**World Hepatitis Day Local Grants Program 2024**

**Application Form**

***‘Hep Can’t Wait’***

**Section One: Applicant details**

 **Contact name**

|  |
| --- |
|  |

 **Name of organisation/group**

|  |
| --- |
|  |

 **ABN**

|  |
| --- |
|  |

 **Postal address of organisation/group**

|  |
| --- |
|  |

**Contact number**

|  |
| --- |
|  |

 **Email**

|  |
| --- |
|  |

 **What does your organisation/group do?** (Please attach any supporting documentation as needed e.g. (service leaflet)

|  |
| --- |
|  |

\*50 words max

**Section Two: Event Details**

**Title of activity**

|  |
| --- |
|  |

**Provide a brief description of the proposed activity and** **how it will fit the WHD 2024 theme “Hep Can’t Wait”**

|  |
| --- |
|  |

\*150 word max

**Date of activity** (Events can be held on or near 28 July 2024)

|  |
| --- |
|  |

**Who is your primary target audience?** (e.g. Aboriginal and Torres Strait Islander peoples, people living with viral hepatitis, people who inject drugs, CALD community)

|  |
| --- |
|  |

**Section Three: Evaluation and Budget**

**Event evaluation:**

How will you measure the success of this activity? (outputs and outcomes)

|  |
| --- |
|  |

**Grant amount requested:**

*(Please circle or remove as needed)*

$1000 or $500

**Event Budget:**

Use high-level descriptions to explain how grant funds will be used

|  |  |
| --- | --- |
| **Description** | **$** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  **Total (excluding GST)**  |  |

**Are there any other organisations involved with your project?**

|  |  |
| --- | --- |
| **Name of partner/stakeholder** | **What is their contribution?** |
|  |  |
|  |  |
|  |  |

**Other financial support (including in-kind support)**

|  |  |
| --- | --- |
| **Description** | **Amount/value** |
|  |  |
|  |  |
| **Total (excluding GST)** | **$** |

**Section Four:**

I certify that all monies provided under the HQ World Hepatitis Day Local Grants Program in relation to this application will be used for the purposes set out above only YES/NO

I certify that we will fullfill all reporting requirements by Friday 6th September 2024 YES/NO

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

**Send your application to:**

**Email:** alex@hepqld.asn.au

**Post:** WHD Local Grants Program, Hepatitis Queensland, PO Box 3150, Norman Park, QLD 4170