



Woman
Giving Fund

GRANT APPLICATION FORM

ABOUT YOU / YOUR ORGANISATION

- Are you an individual or an Organisation?
- Individual Name:
- Organisation Name
- ABN:
- Do you have Not for Profit status – i.e. be an incorporated association or registered with the ACNC?
- What is your Incorporation number?
- Have you been operating for at least twelve (12) months?
- Do you have a recent audited financial statement or equivalent that you can share with us?
- How did you hear about the Wayward Woman Giving Fund?

HOW TO CONTACT YOU

Name:

Position:

Email:

Phone:

Address:

MORE ABOUT YOUR PROJECT / PROGRAM / ORGANISATION

- **Please provide a summary of your PROJECT / PROGRAM / ORGANISATION: (150 words)**

- **Where is your project taking place?**

- **What is the need or opportunity that you are addressing with this activity and why is funding required now?**

FUNDING AMOUNT REQUIRED

- **How much funding are you seeking from WWGF**
- **How will this money be spent?**

WWGF MAY NOT fund 100% of a project. We encourage you to also seek cash and/or in-kind contribution from other sources.

IF YOU ARE SUCCESSFUL IN RECEIVING FUNDING

- **If you are successful in receiving funding, the contribution of WWGF and our logo is to be acknowledged in all relevant publications, promotional materials, and press releases. We also require that you mention WWGF on social media.**
- **Once your project has taken place, WWGF will expect a report on the successful outcomes of the project.**
- **WWGF will share your report/project outcomes with our members and on our website/social media**

SIGNATURE

- I state that the information in this application is true and correct.
- I consent to the information contained within and attached to this application being collected, used and disclosed by WWGF for the purpose of registering, administering and promoting my application for grant funding.
- I acknowledge that decisions to grant or to not grant are made at the sole discretion of the WWGF members and are to be considered final.

Name of authorised representative:

Position:

Signed:

Date: