

COMMUNITY GRANT

APPLICATION FORM

PREVENTING BOWEL ~~CANCER~~

ABOUT THE APPLICATION

Full name:

Phone number:

Email address:

Name of organisation/community group/business or individual:

Position title:

Website (if applicable):

Description of your organisation:

ABN (if applicable):

Is the applicant registered for GST? (If applicable):

Have you previously applied/received a grant from Jodi Lee Foundation? **YES/NO**

Have you been affected by bowel cancer? (Either personally or otherwise) **YES/NO**

If yes, please share your story with us by emailing hello@jodileefoundation.org.au

Are you affiliated with Star Pharmacy? (Employee, client, customer) **YES/NO**

If yes, which Star Pharmacy store?

CONTACT DETAILS FOR THE INITIATIVE (if different from above)

Contact person:

Position:

Postal address:

Phone:

Email:

Website (if applicable) :

ABOUT THE INITIATIVE

The Jodi Lee Foundation Community Grant is designed to support raising much needed funds and or awareness about the prevention and early detection of bowel cancer in communities across Australia.

Please select the box that best represents the type of project which will enhance bowel cancer funding, awareness and or prevention.

Project name:

Project location:

Project start date:

Project end date:

Type of project:

- FUNDRAISING FOR JODI LEE FOUNDATION**
- AWARENESS ACTIVATION WITHIN THE COMMUNITY**
- EDUCATION OPPORTUNITIES WITHIN THE COMMUNITY**

Outline of your proposed initiative/project/event:

How does your initiative/project/event link to bowel cancer?

How will your project benefit the community?

How will your project benefit the Jodi Lee Foundation?

What do you anticipate achieving through your initiative/project/event?

How will you measure the success of your project?

How will you promote this project to the wider community?

How many participants do you expect to attend?

Please list other sponsors that may be involved in your program/event?

Are you requesting representation from Jodi Lee Foundation? **YES/NO**

If yes, what role do you expect them to conduct at the event?

Are there any sponsorship benefits for Jodi Lee Foundation through your event? (eg: social media, signage, promotional opportunities, newsletters etc?)

Are you requesting Jodi Lee Foundation brochures, posters, pamphlets, flyers, in lieu of forms, for your project? **YES/NO**

If yes, what materials and their outlined purpose



BUDGETING

How much funding are you seeking from the Community Grant?

How much in total will this project/initiative/event cost?

Please detail the available and required resources to deliver this project:.....

Please detail any in-kind contributions for this project such as free venue space, donated materials, professional expertise, other costs being absorbed:

Have you applied for other external funding for this project? **YES/NO**

If yes, please provide details:

If you are successful, please provide your details below

ACCOUNT NAME **BSB** **ACCOUNT NUMBER**

Could your project proceed if only partial funding is received? **YES/NO**

Any further information you would like to provide about your project?:

DECLARATION

I, as the authorised individual make this declaration, confirm and agree that:

1. The information given in this application is true and correct.
2. I submit this application for financial assistance.
3. The funds will only be used for the approved project as outlined in this application.
4. The funds provided will be spent by the applicant within 12 months of receiving the funds, unless otherwise agreed by Jodi Lee Foundation.
5. I have sought advice regarding any necessary insurance approvals, permissions and or licenses required from other organisations, businesses, Governments, rules and or regulations in order to undertake this project.
6. Any moneys not expended on completion of the project will be refunded to Jodi Lee Foundation.
7. The Jodi Lee Foundation will be acknowledged in any publications or publicity regarding the project.
8. By sharing my bowel cancer impact story, I consent to the Jodi Lee Foundation contacting me in order to share my story on their website and other forms of social media and communications.
9. A Jodi Lee Foundation Reporting and Evaluation form will be submitted to Jodi Lee Foundation within two months of the grant money being expended.
10. I agree to adhere to Government restrictions and regulations in relation to COVID-19 and will prepare and submit a COVID Safe or COVID Management Plan for my state and or territory if required.

Name:

Position:

Signature:

Date:

Please attach any supporting documentation to your application and submit via email:

Download a PDF version of the Jodi Lee Foundation Community Grant form online and email to:

hello@jodileefoundation.org.au, with subject heading: **Community Grant Application – Submission**

Need more information, or assistance with your application? Please contact one of our friendly team members on 08 8363 1920 or email hello@jodileefoundation.org.au

