**SPONSORSHIP APPLICATION FORM**

**A. Applicant Details**

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| **Applicant:** |

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| **Organisation:** |

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| --- |
| ABN: |

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| --- | --- | --- | --- |
| **Physical Address:** | | **Postal Address: (if different)** | |
| Street: | |  | |
| Suburb: | |  | |
| State: | Post Code: |  | |
|  |  |  |  |
| **Contact Person:** | | Ph: | Mob: |
| Email: | | Fax: |  |

**B. Summary of Project/Program**

**Project/Program Name:**

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**Sponsorship Amount Requested:**

**Summary/Abstract of the Project/Program (350 words maximum):**

**C. Project/Program Details**

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| **Describe the main objectives of the project/program:** |

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| **Briefly describe how the need for this project/program was determined?** |

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| **Describe your method of approach for the project/program (please use dot points):** |

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| **Briefly describe the measurable outcomes the project hopes to achieve and how will these be evaluated (please use dot points):** |

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| **Provide a timeline of key activities for the project/program:** |

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| **How is this project/program aligned with the Vision and Purpose of HEAL and the Foundation’s Scope of Activities?** |

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| **Briefly describe how this project/program will be sustained at the completion of the sponsorship?** |

**D. Budget Details**

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| **How would sponsorship from the HEAL Foundation be utilised? (A detailed budget must be attached).** |

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| **If the grant is not funding the whole project/program, indicate the source and status of supplementary funding.** |

**E. Commitment**

The Board of HEAL and the HEAL Foundation require that the applicant accepting sponsorship undertake the following commitments:

1. That the sponsorship of the project/program be publicised whenever and wherever appropriate.
2. That a progress report be provided. This is conditional on further instalments being received.
3. Sponsorship money must be utilised by the specified completion date.
4. A full report and financial statement be made available within 3 months of the conclusion of the project/program unless otherwise agreed.

**F. Signatures**

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| **Applicant**  Name: …………………………………………………………………….. (Please print)  Position: …………………………………………………………………. (Please print)  Signature: ………………………………………..  Date: ………………………………………………. | **Applicant’s Supervisor or Board Director** *(as applicable)*  Name: ………………………………………………………………….. (Please print)  Position: ………………………………………………………………. (Please print)  Signature: ………………………………………..  Date: ………………………………………………. |

Please mail your application to:   
Chief Executive Officer, HEAL Foundation, Level 7, 118 Queen Street, Melbourne VIC 3000

OR

Send by email to [heal@heal.edu.au](mailto:heal@heal.edu.au?subject=HEAL%20Foundation%20Application)