

**SOUTH EVELEIGH
Community Grant Program - Application Form**

Organisation Name:

Charity / Not-for-profit

ABN

Address

Contact Name

E-mail

Phone

Purpose of the Organisation

Which Area is your focus

Please provide an overview of the proposed project

Project Title

Total budget for the Project

Amount being requested (\$)

Project Start Date

Project End Date

Describe your project in detail

How will you evaluate the success of the sponsorship?