

F49 & PCFA Men's Health Community Grants 2010 Application Form

- Please read the Grants Guidelines before completing this form. The Grant Guidelines will help you understand the eligibility criteria that need to be met by the project.
- Assistance with completing this form can be obtained from *Foundation 49* by phone on (03) 9508 1567 or email: admin@49.com.au
- Please ensure that you have answered all the questions and attached all relevant supporting documentation.
- Please apply by fax or mail only.

Applications close: Friday 25 June 2010 at 5.00pm

Fax to:

Foundation 49
(03) 9508 8549.

Mail to:

Foundation 49
Cabrine Health
183 Wattletree Rd
Malvern VIC 3144

1. GENERAL INFORMATION

Auspice organisation details:

Name of Organisation: _____

Contact Person: _____

Street Address: _____

Postal Address: _____

Telephone: _____

Fax: _____

Mobile: _____

Email: _____

***Who will be the contact person and the manager of this project?
(All correspondence will be forwarded to this person)***

Name: _____

Position Held: _____

Organisation: _____

Please attach evidence that this organisation is registered or incorporated

2. FINANCIAL INFORMATION

Who will accept financial responsibility for the grant money?

Name: _____

Position Held: _____

Organisation: _____

ABN Information:

Does this organisation have an ABN number? YES NO

ABN number: _____

Is this organisation registered for the GST? YES NO

3. PROJECT INFORMATION

Please attach information on the proposed project and include information under the following headings:

- **Project title**
- **Project goals:** *What are you trying to achieve through this initiative? Describe the objectives of the project – remember the objectives should be clear and obtainable so that you can measure the success of the project*
- **Rationale:** *Why is this initiative needed in your community?*
- **Project description:** *Describe the project and all its activities – the what, why, how and when of the proposal, and how you will incorporate prostate cancer information/education into your activity.*
- **Demonstrate previous experience working with the target group.**
- **Please list other organisations involved and/or consulted in the project:** *Describe the type of partnerships and collaborative efforts that will ensure the success of the project – attach letters of support and commitment for the project from these organisations. **Foundation 49 strongly encourages collaboration between organisations.***

4. OUTCOMES

Please attach information (briefly) on the outcomes, and include the following:

- Proposed project outcomes: *Describe the short and long term benefits gained from the project*
- Comment on the sustainability of these project outcomes

You will be required to complete an evaluation of your project; the form is available on the website.

Please note the 'Project Information' and 'Outcomes' information should not exceed more than two pages in total.

5. BUDGET

Please provide a break down of the project costs, including in kind support.

Costs to cover:	Agency to fund:	Funding sought from Foundation 49:
Eg, Hire a hall for a men's health night		\$300
Eg, Administration support	in kind	
Total funding requested from Foundation 49: (including GST)		\$

Due to limited funds, organisations that demonstrate a financial or in kind commitment will be looked upon favorably.

6. SOURCES OF FUNDING

Please disclose all other sources of funding for this project.

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7. GRANT APPLICATION CHECKLIST

Before submitting your application, have you ...

- Read the F49 & PCFA Men's Health Community Grants Guidelines
- Answered all the questions on this form
- Attached evidence that the auspice organisation is registered or incorporated
- Attached information on the proposed project, outcomes and evaluation
- Provided all budget details

The Men's Health Community Grants are proudly funded by the PCFA