

Don Chipp Foundation Ltd

ACN 008 618 488

PO Box 407 GLADESVILLE NSW 2111

Small Grants Application Form

Project title	
Name of applicant	
Institution or organisation	
ABN	
Project Leader details	
Name	
Position held	
Address	
Telephone	
Email	
Names of other members	
Total funding sought	
Date of commencement	
Date of completion	
CV must be attached	Is CV of applicant attached? YES / NO
Date	/ / 2008

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PROJECT OUTLINE

DESCRIPTION:

Brief outline of the project clearly detailing objectives and project outcomes

METHODOLOGY:

Brief description of how these objectives and outcomes will be achieved

PROJECT TIMELINE:

Brief outline of the project stages

EVALUATION:

How will be the project be evaluated?

BUDGET/EXPENDITURE;

Brief outline of how the monies will be expended

Item	Description	Amount
TOTAL		

DETAILS OF OTHER FUNDING

If you are receiving or applying for other funding for this project, what is the nature and source of that income? How will it be applied to the project? Are there strings attached to those funds? Will this project proceed if you can't get other funds?

EXPERIENCE OF RESEARCHER /PROJECT TEAM MEMBERS:

A brief outline of the experience of each person involved in this project