

COMMUNITY GRANT PROGRAM – APPLICATION FORM

ORGANISATION DETAILS				
Organisation Name				
Charity/ Not-for- profit				
ABN				
Address				
Contact Name				
Phone & Email				
Purpose of the Organisation				
Which area is your focus?				

SƏUTM Eveleigm

PROPOSED PROJECT				
Project Title				
Please provide an overview of the proposed project				
Total Budget for the Project & Amount being requested (\$)				
Project start & end dates				
Describe your project in detail				
Where will the project be delivered?				
Who is your target group, and how many people will the project benefit?				
How will the community that you are delivering to benefit from your project?				

SƏUTM Eveleigm

How will you evaluate the success and impact?		
Any additional information you would like to add? (E.g. data, research, evidence, etc.)		
Applicant Name:		
Applicant Position:	 	
Signature:	 	
Date:	 	