



## Application Form

### Vaccination and/or awareness activities - Small Grant

<b>Organisation name:</b>			
<b>ABN: (Required)</b>		<b>Is the organisation registered for GST?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Organisation address:</b>			
<b>Organisation phone:</b>			
<b>Name of applicant:</b>	<b>Name:</b>		
	<b>Position in organisation:</b>		
	<b>Email:</b>		

<b>Application to conduct activities outlined in:</b>	
<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2

<b>Declaration</b>	
<b><i>This must be completed by an authorised representative of the organisation submitting the application:</i></b>	<b>Agree</b>
I understand and accept that information provided in this application may be stored by COORDINARE – South Eastern NSW PHN in various hardcopy and/or electronic formats.	<input type="checkbox"/>
I understand that this application does not create a legal or binding commitment and that if successful I will be bound by a small grants contract with COORDINARE - South Eastern NSW PHN.	<input type="checkbox"/>
I understand that I am required to have current and adequate insurances in place.	<input type="checkbox"/>
If this application is successful, I agree to provide a final activity report in the specified format to COORDINARE – South Eastern NSW PHN.	<input type="checkbox"/>
I understand that if the conditions of the funding are not complied with, COORDINARE- South Eastern NSW PHN may seek to recover any funds allocated.	<input type="checkbox"/>
<b>Authorised Representative Name:</b>	<b>Date:</b>
<b>Position of Authorised Representative:</b>	
<b>Authorised Representative Signature:</b>	