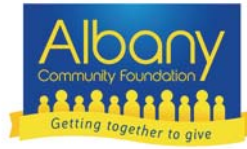


PLEASE NOTE: Due to the current unknown COVID19 impact, we have made the decision to only accept applications up to the value of \$1,000 unless extreme financial hardship can be demonstrated.



ALBANY COMMUNITY FOUNDATION INDIVIDUAL FUNDING APPLICATION & GUIDELINES

Introduction

Albany Community Foundation (ACF) is a privately run foundation aimed at supporting individuals and existing charity groups predominately in Albany and the Great Southern Region.

Broadly, we will support individuals that have fallen on hard times through no fault of their own or who lack the capacity to help themselves.

Existing charities also do a great job in our local community so we aim to provide funding and support to charities that have similar aims and objectives to ACF.

Assistance to Individuals

ACF has been approved by the Australia Taxation Office (ATO) as a public fund for the relief of individuals in “**necessitous circumstances**” Examples and further definition of “necessitous circumstances” are discussed later in this document. As an individual you must satisfy ACF you are in “necessitous circumstances”

Application Process

ACF goes through a rigorous audit each financial year to ensure we are compliant with the term “necessitous circumstances”. As such the provision and full disclosure of income, assets, liabilities and exact circumstances for all applicants are essential.

Applicants must complete the attached application form in full and disclose all assets, liabilities, income sources and detail the exact circumstances that have led to them making application to ACF. Any supporting documents that the applicant deems relevant to their claim should also be attached.

Additionally, independent quotes and third party evidence should be provided to support the details of your claim. Examples of this are bank statements, pay slips, tax returns, Centrelink benefits, valuations, medical reports or certificates etc. ACF will require this to maintain its compliance with the ATO and to give each claim equal weight.

ACF will treat your application and information in strict confidence but if you feel uncomfortable providing this much detail to ACF you should reconsider your claim.

How much can I apply for?

Due to the current unknown COVID19 impact, we have made the decision to only accept applications up to the value of \$1,000 unless extreme financial hardship can be demonstrated.

Depending on your circumstances ACF may deem it appropriate to provide vouchers, goods, equipment, the provision of services (ie payment of bills) or direct financial support. The form of support provided is entirely at the discretion of ACF.

How often can I apply?

It is not the intent of ACF for any individual to become reliant on our support. Applicants are only eligible for a single application. Unsuccessful applicants may reapply where the circumstances surrounding your application have changed significantly or make a new application if it's in relation to a separate matter.

How long does my application take?

All applications will be acknowledged on receipt. The maximum time for a response will be 8 weeks. ACF will endeavour to return a response quicker than this. Delays may occur if insufficient or incorrect information is submitted.

If your application is urgent we would request that you detail your reasons on your application and the due date you require funding. ACF will endeavour to accommodate you in these circumstances.

ACF reserves the right to request more information and verify all information provided.

Reasons may not be given for unsuccessful applications. Once a decision regarding the application is made no further discussion or correspondence will be entered in to.

If your application is successful you will be contacted by a board member of ACF.

Submitting your application:

Postal Address: PO Box 418, Albany WA 6331

E-mail: donate@acfwa.com.au

Queries: Please forward via email.

DEFINITION OF NECESSITOUS CIRCUMSTANCES

ACF has been approved by the Australia Taxation Office (ATO) as a public fund for the relief of individuals in “**necessitous circumstances**” and as such has strict guidelines to follow in regards to assessing individuals circumstances. Individuals applying for assistance must satisfy the board of ACF they are in “necessitous circumstances”

“Necessitous circumstances” means financial necessity not needs in general and will always involve some degree of poverty. This is where a person’s financial resource is insufficient to obtain all that is necessary for a modest standard of living in the Australian community.

The needs of the sick, disabled, aged, incapacitated, etc will not in their own right satisfy “necessitous circumstances”

“Necessitous circumstances” is a relative term and has no quantitative measure but it gives regard to and assumes some financial hardship or poverty.

In summary a person is in necessitous circumstances where his or her financial resources are insufficient to obtain all that is necessary, not only for a bare existence, but for a modest standard of living in the Australian community. A strong indicator of this would be where a person's level of income is such that they are eligible to receive income tested government benefits. While a person's level of income is a useful guide, it does not on its own indicate necessitous circumstances. For example, a person whose income level exceeds the welfare limit but who could demonstrate special or unusual circumstances which resulted in a marked lowering in their standard of living causing hardship, could still be considered to be in necessitous circumstances.

