



Expression of Interest Significant and Flagship Grants

Registered name of organisation: _____

Trading name of organisation: _____

ABN number: _____

Address: _____

Contact name: _____

Position: _____

Tel: _____ Email: _____

When was your organisation / group established? _____

How many members does your organisation / group have? _____

How many people access your organisation / group facilities/services annually? _____

What does your organisation do?

What region does your organisation / group cover?

How did you identify the need for this grant?



Which key focus area does your project align with?

1 2 3 4 5

Select only one

- 1. Men’s mental and physical health
- 2. Employment for youth with mental health issues
- 3. Women’s financial and physical security
- 4. Ageing population
- 5. Education

Description of project to be supported

(If more space required - attach typed sheet.)

What impact will this project have on the community?

Grant Amount request

\$ _____

Please provide a detailed breakdown of all associated costs and if additional funding is required to complete the project, please state where those funds have been secured or if they are yet to be secured.

Have you applied other organisations or Government for funding?

YES

NO

If Yes, please provide details: _____

Is Government funding available for this project?

YES

NO

If Yes, please provide details: _____

Proposal of project attached

YES

NO

Submit this EOI to:

Danielle Chappell
 Manager Gifts & Wills
 Hand Heart Pocket
 info@handheartpocket.org.au

Office Use Only

Date Received: _____

BoB

Community

Benevolent

MFOB

BOBH