

Small Grants Application

Contact Name:	Click here to type contact name
Name of Organisation/Group:	Click here to type organisation name
*ABN:	Click here to type ABN
Postal Address:	Click here to type postal address
Phone:	Click here to type contact phone number
Email:	Click here to type contact email
Date of Application:	Click here to type date of application

Which Women's Health Resource Worker have you discussed this application with?

Jess Boccia Noelle Taylor Rochelle Hine
 Carol Stewart Sue Watt

Which priority action area does your application address:

Mental Health and Wellbeing including:

Family Violence
 Gender and Diversity training
 Sexual and Reproductive Health
 Social Connectedness

Name and Description of Activity

Click here to type name and description of activity

Funding Requested

Item	Amount Requested
Click here to type item of funding requested	Click here to type amount requested
Click here to type item of funding requested	Click here to type amount requested
Click here to type item of funding requested	Click here to type amount requested
Click here to type item of funding requested	Click here to type amount requested

In-Kind Support by Organisation or Group

(e.g. salary, publicity, venue hire)

Click here to add in-kind support

Please itemise and attach quotations if appropriate

Total Funding Requested

* If this application is successful a tax invoice will be required.

Where an ABN is not supplied the ATO form *Statement by a Supplier* must accompany this document. The form may be downloaded from the ATO web site:

<http://www.taxreform.ato.gov.au/content/downloads/nat3346a.pdf>

Objectives

(What do you want to achieve?)

Click here and type your objectives

Need for the Program/Activity

(Why are you doing it?)

Click here and type the need for the program/activity

Program Development

(How and who? If conducting a program, include the anticipated number of participants, the target group, method of contacting participants etc.)

Click here and type program development

Time Frame

Click here and type in the time frame

Evaluation (*Evaluation form is available on the website*):

Should your submission for funding be successful, you will be asked to provide a brief report on the outcomes, stating whether the objectives of the project were met. Please advise how you are planning to evaluate the effectiveness of the project eg evaluation forms, attendance numbers, surveys/questionnaires.

Click here to add your evaluation meethod

Tip – have a look at our **Small Grants Program Details** on the web to ensure you have addressed the priority issues and key action areas.

Does your application meet all or some of the guidelines:

- Offers a clear benefit for women living in the region
- Contributes to women's health development in the region
- Demonstrates innovation and creativity
- Enjoys demonstrable community support
- Has a good prospect of long term viability and impact
- Involves partnerships and/or in-kind contributions
- Is supported by viable project management arrangements
- Offers value for money, both to the community and Barwon-South Western Region Women's Health
- Has clear outcomes against which the project can be evaluated
- Needs the support of Barwon-South Western Regional Women's Health to ensure its success

Please note – it is essential that permission forms are completed by project participants to enable use of their photographs/artworks or documentation in Wholewoman publications.