



## **MEN'S HEALTH COMMUNITY GRANT APPLICATION FORM - PAGE 1**

Funding is available (maximum \$300) for local communities to organise social gatherings and to invite a RMHI

| wellbeing and health (if we can approved).                                     |                     |    |                             |         |
|--|---------------------|----|-----------------------------|---------|
| Organisation:  |                     |    |                             |         |
| Residential Street address:  |                     | -  |                             |         |
| Town / Suburb:   |                     |    | State:                      | P/Code: |
| Postal address:  | Same as residential |    |                             |         |
| Town / Suburb:   |                     |    | State:                      | P/Code: |
| Contact person:  |                     |    | Position:                   |         |
| Telephone:   |                     |    | Mobile:                     |         |
| Fax:   |                     |    | Email:                      |         |
| Registered for GST:  | Yes                 | No | ABN:                        |         |
| Nature of event/project to be funded:  |                     |    |                             |         |
| Start date of event:   |                     |    | End date of event           | t:      |
| Anticipated attendance number:   |                     |    |                             |         |
| Total proposed budget:   |                     |    | Funding requeste from RMHI: | bd      |
| Is your Organisation currently receiving other funding for this event/project? | Yes                 | No | If yes, who from?           |         |
| Outline aims and objectives of the event/project:                              |                     |    |                             |         |
| Outline the anticipated outcomes for Men's Health:                             |                     |    |                             |         |
| Outline how the funds contributed will be used:                                |                     |    |                             |         |
| <b>AFTER THE EVENT</b>   | <u> </u>            |    |                             |         |

Please follow below procedure to receive payment:

Alternatively, if no ABN original shop dockets can be submitted.)

- 1. Complete and return Financial Expenditure Summary Form (Page 2).
- 2. Submit a Tax Invoice. (Tax Invoice to include the name of the organisation that payment is to be made to, plus ABN and Bank EFT details required.