



## Guidelines for Grant Application

- Address:** Robert Rose Foundation  
PO Box 8166, Kooyong Vic 3144 \*new
- Contact:** Natalie Rose-Harwood
- Position:** Executive Officer / Director
- E-mail** [apply@robertrosefoundation.com](mailto:apply@robertrosefoundation.com)
- Summary of Purpose:** The Robert Rose Foundation commemorates the life and achievements of the sportsman Robert Rose, who died in 1999, twenty-five years after becoming a quadriplegic. Charitable gifts, funds received and endowments will be utilised to assist in providing funds for people with Spinal Cord Injury who are in necessitous circumstances.
- Target Group:** People with Spinal Cord Injury as a result of trauma and who are in necessitous circumstances. Submissions will be accepted from individuals and organisations alike.
- Funding Goals:** The Robert Rose Foundation will primarily offer funding assistance for the following categories (but not necessarily exclusive to them):  
**Scholarship/Grants:** for those with Spinal Cord Injuries wanting to acquire new skills & qualifications and to function more independently in society. Sporting Scholarships would also be available for those with Spinal Cord Injuries who want to resume or explore new sporting activities.  
**Community Care Grants:** for those with Spinal Cord Injuries and their families to provide assistance with the purchase of equipment and/or services to enable them to improve their desired quality of life and assist them to function more independently in society.  
**Respite Grants:** for those with Spinal Cord injuries and their families to provide assistance with funding respite opportunities to enable them to improve their desired quality of life.
- Geographical Scope:** Victoria
- Grant Exclusions:** The Robert Rose Foundation will not usually provide Grants to projects which are more appropriate to the principles/purposes of other funding sources (eg SWEP, TAC), Trusts and Foundations, or to projects which have primary commercial purposes or which the government would normally support.
- Grant Frequency:** Assessments are conducted in order of receipt of application
- Application Procedure:** Through written application on the Robert Rose Foundation Grant Application Form
- Legal Limitations:** Donations to the Robert Rose Foundation are deductible for Australian Tax purposes and are exempt from Victorian Probate Duty.

Robert Rose Foundation  
Administered by:

Robert Rose Foundation  
ABN 41 166 857 174  
PO Box 8166  
KOOYONG VIC 3144



Please submit Grant Applications together with relevant supporting documentation to;

The Robert Rose Foundation
PO Box 8166, KOORYONG VIC 3144
Or
PRINT SCAN AND EMAIL TO;
apply@robertrosefoundation.com

Grant Application Form

Office Use Only: LARN

Name of Applicant .....

Address of Applicant .....

Post Code.....

Telephone No's B/H:.....Mobile:.....

Email: .....

PLEASE NOTE GRANTS ARE ONLY AVAILABLE FOR PEOPLE WITH SPINAL CORD INJURY. PRIORITY WILL BE GIVEN TO APPLICANTS WHOSE SCI WAS INCURRED AS A RESULT OF TRAUMA.

Description of injury and how incurred:

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.....

Did you receive compensation for this injury? (circle one) Yes No

If yes - from .....

Are you eligible for alternative funding? (e.g. TAC, SWEP, other)
(This should be accessed prior to applying to the Robert Rose Foundation)

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Service/Educational Course/ Nature of Equipment for which Grant is being sought:
(Please ensure that you identify the nature of the Grant being sought in accordance with the Robert Rose Foundation Guidelines)

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**Intended Outcome of Grant:**

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**Financial Details of Grant requested: (provide at least 2 quotes unless service/course/ equipment sought is unique or limited)**

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**Total Grant Requested:**                      \$.....

**Supporting Documentation:**

Please attach, where available, relevant supporting documentation (e.g. from medical practitioners, physiotherapists, occupational therapists, other therapists, and/or details of courses and subjects to be studied.)

In making this application I acknowledge that all the information provided is true and correct.

.....  
**Signature of Applicant**

.....  
**Date**

Please note wherever the Grant Application is being made on behalf of the applicant, a Letter of Support by the organisation or family representative may be attached in support of the application.

**Application Checklist**

**Application form completed and signed**

**Quote(s) attached**

**Medical Practitioners supporting letter**

**Other, please state:.....**

To confirm we have received your application, we will provide you with an **LODGEMENT APPLICATION REFERENCE NUMBER** via EMAIL. Please provide the EMAIL address you require the Reference Number be sent to;

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