**WHD Local Grants 2024 ‘Hep Can’t Wait’**

**$50 Supermarket Voucher Application Form**

**Section One: Applicant details**

 **Contact name**

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 **Name of clinic/organisation**

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 **ABN**

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 **Postal address of clinic/organisation**

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| --- |
|  |

**Contact number**

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| --- |
|  |

 **Email**

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**Section Two: Morning/Afternoon Tea Details**

**Title of activity**

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| Morning or Afternoon Tea or Lunch (please circle one) |

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

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\*100 word max

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

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**Date of activity** (Events should fall on or near World Hepatitis Day, 28 July 2024)

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**Section Three: Evaluation and Budget**

**Event evaluation:**

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

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**Event Budget: $50 supermarket voucher**

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| --- | --- |
| **Description** | **Total** **$50 supermarket voucher** |
| Morning tea, afternoon tea or lunch for clinic clients. Tea, coffee, milk, water, fruit, sultana or nut packets, healthy food items etc | **$50** |

**Section Four:**

I certify that the voucher provided under the HQ WHD 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 of 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