



APPLICATION FORM FOR A GRANT FROM GIRL GUIDES AUSTRALIA BUSHFIRE RELIEF FUND

Please click the cursor inside the box and type or print clearly with a black pen

DETAILS OF APPLICANT

SGGO:	Name of Contact Person:			
Address:			Email:	
State:	Postcode:		@	
Phone:		Mobile:		
Purpose of funds:				
Program Name (if applicable):				
Age Group of Members:	5-12	13-18	18-30	30+

Explanatory Notes

1. Before applying, please consider the priorities for the Girl Guides Australia Bushfire Relief Fund:
2. Funding is to support:
 - Girl Guide members directly affected by the bushfires of 2019 and 2020; and /or
 - a Girl Guide program that helps an affected community to rebuild.
3. Endorsement should be provided by the State Commissioner or State Board of the State where the support will be directed.
4. All recipients of funding are to provide program timeline and key outcomes. A program report will be required to be submitted to Girl Guides Australia following the completion of the program and at regular intervals which will be advised at the time the funds are approved.
5. Program reports can be shared with external parties.

Please complete reverse side of this form

Office use only:

Application approved: Yes No	Applicant and relevant office-bearers notified in writing: Yes No
Funding amount: \$	Relevant office-bearer:
Conditions:	



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DESCRIPTION OF PROGRAM (to be completed by the applicant)

Title of Program:
Description of program (including implementation, timeline and any third parties involved in the program) - attach additional documentation as necessary:
If a Third Party is involved in the program please provide information on the provider/company such as their involvement in the program, an organisational overview, corporate governance documents, audits etc.
Expected outcomes, including benefits to the participants and the community:
Estimated cost of the program (attach budget): \$
Amount requested from the GGA Bushfire Relief Fund: \$
Other qualifications, interests, experiences or comments relevant to the program

SGGO ENDORSEMENT—see Explanatory Notes

State Commissioner or Board endorsement of the program (please comment on proposed program):		
Name:	Signature:	Date:
Contact number:	Email:	

Signature of Applicant:	Date:
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Completed form to be forwarded to: Girl Guides Australia (guides@girlguides.org.au)

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ADDITIONAL PROGRAM INFORMATION (optional):