**Please complete this form to request to establish a named charitable sub-fund with Queensland Community Foundation**

**PART A - For Individual/Family**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | **Mr** | | |  | **Ms** |  | **Mrs** |  | **Other** |  |
|  | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Telephone Mobile** | | | | | | | | | | | | | |
|  |  |  | | |  |  | | | | | | | |
| **Email** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**NAME OF SUB-FUND**

You may request a name for your sub-fund. This can be after yourself, your family, a loved one, or a relevant cause or issue.

|  |  |
| --- | --- |
| **SUB-FUND NAME** |  |

**Establishment Donation *(Sub-funds can be established with a minimum donation of $50,000)***

|  |
| --- |
| **$** |

Please indicate donation method.

|  |  |  |
| --- | --- | --- |
| * Cheque made payable to Queensland Community Foundation | | $ |
| * EFT - Commonwealth Bank of Australia | | $ |
| Account Name: PTQ Common Fund No 1  BSB No: 064 006  Account No: 00090244 | |  |
| **Purpose of Fund** |  | |
| **Proposed Beneficiaries**  ***NB. All beneficiaries must hold Deductible Gift Recipient status as endorsed by the Australian Taxation Office*** |  | |

**PART B – For Organisations**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | |  | **Mr** | | |  | **Ms** |  | **Mrs** |  | **Other** |  |
|  | | | | | | | | | | | | | |
| **Name of Organisation** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Telephone Mobile** | | | | | | | | | | | | | |
|  |  |  | | |  |  | | | | | | | |
| **Email** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**NAME OF SUB-FUND**

You may request a name for your sub-fund. This can be after your company or a relevant cause or issue.

|  |  |
| --- | --- |
| **SUB-FUND NAME** |  |

**Establishment Donation (*Sub-funds can be established with a minimum donation of $20,000 based on an active plan to increase the corpus of the fund within 5 years)***

|  |
| --- |
| **$** |

Please indicate donation method.

|  |  |  |
| --- | --- | --- |
| * Cheque made payable to Queensland Community Foundation | | $ |
| * EFT - Commonwealth Bank of Australia | | $ |
| Account Name: PTQ Common Fund No 1  BSB No: 064 006  Account No: 00090244 | |  |
| **Purpose of Fund** |  | |
| **Proposed Beneficiaries**  ***NB. All beneficiaries must hold Deductible Gift Recipient status as endorsed by the Australian Taxation Office*** |  | |

**PART C - For charities/non-profits**

**DGR Registered Organisation Confirm Yes €**

***Please attach a copy of the Australian Taxation Office DGR Endorsement***

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CHARITY/NON-PROFIT** | | | |
|  | | | |
| **ABN** | | | |
|  | | | |
| **Address** | | | |
|  | | | |
|  | | | |
| **Telephone** | | | **Fax** |
|  |  |  |  |
| **Email** | | | |
|  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF CONTACT 1** | | | | | | | | | | | | |
| **Name:** | | |  | **Mr** |  | | **Ms** |  | **Mrs** |  | **Other** |  |
|  | | | | | | | | | | | | |
| **Position** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Telephone Mobile** | | | | | | **Mobile** | | | | | | |
|  |  |  | | | |  | | | | | | |
| **Email** | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF CONTACT 2** | | | | | | | | | | | | |
| **Name:** | | |  | **Mr** |  | | **Ms** |  | **Mrs** |  | **Other** |  |
|  | | | | | | | | | | | | |
| **Position** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Telephone Mobile** | | | | | | **Mobile** | | | | | | |
|  |  |  | | | |  | | | | | | |
| **Email** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**NAME OF SUB-FUND**

You may request a name for your sub-fund.

|  |  |
| --- | --- |
| **SUB-FUND NAME** |  |

**Establishment Donation – *(Sub-funds can be established with a minimum donation of $20,000)***

|  |
| --- |
| **$** |

Please indicate donation method.

|  |  |
| --- | --- |
| * Cheque made payable to Queensland Community Foundation | $ |
| * EFT - Commonwealth Bank of Australia | $ |
| Account Name: PTQ Common Fund No 1  BSB No: 064 006  Account No: 00090244 |  |

**Bank Account Details (Bank account into which annual income will be paid)**

|  |  |
| --- | --- |
| **Name of Bank** |  |
| **Account Name:** |  |
| **BSB No:** |  |
| **Account No:** |  |

|  |  |
| --- | --- |
| **Purpose of Fund** |  |
| **Proposed Beneficiaries**  **NB. All beneficiaries must hold Deductible Gift Recipient status Item 1 as endorsed by the Australian Taxation Office**  **Please attach copy of ATO endorsement stating DGR status.** |  |

**CONDITIONS**

**Sub-funds**

The donor acknowledges:

1. donations form part of the Trust Fund of Queensland Community Foundation and once accepted by the Trustee represents an irrevocable donation to the Foundation and are not refundable.
2. the assets will not be invested separately from the Trust Fund
3. the assets will not be separately accounted for in the statutory financial statements of Queensland Community Foundation, although separate management accounts in respect of the assets will be maintained for the purposes of internal management and identification
4. at the end of the financial year the Trustee will provide the balance on funds held and the income distributable
5. distributions occur after annual audit
6. the Trustee will administer in accordance with the Public Ancillary Fund Guidelines 2011
7. QCF is a perpetual charitable Trust and the capital may not be accessed without order by the Supreme Court, therefore, withdrawal of the seed donation and subsequent donations is **not** an option.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Dated:** |  |