



The John Maclean Foundation Ltd

2018 GRANT APPLICATION

Please complete in BLOCK LETTERS using a pen.

APPLICATIONS CLOSE APRIL 30, 2018

APPLICATION INFORMATION		
Application date:	Grant application amount: AUD\$	
Item Required:		
Benefit the item will create for the recipient:		
Item cost: AUD\$		
Funds raised so far:	Family Contributions:	Local Fundraising:
	Local Authority:	Other Sources:
Has the recipient ever applied for a JMF grant before: YES NO (Please circle)		
Has the recipient ever received a grant from JMF before? YES NO (Please circle)		
If yes, please provide details.		
RECIPIENT INFORMATION		
First Name:	Surname:	Also known as:
Date of birth: DD/MM/YY	Current Age:	FEMALE MALE (Please circle)
Child's Condition/Diagnosis:		
Nationality:	Residential status: PERMANENT VISITOR (Please circle)	
GUARDIAN / PRIMARY CARER INFORMATION		
MR MS MISS MRS (Please circle)	First Name:	Surname:
Relationship to recipient:		
Does the recipient live with you on a permanent basis? YES NO (Please circle)		
Annual Household Income:		No. dependents:
Employment Status: PART-TIME FULL-TIME SELF EMPLOYED UNEMPLOYED (Please circle)		
Street Address:		
City:	State:	Postal Code:
Country:	OWNED RENTED (Please circle)	
Email:		
Landline:	Mobile:	Preferred time to call:
Preferred method of contact: LANDLINE MOBILE EMAIL POSTAL (Please circle)		

REFERRING AUTHORISED AGENCY COMPANY INFORMATION

A Referring Authorised Agency is the term we use to describe an organisation which is applying for the funds on behalf of the recipient and supporting the recipient in preparation of the grant and will provide feedback following the grant. (e.g. a Physiotherapist)

Company name:

Postal Address:

City:

State:

Postal Code:

Country:

Website:

REFERRING AUTHORISED AGENCY CONTACT INFORMATION

MR MS MISS MRS (Please circle)

First Name:

Surname:

Phone:

E-mail:

Job Title:

EQUIPMENT SUPPLIER INFORMATION

Company name:

Postal address:

City/Suburb:

State:

Postal code:

Country:

Website:

Phone:

ABN/ACN:

Contact first name:

Contact surname:

APPLICANT IMAGE AND PROMOTIONAL MATERIALS

A compulsory component of this application is to provide with the application a **digital image/photo** of the intended recipient/applicant which the John Maclean Foundation can use for promotional purposes should this application be successful. By submitting this application form and signing the declaration below you agree to the use of these images, and name of the applicant, in marketing and promotional activity by the John Maclean Foundation.

APPLICATIONS WHICH DO NOT INCLUDE IMAGES OF THE APPLICANT WILL NOT BE ASSESSED.

DECLARATION

I confirm the information on this form is correct and complete to the best of my knowledge and belief.

I understand that if I misrepresent or fail to inform The John Maclean Foundation on any matter that may be of relevance to the grant application this will be in breach of this agreement and may result in any offer of a grant being withdrawn.

I am in a position to use the grant and will be able to send an invoice within 3 months, should a grant be awarded, and understand that should I fail to do so the grant may be withdrawn.

I understand that no money will be paid directly to me and that The John Maclean Foundation will not reimburse any money that I have already spent. Payment will be made directly to the supplier against an invoice or where part funding is provided to the authorised referring agency.

Please note the application cannot be process unless signed and dated by the child's parent/primary carer.

Signature of Parent/Primary Carer:

Date:

PAPERWORK CHECK

Signed application form – Please ensure ALL sections within the application form have been completed.

Supplier quotation - which enables JMF to immediately contact the equipment supplier, to request an invoice, should a grant be awarded.

Agency referral letter – A letter, from the person nominated as the Referring Authorised Agency Contact on this form, outlining the diagnosis and the benefits the item/s applied for will provide.

Recipient image – I have attached a digital image of the intended recipient/applicant which the John Maclean Foundation can use for promotional purposes should this application be successful.

Please scan your application and email it to jmf@360se.com.au

If you are unable to scan an email your application please send via post:
GRANT APPLICATIONS | THE JOHN MACLEAN FOUNDATION |
C/- 360 SPORT AND ENTERTAINMENT, OFFICE 5, LEVEL 1, 220 THE ENTRANCE ROAD, ERINA NSW 2250

APPLICATION FEEDBACK
Where did you hear about JMF?
How easy is it to understand the Grant Application and Approval Process? DIFFICULT AVERAGE EASY (Please circle)
Please provide us with your feedback on the Grant Application Form: