purpose of building a fair, just, creative and caring society - particularly in relation to the Ukrainian community in Australia and in Ukraine by;

- Enriching individual and civic life
- Improving the lives of people impoverished from social or cultural disadvantage
- Strengthening democratic values and participation
- Promoting creativity, innovation, tolerance, and the fulfilment of potential for the betterment and improvement of community values in society, with a focus on: -
Education & Scholarship
 - Arts & Humanity
 - Welfare & Wellbeing
 - Sustainability and Environment
 - Heritage & Society
 - Special Projects (such as Leadership in Society) as may be determined from time to time

Grant funds **will not** be used for salaries or wages, capital works or general revenue and expenditure for an organisation or individual or where the Board has determined the project/event/activity has commenced and the Karpaty Foundation is unable to receive appropriate acknowledgement of the Karpaty Foundation's support prior to or during the project/event/activity. They are provided for a specific purpose/event/activity e.g. offset travel costs, cost of printing programs, cost of hall hire etc.

Applications for a Grant must be received prior to and no later than 5.00pm on the following dates each year if the applicant wishes the grant to be assessed within 30 days of that date:

- 28 February
- 30 June
- 31 Oct

For Grants to be considered at the scheduled meetings of the Foundation, all applications must be received by the due dates (s) prior to the meeting. Also, refer to point 3 under application process.

The Application Process

Requests for a Grant must be made on the designated Grant Application Form **AND** accompanied by a covering letter. Please ensure that all relevant questions have been answered and that all supporting evidence has been attached. Grant applications may be submitted via mail or e-mail and should be addressed to:

Mail: The Secretary of The Karpaty Foundation
C/O Australian Mutual Bank Ltd
PO Box 881
Haymarket NSW 1240
Email: karpatyfoundation@australianmutual.bank
Web: www.sydneymutual.bank/karpatyfoundation

It is requested that any supporting letters and documents provided with your application in Ukrainian, should also be translated into English upon submission of the application.

1. Requests for Grant funds will be reviewed by the Trustees of the Foundation. The Trustees may seek clarification, further information or ask for a presentation from applicants. Applications will be considered each March, July and November for applications received by the end of the preceding month.
2. All Grant requests that have been completed using the Grant Application Form **AND** accompanied by a covering letter will receive a written/e-mail acknowledgment within 20 working days of receipt of the application, which may also include a request for any outstanding requirements.
3. The initial grant application will be reviewed under the following timetable:

Foundation Meeting	March	July	November
Grant Application Received	November December January February	March April May June	July August September October

4. The decision made by The Foundation will be addressed to the applicant in writing. There are four likely outcomes which applicants should be aware of;
 1. The Grant application will be approved, or
 2. Clarification or further information may be required, or
 3. A presentation to the Trustees may be required, or
 4. The Grant application has been unsuccessful
5. The decision of the Trustees of the Foundation's shall be final, and no further correspondence shall be entered into.
6. Applicants who are members of Sydney Mutual Bank/Karpaty Ukrainian Credit Union will in the first instance be given preference in grant funding prior to consideration to non-members of the Credit Union.
7. We encourage and expect applicants to apply to other Ukrainian Foundations/Institutions with the view of potentially receiving the overall funding associated with the project. The Trustees of the Foundation may seek dialogue/collaboration with other registered Ukrainian Foundations/Institutions to share funding information. Names and contact details of other Ukrainian Foundations/Institutions can be obtained from the Australian Federation of Ukrainian Organisations website at www.ozeukes.com

Grant Application



PART 1 - ORGANISATIONS ONLY

1a Organisations Details

Organisation Name	<input type="text"/>	
Address	<input type="text"/>	
ABN (if applicable)	<input type="text"/>	
ACN (if applicable)	<input type="text"/>	
Phone	<input type="text" value="()"/>	Fax <input type="text" value="()"/>
Email	<input type="text"/>	
Web	<input type="text"/>	

1b Personal Contact Details

Primary Contact Person	<input type="text"/>	
Position	<input type="text"/>	
Phone	<input type="text" value="()"/>	Fax <input type="text" value="()"/>
Email	<input type="text"/>	
Secondary Contact Person	<input type="text"/>	
Position	<input type="text"/>	
Phone	<input type="text" value="()"/>	Fax <input type="text" value="()"/>
Email	<input type="text"/>	

