



COMMUNITY GRANT PROGRAM – APPLICATION FORM

Organisation Name	
Charity/ Not-for-profit	
ABN	
Address	
Contact Name	
Phone & Email	
Purpose of the Organisation	
Which area is your focus?	
Please provide an overview of the proposed project	

Project Title	
Total Budget for the Project & Amount being requested (\$)	
Project start & end date	
Describe your project in detail	
How will you evaluate the success of the sponsorship?	