



**WE CARE GRANT APPLICATIONS
CHARITABLE PROJECTS/ ORGANISATIONS FORM**

Application Date: _____ Donation Requested \$: _____

CHARITY/ PROJECT CATEGORY (please tick all that apply)

Youth Sports, Culture and Heritage Environment Community

ORGANISATION/ PROJECT DETAIL

FULL NAME (CHARITY/ PROJECT):

ADDRESS 1: _____

ADDRESS 2: _____

POSTAL CODE: _____ **PARISH:** _____

PRIMARY CONTACT(S)

(1) FIRST NAME: _____ **LAST NAME:** _____

TEL NO. (APPLICANT): _____ **(H)** _____ **(W)** _____ **(C)**

EMAIL: _____

(2) FIRST NAME: _____ **LAST NAME:** _____

TEL NO. (APPLICANT): _____ **(H)** _____ **(W)** _____ **(C)**

EMAIL: _____

Have you or your charity/ project/ organization received WE CARE funding previously?

Yes No

If yes, indicate Date of Funding. _____ **Amount** _____

Provide details on how the previous funds were used and what benefits were gained.

PROJECT GOAL & SCOPE

Provide details on project goal, focus and the population to be served by grant.

RECENT ACHEIVEMENTS

Provide brief details on recent successes and accomplishments of the charity/ project.

Attach a separate document if the space is inadequate.

PROJECT BUDGET

Detail estimated budget to effectively fund the charity/ project.

More detailed accounts can be submitted with the application form.

PROJECT EVALUATION

Outline how desired outcomes for the project and how it will be evaluated.

Attach a separate document if the space is inadequate.

Official Use Only:

Application No: _____ Date Received: _____

APPLICATION STATUS:

Approved | Approved Funds: \$ _____

Denied | Reason for denial:

SIGNATURE: _____ PRINT NAME: _____

SIGNATURE: _____ PRINT NAME: _____

SIGNATURE: _____ PRINT NAME: _____

SIGNATURE: _____ PRINT NAME: _____