

4D. Apply to keep charity size



Purpose

Use this form to ask the ACNC to continue to classify your charity as its usual size (small or medium).

- >** You can apply to keep charity size only where your charity's size changes for one reporting period due to an unusual event (for example, a bequest or large donation) and is likely to return to its former size in future reporting periods. For more information, see the ['Reporting' section](#) of the ACNC website.

- !** If your charity reports for a period other than 1 July to 30 June, this must be approved by the ACNC. You can ask the ACNC to approve this using [Form 4A: Request a substituted accounting period](#).

When to submit

You must submit this form:

- during the reporting period in which the unusual event has occurred or within six months of the reporting period ending, **and**
- before you submit your Annual Information Statement.

Instructions

- This form is fillable on your computer using the free [Adobe Acrobat Reader](#).
- You can also choose to print the blank form and fill it out by hand.
- Make sure the declaration is signed. Section C explains who can sign the declaration.
- Attach any additional information to this form (for example, if you need more space).

Section A: Charity information

- !** You must answer all questions in this section. This information will appear on the ACNC Register.

1 What is your charity's Australian Business Number (ABN)?

2 What is your charity's name?

This is your charity's formal name as it appears on legal or other official documents.

Section B: Revenue information

- !** You must answer all questions in this section. This information will not appear on the ACNC Register.

3 What was (or will be) the total revenue for your charity in the following reporting periods?

Estimate the revenue if it is in the future. Do not include cents.

	Year	Total revenue
Previous reporting period	<input type="text"/>	\$ <input type="text"/> .XX
Reporting period in which unusual event occurred	<input type="text"/>	\$ <input type="text"/> .XX
Following reporting period	<input type="text"/>	\$ <input type="text"/> .XX

- >** You will need to provide the revenues of three reporting periods – the period in which the unusual event occurred (for example, 2014), the previous reporting period and the following reporting period.

4 Describe the unusual event or events that have resulted in the charity changing its size, including the revenue received as a result of that event (for example, received a bequest or capital grant of \$100,000)

Section C: Declaration

Penalties

Penalties may be imposed for giving false or misleading information.

Privacy

The information in this form is collected for the purpose of administering the *Australian Charities and Not-for-profits Commission Act 2012* (Cth). We will use this information to decide whether your charity can keep its size. If you do not provide us with the information requested on this form, we will be unable to process your request. Where authorised to do so, we may give this information to other government agencies (for example, through the use of the Charity Passport).

The ACNC's privacy policy is available on our website (www.acnc.gov.au). The policy contains important information about how you can access and request correction of information we hold about you, how you may complain about a breach of the Australian Privacy Principles and how the ACNC will deal with any privacy complaint. If you have any questions, our contact details are advice@acnc.gov.au, 13 22 62 or GPO Box 5108 Melbourne Victoria 3001.

Who can sign this form

This form must be signed by:

- a **responsible person** (such as a board or committee member or trustee), **or**
- an **authorised person** who holds a position in the charity that gives them authority to sign (such as a CEO or CFO), **or**
- an **agent** authorised by the charity to sign this form (such as a lawyer or an accountant), **or**
- **another registered charity** (lodging entity) that can legally change the governing rules of the charity in relation to a matter to which this form relates.

Name of person signing this form

Position held (for example, trustee, board or committee member, lawyer, accountant)

Preferred phone number (landline or mobile)

Email address (optional)

If you are acting on behalf of **another registered charity** (lodging entity) you will also need to complete the following fields.

Name of other charity

ABN of other charity

I am authorised to make this declaration. The information contained within this application is true and correct.

- > If you are signing this form electronically, you must:
- use a digital ID
 - insert an image of your signature, or
 - draw your name.

Do not type your name in the signature field as the ACNC cannot accept this as a signature.

For further instructions on how to sign this form electronically, see the [forms section](#) of the ACNC website.

Signature

Date

Day

Month

Year

Lodging this form

Make a copy of this application (including any attachments) for your own records.

Email it to:
reporting@acnc.gov.au

Send it to:
Australian Charities and Not-for-profits Commission
GPO Box 5108
MELBOURNE VIC 3001

For information call Advice Services on:
13ACNC (13 22 62)