ANHCA Public Fund for DGR **Use this application form for**

**Project Funding Applications**

|  |
| --- |
| **Organisation details** |
| *Organisation name:*  |
| *Australian business number (ABN):* |
| *Postal address:* *Suburb/town: State: Postcode:* |
| *Web address:* |
| *Head of organisation (manager or equivalent)**Name:* *Telephone:* *Email:*  |
| *Contact for application**Name:* *Title:* *Telephone:* *Email:*  |
| *Is your organisation a current financial member of (please tick):* |
|  | Australian Neighbourhood Houses & Centres Association (ANHCA) |
|  | Neighbourhood Houses Victoria (NHVic) |
|  | Community Centres South Australia (CCSA South Australia) |
|  | Queensland Families & Communities Association (QFCA Queensland) |
|  | Linkwest (Western Australia) |
|  | Local Community Services Association (LCSA New South Wales) |
|  | Neighbourhood Houses Tasmania (NHT) |
|  |
| *If your application is successful please provide bank details for where grant money would be deposited to.* |
| Account Name: Bank:BSB:Account Number:  |

If you are making application to a philanthropic body (trust or foundation) or a corporation on their application form, you may attach a copy of their completed application form or provide a link and log in details instead.

|  |
| --- |
| **Project details: please indicate which method you are using** *Link and log in details to online application*  *Funding body application form attached* ***Please proceed to the declaration*** *Project details completed below:* |
| *Name of Funding Body:* |
| *Closing date for application:* |
| *Have you discussed your application with the Funding Body?* |
| ***Link and log in details to application:******Please proceed to the declaration*** |
| *Project title:* |
| *Project start date: Project end date:* |
| *Total project cost:* |
| *Brief project description:* (A short summary of your project) (100 words) |
| Detailed project description: |
| *Why does this work need to be done?*(The specific issue or need you want to address) (200 words) |
| *What will you do?*(The specific activities that will take place and where they will take place) (200 words) |
| *Who will benefit?*(The specific target population that will participate in and/or benefit from this project – including number of people, age, gender, region and other demographics) (100 words) |
| *What are the expected outcomes?* (What you want to achieve with the project -outcomes are the effects on participants/beneficiaries from their involvement in the project) (150 words)  |
| *How will you know if these outcomes have been achieved?* (The measures of success for the project) (150 words) |

**Declaration**

|  |
| --- |
| I state that the information in this application and attachments is, to the best my knowledge, true and correct. I will notify the ANHCA Public Fund of any changes to this information and any circumstances that may affect this application. I consent to the information contained within this application being collected, used and disclosed by the ANHCA Public Fund for the purpose of registering, administering and promoting my grant application. I acknowledge that decisions to grant or to not grant are made at the sole discretion of the ANHCA Public Fund Sub-Committee. I understand that this is an application only and may not necessarily result in funding approval.**Signature:** **Print name:** **Position:** **Date:**  |

This completed and signed form should be returned to the ANHCA Public Fund Administrator, together with:

* Completed & signed Agreement
* Copy of your Constitution
* Copy of your latest audited financial statements
* Details of your board or committee membership

Please return completed form to:

Emily Harnett (ANHCA Grants Officer) by email to emily@anhca.org

If you have any questions regarding your application or need some assistance, please call Emily on 0428 964 817.