*TURSA* Community Grants – Application

| **Questions** | **Submission** |
| --- | --- |
| Organisation Name |  |
| ABN |  |
| Contact Name |  |
| Contact Email |  |
| Contact Phone |  |
| Post Code |  |
| Annual Turnover |  |
| Years in Operation |  |
| Organisation Size | Staff (FTE): Volunteers:  |
| Collaboration history with *TURSA* |  |
| Description of the initiative |  |
| Who are the primary beneficiaries of your initiative? |  |
| How many individuals do you expect to benefit from your initiative? |  |
| How much funding are you requesting from *TURSA*? |  |
| Will the grant fully fund the initiative, if not how will the gap be covered? |  |
| What is the timeline for your initiative? |  |
| Who are the key personnel involved in the initiative, and what are their roles? |  |
| Are you collaborating with any other organisations on this initiative? *(If Yes, indicate your collaboration partners)* |  |
| Please attach any relevant documents to support your submission E.g. budget, project plan, business case |  |

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By submitting an application I confirm that:

* I understand we will need to sign a Memorandum of Agreement (MOA) if successful in our application
* I am an authorised representative of the applying organisation and permitted to submit this application on their behalf
* We are willing to collaborate with *TURSA* on marketing and media to promote your initiative (if mutually agreed)

By submitting your Personal Information as part of your application, you acknowledge that *TURSA* will use your Personal Information to contact you regarding the *TURSA* Community Grants program. For more information on how we handle your Personal Information, refer to our Privacy Policy: <https://www.tursa.com.au/privacy-policy/>

Application and supporting information to be submitted via email before the closing date to: socialinitiatives@tursa.com.au

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_