

Aboriginal Benefits Foundation Limited

ACN 110 243 466

TELEPHONE (02)9922 7129 • FACSIMILE (02)9955 7444

12 Mc Laren St North Sydney 2060

GRANT APPLICATION FORM – 2007/8

PART A APPLICANT

1. Applicant:(Name & Address)

2. Administering Organisation:
3. Postal address:

4. Telephone: Fax:
email:

5. Contact person:
Position in organisation: Telephone:

6. Title and Description of project: (attach details)

7. Total amount requested from Foundation:
(Total amount should include 10% GST if applicable)

8. Commencement date and time span of project:
Start.....
Finish.....

9. Legal status of organisation: (If you are not incorporated please give details of community organisation or other body which will administer the grant)

10. Names of principal office bearers:
President/Chairperson: phone/email:
CEO/Manager: phone/email:

11. State briefly the aims and objectives of this project (brief - one sentence if possible)

PART B THE PROJECT

1. Description of project: (see the information sheet "Information for Applicants")

PART C BUDGET

Detail all Income and Expenditure below.

(amounts should include 10% GST if applicable;

also list other Sponsors, Donors or confirmed Grants associated with the project)

PART D EVALUATION/AQUITTAL

Note: As a condition of the grant, recipients are required to acknowledge the Foundation on all material published in relation to the project.

The Aboriginal Benefits Foundation reserves the right to publish images of art works or progress photographs produced through payments of Foundation grants in order to disseminate information about the Foundation to the wider community.

I/we agree to the conditions above and to provide the Aboriginal Benefits Foundation with an evaluation report including financial statements no more than two months after completion of the project. Should the project not proceed I/we agree to refund grant moneys to the Foundation no later than two months after the completion date or as requested by the Foundation in writing. Extensions will only be granted in extenuating circumstances.

Signed.....

Date.....

Witnessed.....

On Behalf of
(Organisation)