

# IAN ROLLO CURRIE ESTATE FOUNDATION

## PLEDGE APPLICATION FORM

**Closing date 15 May and 15 November annually**

ABN: 77 391 271 977

**ONLY FILL OUT THIS FORM IF YOU ARE REQUESTING A PLEDGE.**

A Pledge is a commitment of financial assistance **over the value of \$50,000.00** to be paid within 24 months from date of approval. Payment is subject to receipt of a signed Building Contract & Occupancy Certificate or other documentation evidencing the work has or will be completed. The Pledge remains valid for 3 years. If you are unable to provide documentation to us after this time your Pledge will expire. You will need to submit a new application.

The income of the Fund will be directed towards assisting those charitable organisations providing homes, hostels, or other facilities for aged persons in necessitous circumstances within the State of Victoria. *Necessitous circumstances* are defined as circumstances requiring financial support to directly improve the care, health and well being of the disadvantaged.

To be eligible your organisation must be endorsed as charitable by the Australian Tax Office.

Organisations are invited to complete an application and return it together with a summary of the project incorporating supporting detail and other relevant information on or before the closing date to:

**Philanthropic Trusts**

The Trust Company Limited  
PO Box 361 Collins St West  
Melbourne VIC 8007  
Telephone (03) 9665 0200

Please ensure all questions on the Application Form are answered and the Declaration is signed prior to submitting.



**1 NAME AND ADDRESS:**

Organisation:

ABN:

Project / Facility:

Address:

**2 THE TYPE OF ACCOMMODATION / FACILITY PROPOSED:**

(including the number of persons and age profile to be accommodated)

**3 PROVIDE DETAILS OF HOW THE ORGANISATION/ FACILITY COMPLY WITH THE TERMS OF THE WILL IN:**

“...providing relief to aged persons in necessitous circumstances in Victoria...?”



**4 RELEVANT INFORMATION REGARDING YOUR PROJECT:**

The need in your region.

The percentage (%) of beds/places which are/will be occupied by aged persons in necessitous circumstances (N.B. Must be in excess of 70%)

Is your project eligible for a Commonwealth/State Grant?

1.  **YES**  **NO** (attach copy letter from Government)

2. Year of Funding:

3. Amount of Grant: \$

4. If not eligible, why?

**5 IS THE ORGANISATION A CHARITABLE ORGANISATION IN TERMS OF THE WILL?**

A charitable purpose, Hospital, Institution, Society, Organisation, Body or Fund in the technical legal sense of the word “charitable”.

YES  NO

Within the State of Victoria.

YES  NO

Tax exempt and a Deductible Gift Recipient as endorsed by the ATO.

YES  NO

**6 FACILITY COSTS:**

(Please ensure all financial details are completed)

Estimated cost of project / facility \$

Less total amount of Commonwealth/State Grant \$

**SUB TOTAL** \$

Less current funds available including Appeal proceeds to hand (if any) \$

**SUB TOTAL** \$

Less estimated balance of Appeal proceeds anticipated \$

**ESTIMATED SHORTFALL** \$

**Total amount requested from Ian Rollo Currie Estate Foundation:** \$

**7 APPEAL:**

Is there an appeal for this project?

YES  NO

Appeal launch date DD/MM/YY

Appeal target \$

Appeal proceeds received and included in 6(c) \$

**8 FUNDING:**

If your applications is successful, please advise estimated date funds would be required. If government grant is forthcoming, assume that Government funds will be used in the first instance.

MONTH  YEAR

The Trustees cannot guarantee part or all the funds will be available at the time and your Organisation may need to arrange separate financial accommodation in the short term.

The Trustees can only pay any promised funds on receipt of a **signed Building Contract & Occupancy Certificate** or other documentation evidencing the work has or will be completed.

**DECLARATION:**

The person who is making the application is to complete the contact details below:

**Name:**

**Address:**

**Telephone:**

**Email:**

**Signature:**

**Date:** DD/MM/YY

I confirm that  is authorised to make this application on behalf of our organisation.

**CEO of Organisation:**

**Signature of CEO:**

**Date:** DD/MM/YY

PLEASE NOTE: ONLY APPLICATIONS SUBMITTED VIA THIS FORM WILL BE CONSIDERED.