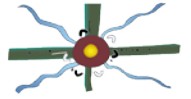




Western Australian
AIDS COUNCIL



NGALA KAADITJ WADJUK MOORT KEYEN KAADAK NIDJA BOODJA

We acknowledge Noongar people as the original custodians of the land on which our office sits

WORLD AIDS DAY AND AIDS AWARENESS WEEK 2019

Small Grant Application Form

ORGANISATION DETAILS

| | | | |
|----------------------|--|-----|--|
| Name of Organisation | | | |
| Key Contact Person | | | |
| Job Title | | | |
| Address | | | |
| Email | | | |
| Phone | | Fax | |

DESCRIPTION OF EVENT/PROJECT

| | | | |
|--|--|--|--|
| Event/Project Title | | | |
| Event/Project Summary (max 250 words) | | | |
| Target Group(s) | | | |
| Estimated Reach (est. participant numbers) | | | |
| Proposed Event Date (or date range) | | | |

COMMUNITY BENEFIT

The aims of World AIDS Day and AIDS Awareness Week 2019 are to increase awareness of HIV, to take action to reduce the transmission of HIV by promoting safer sex and safer injecting practices, and to ensure that people living with HIV can participate fully in the life of the community, free from stigma and discrimination.

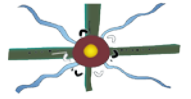
Please identify which of the following objectives your event/project meets (minimum 2):

- to increase awareness and knowledge of HIV
- to dispel myths around HIV
- to promote safer sex or safer injecting practices
- to promote STI/HIV testing and treatment
- to ensure that people living with HIV can participate fully in the community, free from stigma and discrimination.



664 Murray Street, West Perth, Western Australia 6005
E waac@waacids.com | Ph (08) 9482 0000 | F (08) 9482 0001
PO Box 1510 West Perth 6872 | ABN 66 376801 057

www.waacids.com



AMOUNT OF FUNDING SOUGHT (maximum \$615 (plus GST) per grant)

Please note that a limited number of small grants are available, up to a maximum value of \$615 (plus GST) each. Applications will be considered against eligibility criteria and how well events/projects meet the objectives of World AIDS Day and AIDS Awareness Week.

| Expenditure item to be funded by the grant – e.g. venue hire, resources, prizes, advertising (insert extra rows if needed) | Estimated Cost |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| Total | \$ |

| In kind support (include volunteer hours) (insert extra rows if needed) | Estimated Cost |
|---|----------------|
| | |
| | |
| | |
| Total | \$ |

FUND ADMINISTRATOR/FINANCIAL CONTACT DETAILS (if different to key contact)

| | | | |
|--------------------------|--|-----|--|
| Financial contact person | | | |
| Address | | | |
| Email | | | |
| Phone | | Fax | |

KEY CONTACT DECLARATION

- I confirm that the information on this form is true and correct.
- I have read and understand the grant eligibility criteria.
- I understand that, if successful with our funding application, I will be personally responsible for ensuring that the grant application eligibility criteria are adhered to.
- I agree for details of our event to be submitted to www.worldaidsday.org.au.
- I agree to complete and submit a summary report (template to be provided) and an acquittal of funding received, by **Friday 19 December 2019**.

| | |
|-----------|--|
| Name | |
| Job Title | |
| Signature | |
| Date | |