Some examples of necessitous circumstance are illustrated below:

Example 1: Geoff is 17 years old and was permanently incapacitated while playing football. He requires 24 hour care for the rest of his life. He was not insured and his parents cannot meet the costs. The local community wishes to set up an appeal fund for Geoff. The money raised is to be used to pay for necessary modifications to his parent's home and for the services of a carer. Would this be a necessitous circumstances fund? **Yes.** Geoff's parents do not have the means to provide the facilities and care that he requires. His condition has placed his family in immediate and on-going financial need. They would be considered to be in necessitous circumstances.

Example 2: While on holidays interstate, Jennifer was seriously injured in a car accident. All her medical expenses are being met by her travel insurance. Jennifer is suffering from loneliness and is facing a lengthy stay in hospital before she can return home. A local service club wishes to raise funds to fly Jennifer's mother interstate to comfort her daughter. Would the money raised constitute a necessitous circumstances fund? **No.** Jennifer's needs are not financial in nature. The fund is not for a person who is in necessitous circumstances.

ALBANY COMMUNITY FOUNDATION

Individual Funding Application Form

- All sections of this form must be completed **in full**.
- ACF has no capacity to assist with completion of this application.
- Incomplete forms will not be considered for assistance, but referred back to the applicant for completion.
- If you are making this application on behalf of another individual, please attach a cover letter stating your relationship to the applicant, your contact details and your interest in this matter.
- All information provided in this form will be treated as confidential.

Applicant Details:

Surname	Given Names	Date of Birth
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Contact Details:

Home Telephone	Work Telephone	Mobile
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Email

Home Address

Applicant's Residential Status:

Please tick appropriate box

<input type="checkbox"/> Owner Occupied	OR	<input type="checkbox"/> Renting
<input type="checkbox"/> Resides in Albany	OR	<input type="checkbox"/> Other; Specify:

How did you become aware of Albany Community Foundation?

GENERAL DETAILS

Type of assistance sought from Albany Community Foundation:

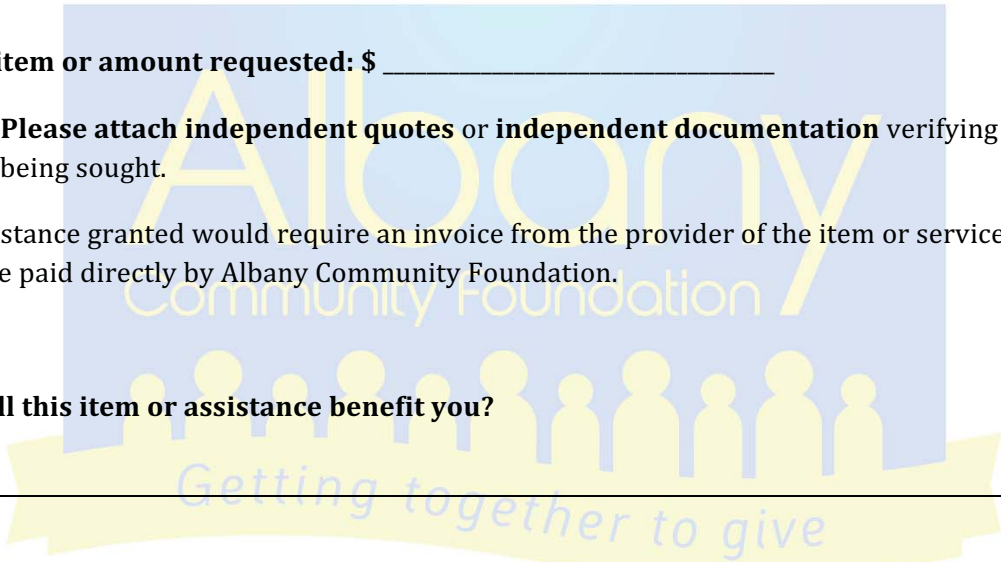
Item or assistance requested:

Cost of item or amount requested: \$ _____

NOTE - Please attach independent quotes or independent documentation verifying the amount being sought.

Any assistance granted would require an invoice from the provider of the item or service which would be paid directly by Albany Community Foundation.

How will this item or assistance benefit you?



DETAILS OF ALL OTHER SUPPORT APPLICATIONS OR PAYMENTS

Details of all other support or assistance being sought from all other sources:

Please attach separate sheet if more than 3 applications for funding are sourced.

Source 1:

From:	Amount:
Details:	

Source 2:

From:	Amount:
Details:	

Source 3:

From:	Amount:
Details:	

Details of all other payments, grants, settlements or donations already received:

Please attach separate sheet if more than 3 funding aids were received.

Source 1:

From:	Amount:
Details:	

Source 2:

From:	Amount:
Details:	

Source 3:

From:	Amount:
Details:	

Does the applicant have Private Health Insurance?

If **yes** please provide details of Provider & Type of cover.

