

# Project 5000 Grant

## Application Form

NAME:

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STATUS (INDIVIDUAL, COMPANY, INCORPORATED ASSOCIATION ETC):

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REGISTERED FOR GST: YES / NO  
ABN (IF APPLICABLE):

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CONTACT DETAILS (INCLUDING ADDRESS):

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RELEVANT EXPERIENCE AND QUALIFICATIONS:

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BRIEF DESCRIPTION OF PROGRAM:

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PROGRAM DATES:

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PERSON/S DELIVERING PROGRAM:

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ESTIMATED NEW MEMBERS:

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FUNDING SOUGHT (\$):

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CO-CONTRIBUTION (\$):

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PROGRAM BUDGET:

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INTERESTED IN RECEIVING PLASTIC FENCING EQUIPMENT? YES / NO

Please complete the application form and return to [operations@fencing.org.au](mailto:operations@fencing.org.au) by 16 August 2019.