



THE HASTINGS CANCER TRUST GRANT APPLICATION FORM

INTRODUCTION

Welcome to the Hastings Cancer Trust Grants Program

To assist you with completing your application we have introduced a simple template which will help guide you through the information required.

Applications for a Hastings Cancer Trust Grant can be submitted by, or on behalf of, anyone involved in the management of cancer, or indeed, community organisations that support cancer patients and survivors, as well as their carers, in the Hastings, Camden Haven and Macleay areas.

Applications are not limited to, but might include the development of facilities, support of local research efforts, funding for the education and training of clinicians, purchase of aids and equipment, and even provision for the specific needs of community groups.

In assessing the application Trustees will pay particular attention to how a project will benefit the maximum number of people being treated for cancer and those recovering from cancer. In some instances the Trustees may provide part-funding for an application.

For large projects, consideration will be given to applications that have explored co-funding options from other providers independent of the Hastings Cancer Trust.

You may complete the template and submit electronically or print a PDF version and either mail or email once completed.

If you have any questions please email the Grants Officer at :

hastingscancertrust@gmail.com



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ORGANISATION DETAILS

In this section you will be asked to share the details of the organisation applying for the grant and the people responsible for the application.

Please advise the name of your organisation.

Please advise the mailing address of your organisation.

Please advise the full name and title of the primary contact. eg: Ms Anna Smith, Secretary.

Please advise the preferred email address of the primary contact.

Please advise the preferred contact phone number for the primary contact.



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ADDITIONAL CONTACT DETAILS

In this section You will be asked to provide the details for the second contact person if applicable. **ONLY** complete this section if there is a secondary contact for the application.

Please advise the full name and title of the secondary contact. eg: Mr David Jones, Treasurer.

Please advise the preferred email address for the secondary contact.

Please advise the preferred phone number for the secondary contact.



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ELIGIBILITY CRITERIA

In this section you will be asked about the eligibility of the application (project).

Is the project based in the Hastings, Camden Haven or Macleay area. Please answer with one of the following: Yes, No or Not Sure

If you answered not sure to the above question please provide further details as to why you selected this answer.

Is the project cancer related. Please answer with one of the following: Yes, No or Not Sure

If you answered not sure to the above question please provide further details as to why you selected this answer.

Will the project be commenced within the next 12 months. Please answer with one of the following: Yes, No or Not Sure.

If you answered not sure to the above questions please advise when you expect the project to commence.



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PROJECT DETAILS

In this section you will be asked to provide specific details of your funding request.

Please provide the details of the project.

What are the key objectives you wish to achieve from the project.

What need(s) will be filled through the implementation of this project.



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Who will benefit directly and indirectly from the project.

How will the project continue to provide benefits into the future.



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PROJECT COSTS

In this section you will be asked about the cost of your project.

Please advise the estimated total cost of the project.

Please advise the amount you are seeking from the Trust to help fund this project.

If you are seeking co-funding from another provider please advise the name of the provider and the amount of funding being requested.

Please attach invoices and quotations to substantiate your request.



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ADDITIONAL INFORMATION.

Please add any additional information relating to the project that you consider relevant for a fuller understanding of your request.



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DECLARATION

In this section you will be asked to confirm and sign the application.

I/We declare the information in this application is accurate to the best of my knowledge at the time of submitting.

To be signed by the person making the declaration.

Full name of the person making the declaration.

Position/Title of the person making the declaration.

Thank you for completing you Hastings Cancer Grant Application. Please send the completed form and associated paperwork:

- by mail to **PO Box 9272 Port Macquarie NSW 2444, or**
- by email to **hastingscancertrust@gmail.com**