

# REGIONAL MEN'S HEALTH INITIATIVE

delivered by WMH (Inc.)



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## Men's Health Funding Application Form

*Funding is available (maximum \$300) for local communities to organise social gatherings to host a men's health & wellbeing educator (we need to be invited to your event but attendance is dependent on other commitments) to promote awareness and the importance of men's wellbeing and health.*

Organisation Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Registered for GST Yes / No ABN: \_\_\_\_\_

Contact Person & Position: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Facsimile No: \_\_\_\_\_

Email address of contact person: \_\_\_\_\_

Nature of event to be funded: \_\_\_\_\_ Date of Event: \_\_\_ / \_\_\_ / \_\_\_

Proposed Budget \$ \_\_\_\_\_ Anticipated Number attending: \_\_\_\_\_

How much funding required from WMH (Inc)? \$ \_\_\_\_\_ Date of Event \_\_\_\_\_

Summary including brief justification and objectives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated outcome for men's health: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Details how you will use these funds? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your organisation current receiving other funding for this event/project? \_\_\_\_\_

### IF FUNDING IS APPROVED THE FOLLOWING PROCEDURE IS TO BE FOLLOWED PRIOR TO PAYMENT:

- Financial Expenditure Summary (form attached, to be completed after the event)
- Prior to payment Tax Invoice must be submitted which must include name of the organisation payment is to be made to (ABN required). Alternatively, if no ABN original shop docket can be submitted.

# Financial Expenditure Summary Form

Name of Organisation: \_\_\_\_\_

ABN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Brief Description of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Participants \_\_\_\_\_ Cost for Participants \$ \_\_\_\_\_

Promotion and Advertising for the Event: \_\_\_\_\_

\_\_\_\_\_

## Expenditure:

Guest Speaker: \_\_\_\_\_

Catering/meals & Softdrinks: \_\_\_\_\_

Labour/service costs: \_\_\_\_\_

Administration: \_\_\_\_\_

Advertising \_\_\_\_\_

**TOTAL EXPENDITURE:** \_\_\_\_\_ **\$**

\_\_\_\_\_

## Income:

Participant Fee: \_\_\_\_\_

Grant Money : \_\_\_\_\_

Other:: \_\_\_\_\_

**TOTAL INCOME:** \_\_\_\_\_ **\$**