

Application for Small Grants Funding through the Intercountry Adoptee and Family Support Service – ICAFSS

Application date:

Applicant Details			
Group/Organisation Name and State/Territory:			
ABN:		Registered for GST?	Yes/ No
Contact Person:			
Position Title:			
E-mail Address:			
Phone Number:		Fax Number:	
Postal Address:	Street Name and Number/ PO Box:		
	Suburb:		
	State:		
	Post Code:		
Your Group/Organisation	Primarily, what category best describes your organisation? (X mark appropriate responses)		
	<input type="checkbox"/>	Community Group	
	<input type="checkbox"/>	National Community Group/Organisation	
	<input type="checkbox"/>	Local Government	
	<input type="checkbox"/>	Non-profit Organisation	
	<input type="checkbox"/>	Other, please specify:	
Is your Organisation Incorporated?		Yes/No If no, you will need to consider an organisation who can auspice your activity, and the Auspice Agreement Form will need to be completed by them	
When was your group / organisation established and what does it do / who is the target group?			

<p>1. Please describe your proposed Activity in no more than 200 words, including possible dates and venue site (if applicable).</p>	
<p>2. How did you identify the need for the Activity and how will it benefit those in the intercountry adoption community?</p>	
<p>3. How many participants will be involved in this activity?</p>	
<p>4. Do you plan to partner with another group/organisation to hold this activity?</p> <p>If yes, what group/organisation? (this organisation can also be an auspicing organisation if you require one).</p>	
<p>5. Are there any other groups /organisations and their members/clients who may also benefit from this project?</p>	

<p>6. Will your group/organisation be promoting your Activity to other groups'/organisations' members or clients?</p> <p>If yes, which group/organisation?</p>	
<p>7. Is your group/organisation providing any kind of financial or in-kind support to this activity?</p> <p>If so, please detail.</p>	
<p>8. Please identify how you plan to evaluate the activity and include a draft outline of any feedback surveys or evaluation questionnaires you intend to use.</p>	
<p>9. Who are the key people (i.e. Facilitators and organisers) involved in running the Activity?</p> <p>Please list their qualifications (as relevant to your Grant application).</p>	
<p>10. What, if any, are the risks involved with this activity, and how do you propose to respond to and manage these?</p>	

Budget

Please provide quotes or documentation supporting each budget item, where possible. The below items are examples and can be changed to suit your particular project.

ITEM	NOTES	COST (incl GST)	INVOICE INCLUDED
Venue Hire			
Consumables			
Administration (paper, printing And postage)			
Facilitation costs			
Activity Materials, Books & Resources			
Equipment Hire for activity			
Other (please specify)			
TOTAL GRANT MONIES REQUESTED			

Feedback

In addition to the evaluation plan you have detailed in Question 8 above, describe how you propose to identify and manage any complaints your organisation / group may receive?