

APPLICATION FORM

Organisation Details

Name of organisation:

Mailing 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

Is the project based in the Hastings, Camden Haven or Macleay area? (Please circle)

Yes No

Is the project cancer related? (Please circle)

Yes No

PROJECT DETAILS

Please provide the details of the project.

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

Who will benefit directly and indirectly from the project?

Will the project continue to provide benefits into the future? If so, in what way?

PROJECT COST

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

\$

Please advise the estimated total cost of the project:

\$

If you are seeking co-funding from another provider, please advise the name of the provider and the amount requested from them:

Name:

Amount: \$

Please provide invoices and/or quotations to support your application

DECLARATION

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

Name & Position/Title of the person making the declaration.

Signature:

Date: