

Named Fund

Grant Submission Form

Date:

To:

Att:

**Organisation Details:**

|  |  |
| --- | --- |
| Organisation Name |  |
| Organisation Purpose |  |
| ABN |  |
| Contact Name |  |
| Contact Title |  |
| Contact Telephone |  |
| Contact Email |  |
| Organisation Address |  |
| Web Address |  |
| DGR/TCC Status |  |
| Bank Details |  |
| Social Media Handles | Facebook:  Twitter:  Instagram:  LinkedIn: |

**Please attach a copy of your organisation’s most recent Annual Report.**

**Grant Details:**

|  |  |  |
| --- | --- | --- |
| Project Name |  | |
| Project Description   * What will you do? * Who will benefit? * What difference will you make in the community? |  | |
| Project Outcomes:   * What will this project achieve? |  | |
| Project Milestones | Milestone | Date |
|  |  |
| Project Duration   * When will this project start? * When will this project finish? |  | |
| Geographical Area  (Please Highlight) | Fremantle Region  Perth Metropolitan  Regional/Remote Western Australia  Other (please specify) | |
| Collaborating Organisations |  | |
| Funding Areas  (Please Highlight) | Community Development  Health  Social Services  Environment  Arts and Culture | |
| Total Project Cost   * Please supply a budget including any in-kind support or other sponsors |  | |
| Amount Requested from  Fremantle Foundation |  | |

**Named Fund:**

**Recommendation:**