**GV Pride Inc. Small Grants Program - Application**

\* = required

Title of Program or Project: \*

Amount Requested: \*

Name of Applicant: \*

Name of Organisation:

ABN:

Email: \*

Telephone (inc area code): \*

Mailing Address: \*

Auspicing Body (if applicable)

Name of Org:

ABN:

Contact Person:

Email:

Telephone:

Project Description:

Please provide a short one or two paragraph description of your project (no more than one page of text) answering the following:

What is it you want to do?

Event/Project Timeline:

Why do you want to do it?

How the monies will be applied to the project?

Who will benefit from the project?

Have you tried sourcing other funds for your project – if so please outline what is the result?

Briefly describe how does your project further the aims and objectives of the GV Pride Inc. Small Grants Program?

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Project Budget:

|  |  |
| --- | --- |
| Item: | Dollar Amount: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total: |  |

Budget Narrative

Please give a description of each item and describe exactly how awarded funds would be used):

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|  |

Referee: If available please provide the name and phone contact for a personal or project referee.

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