1c Organisation Type

<input type="checkbox"/> Company	<input type="checkbox"/> Religious	<input type="checkbox"/> Association
<input type="checkbox"/> Club	<input type="checkbox"/> Youth	<input type="checkbox"/> School
<input type="checkbox"/> Society	<input type="checkbox"/> Other (please specify)	<input type="text"/>

1d Target Community

<input type="checkbox"/> General	<input type="checkbox"/> Multicultural	<input type="checkbox"/> Ethno-specific	<input type="checkbox"/> Migrants
<input type="checkbox"/> Elderly	<input type="checkbox"/> Refugees	<input type="checkbox"/> Gender-specific	<input type="checkbox"/> Underprivileged/disadvantaged
<input type="checkbox"/> Children	<input type="checkbox"/> Youth	<input type="checkbox"/> Other (Please specify)	<input type="text"/>

1e Scope of Organisation

International National State Local

1f Organisations Description

Please provide a short description of your organisations functions and activities

Number of registered members/participants

1g Was your organisation a member of Karpaty Ukrainian Credit Union?

Yes No

1h Is your organisation a member of Sydney Mutual Bank?

Yes No

PART 2 – INDIVIDUALS ONLY

2a Personal Contact Details

Full name

Position/
Profession

Phone

Fax

Email

2b Membership Details

Were you a member of Karpaty Ukrainian Credit Union?

Yes No

Are you a member of Sydney Mutual Bank?

Yes No

PART 3 – ORGANISATIONS & INDIVIDUALS

3a Grant Request

Amount of grant requested

AU\$

Funds needed by

/ /

What is the total cost of the project?

AU\$

3b Other Organisations Grant Request

Have you applied and/or received a Grant/Sponsorship from any other Foundation/Institution in respect of this project?

Yes No

(if yes, please indicate)

Name of Foundation(s)/Institution(s)	Amount(s) applied for or received AU \$	At date of Application		
		Received	Pending	Rejected
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby consent to The Karpaty Foundation contacting other Ukrainian Foundations/Institutions regarding this grant application, where funding for the overall project or amount being requested from The Karpaty Foundation is greater than \$1,000.

Yes No

3c Purpose of Request

What will you be doing with the grant money? (please attach any supporting material/evidence)

3d Budget

Please provide a complete breakdown of all the income and expenditure for the event that grant is sought, including any profit and loss. (please attach any supporting material/evidence)

Income

Expenditure

3e Grant Benefit

Please describe how the community will benefit from this grant and how the purpose of the request (refer 3b) fulfils the purposes of the Karpaty Foundation as set out in the **Grant Application Guidelines**

3f Other Contacts

Please list the names and phone numbers of other people, companies or societies who may be consulted for information regarding you or your organisation:

3g Representation

Would you or a representative of your organisation be willing to make a presentation to the Trustees either before, during or after the project for which you are requesting the grant?

Yes No

3h Acknowledgement

Would you, your group or organisation be willing to be publicly acknowledged in marketing material? (e.g. press releases, newsletters, websites etc)

Yes No

Would you, your group or organisation be prepared to publicly acknowledge The Karpaty Foundation in marketing material (e.g. publications, programs, posters, newspapers, websites etc.)

Yes No

If yes, please indicate in what form such acknowledgements will occur:

3i Other Information

Please provide any other information you feel is important in support of your application

Applicants Declaration



I declare that the information I have provided in this application is true and correct. Furthermore, I acknowledge that the Karpaty Foundation may contact other Ukrainian Foundations/Institutions regarding the details of this application.

If the application is successful, I agree to comply with the Grant Guidelines set out by The Karpaty Foundation in all its facets.

I further Declare that:

- a) the funds received from the Karpaty Foundation will be used solely for the purposes outlined in the application; and
- b) that evidence of completion of the project will be forwarded to the Secretary at the earliest possible date after completion; and
- c) that acknowledgements be made on all publications funded by the Foundation.

On behalf of (organisation name):

Full Name:

Position in
organisation:
(If applicable)

Email:

Phone:

Fax

By activating the authorisation box below, I declare that the information I have provided in this application is true and correct.

Authorisation box
(requires activation)

Date / /

WITNESS

Please provide the name of another person who has witnessed this Grant Application and whom we can be contacted during the day if we need further information.

Full Name:

Position in
organisation:
(If applicable)

Email:

Phone:

Fax