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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Details for Grant Round Date:** | | | | | | |
| Group/Organisation Name: |  | | | | | |
| ABN: |  | | | Registered for GST? | | Yes/ No |
| Contact Person: |  | | | | | |
| Position Title: |  | | | | | |
| E-mail Address: |  | | | | | |
| Phone Number: |  | | | Fax Number: | |  |
| Postal Address: | Street Name and Number/ PO Box: | | | |  | |
| Suburb: | | | |  | |
| State: | | | |  | |
| Post Code: | | | |  | |
| Type of Group/Organisation | Primarily, what category best describes your organisation? (X mark appropriate responses) | | | | | |
|  | Community Group | | | | |
|  | Local Government | | | | |
|  | Non-profit Organisation | | | | |
|  | Other, please specify: | | | | |
| Is your Organisation Incorporated? | | | Yes/No  If no, you will need to consider an organisation who can auspice your activity, and the Auspice Agreement Form will need to be completed by them | | | |
| When was your group / organisation established and what does it do / who is the target group? | | |  | | | |

|  |  |
| --- | --- |
| Please describe your proposed activity in no more than 200 words, including possible dates and venue site. |  |
| How did you identify the need for the Activity and how will it benefit those affected by past forced adoption practices in South Australia? |  |
| How many participants will be involved in this activity? |  |
| Do you plan to partner with another group/organisation to hold this activity? If yes, what group/organisation? (this organisation can also be the Auspicing organisation) |  |
| Are there any other groups /organisations and their members/clients who may also benefit from this project? |  |

|  |  |
| --- | --- |
| Will your group/organisation be promoting your activity to other groups’/organisations’ members or clients? If yes, which group/ organisation? |  |
| Is your group/organisation providing any kind of financial or in-kind support to this activity? |  |
| Please identify how you plan to evaluate the activity |  |
| Who are the key people (ie. Facilitators and organisers) involved in running the activity? Please list their qualifications. |  |
| What, if any, are the risks involved with this activity, and how do you propose to respond to and manage these? |  |

**Budget**

Please provide quotes or documentation supporting each budget item, where possible.

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **NOTES** | **COST (incl**  **GST)** | **INVOICE**  **INCLUDED** |
| Venue Hire |  |  |  |
| Consumables |  |  |  |
| Administration (paper, printing  And postage) |  |  |  |
| Facilitation costs |  |  |  |
| Activity Materials, Books  & Resources |  |  |  |
| Equipment Hire for activity |  |  |  |
| Other (please specify) |  |  |  |
| **TOTAL GRANT MONIES REQUESTED** |  |  |  |

**Feedback**

How do you propose to collect feedback about your activity and manage any complaints your organisation / group may receive?

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