



GRANT APPLICATION FORM

Name of Organisation:

Address:

Primary Contact Details

Name:

Title/Position:

Email address:

Contact phone number:

Additional Contact Details (if applicable)

Name:

Title/Position:

Email address:

Contact phone number:

Eligibility Criteria

Please circle or select the appropriate response for each question.

Is the project based in the Hastings, Camden Haven or Macleay areas?

YES	NO
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Is the project cancer related?

YES	NO
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Will the project assist with Closing the Gap for Aboriginal groups?

YES	NO
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Will the project contribute to local cancer research?

YES	NO
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Project Details

Please provide a clear overview of the project.

What are the key objectives of the project? Please list the main outcomes you aim to achieve.

Who will benefit from the project?

Will the project continue to provide benefits after the initial funding period? If yes, please explain how.

Project Cost

Estimated total project cost:

\$

Amount requested from the Hastings Cancer Trust:

\$

If you are seeking co-funding from another source, please state the provider's name and the amount requested.

Provider name:	Amount requested: \$
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Please provide invoices and/or quotations to support your application

Declaration

I declare that the information provided in this application is true and accurate to the best of my knowledge at the time of submission.

Name and position/title of the person making the declaration:

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Signature:

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Date:

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Additional Information (If required)