ASSETS AND LIABILITIES STATEMENT

of the applicant and of the applicant's partner/spouse.

In the case of a child please provide details of both parents/guardian.

ASSETS		LIABILITIES	
ITEM	ESTIMATED VALUE	ITEM	AMOUNT
CASH AT BANK <i>Provide institution details</i>		CREDIT CARD DEBT <i>Provide institution details</i>	
	\$		\$
	\$		\$
			\$
HOME <i>Provide address</i>		LOAN <i>Provide institution details</i>	
	\$		\$
ALL OTHER PROPERTIES <i>Provide address for each</i>		LOANS <i>Provide institution details</i>	
	\$		\$
	\$		\$
	\$		\$
MOTOR VEHICLES		LOANS <i>Provide institution details</i>	
<i>Make / Year / Mileage</i>	\$		\$
<i>Make/Year/Mileage</i>	\$		\$
SHARES		LOANS <i>Provide institution details</i>	
<i>Institution & Quantity</i>	\$		\$
<i>Institution & Quantity</i>	\$		\$
BUSINESS OWNERSHIP/SHARES		LOANS <i>Provide institution details</i>	
<i>Name & Ownership % *</i>	\$		\$
<i>Name & Ownership % *</i>	\$		\$
<p><i>* If you own a business or shares of a business please provide documented evidence of your ownership share and financial statements for the most recent financial year.</i></p>			
ALL OTHER ASSETS OR INVESTMENTS		ALL OTHER LOANS (inc Personal) <i>Provide institution details</i>	
<i>Details</i>	\$		\$
<i>Details</i>	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

INCOME AND EXPENCES STATEMENT

of the applicant and of the applicant's partner/spouse.

In the case of a child please provide details of both parents/guardian.

DESCRIPTION	GROSS
INCOME	PER MONTH
EMPLOMENT	
<i>Occupation & Employer</i>	\$
<i>Occupation & Employer</i>	\$
GOVERNMENT BENEFITS/ ASSISTANCE	
	\$
	\$
	\$
	\$
ALL OTHER INCOME (inc child support)	
	\$
	\$
TOTAL OF ALL INCOME	\$
EXPENCES	PER MONTH
LOAN REPAYMENTS (inc personal loans)	
	\$
	\$
CREDIT CARD REPAYMENTS	
	\$
	\$
CAR REPAYMENTS	
	\$
	\$
ALL OTHER FIXED COST EXPENCES	
Rent:	\$
Childcare/School fees:	\$
Electricity & Phone:	\$
Other (specify):	\$
	\$
TOTAL OF ALL EXPENCES	\$

SUPPORTING DOCUMENTATION

In order to meet the statutory obligations for the gifting, Albany Community Foundation has an obligation to verify the information included in your application.

To allow us to do so, please attach as much supporting documentation as possible to verify your claim. This information should include copies of your (and your partner's/spouse's most current:

- Pay slips, group certificates and statements of all government benefits or assistance
- Tax return(s)
- Bank statements
- A loan statement from the loan provider, if applicable
- Financial Statements (if you or your partner own a business)
- Medical reports
- Medical certificates
- Independent quotations of documentation to verify the amount being claimed
- Any other documentation or statements to support the claims made on the application form

Failure to provide adequate supporting documentation may lead to your application being delayed, set aside or rejected.

REFEREES

To assist Albany Community Foundation make a decision as quickly as possible, we require at least **two personal referees** and the contact details of **all of your professional providers** who can verify the information you have provided.

Please advise these referees and provider to expect contact from us to discuss your circumstances.

Personal Referee 1:

Name	Relationship to you	
Home Tel	Work Tel	Mobile

Personal Referee 2:

Name	Relationship to you	
Home Tel	Work Tel	Mobile

PROFESSIONAL PROVIDERS

	Name	Contact numbers
Local Area Coordinator (LAC)		
Social Worker		
Doctor		
Nurse		
Principal		
Other <i>(Provide job title)</i>		



APPLICATION AGREEMENT

(You must sign and attach this to your application)

By signing this application agreement I acknowledge and consent to the following:

Albany Community Foundation (ACF) has a mandate to continually advise its members of the outcome of successful applicants and to promote the organisation to the broader community in an attempt to increase its charitable profile. This further assists ACF in raising funds.

ACF may require successful applicants to accommodate a photo opportunity and other media events such as editorials, TV news, promotion on social media, radio and our own website.

Successful applicants may also be asked to write a Letter of Appreciation to ACF.

The applicant authorises ACF to carry out a third party verification of the information provided within the application.

	
Signature	Date

Declaration of accuracy:

(I declare that to the best of my knowledge all information contained in the application is accurate and complete.)

Signature & Print Name	Date
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