Expression of Interest





The Insignia Charitable Foundation invites you to provide details on your non-profit organisation and associated programs, so they can be considered for grant funding.

Please provide the information requested below and email your completed form to foundation@insigniafinancial.com.au.

Instructions

Please download the Expression of Interest form, save it on your local drive and complete – and then email back the form as mentioned above.

Please note the word limits provided below to ensure you do not exceed this limit.

Charity information

A. Charitable organisation's details

Organisation name	
ABN	
Postal address	
Suburb	State Postcode
Telephone	
Website	
DGR status	
Briefly explain the background	and goals of your organisation (200 word limit).

B. Contact person for	or the application		
First name		Surname	
Position			
Telephone			
Email			
Program informa	ation		
C. Program details			
Program title			
Location of program			State
Total program cost \$		Amount requested by Insignia Community Foundation	
D. Program descript	tion		
1. Please provide details on ye	our program and how it aligns with financial welll	peing, basic needs, reconciliation, dive	ersity and inclusion,
or mental health (200 word li	imit).		
	n you are trying to resolve and who will benefit fro ant demographics (200 word limit).	om the solution. Include number of pa	eople, age, gender,

4. Please provide any opportunities that may be available for Insignia Financial employees to volunteer, engage with or support your prograi or non-profit organisation (200 word limit).						
	Please provide any	opportunities that may	be available for Insignia	Financial employees to vol	unteer, engage with or supp	ort vour program
			oc avanable for morgina	· marreiar emproyees to vo.	anteen, engage man er sapp	ore your program