

**DAMON COURTENAY MEMORIAL ENDOWMENT FUND
(DCMEF)**

GRANT APPLICATION FORM

1. **Name of Applicant** _____

2. **Address** _____

_____ **Postcode** _____

Tel: _____ **Email:** _____

3. **Name of person who will benefit from the Grant (if not the applicant)**

4. **Age of person who will benefit** _____

5. **Address of person who will benefit** _____

_____ **Postcode** _____

Tel: _____ **Email:** _____

(Please note this person may be contacted)

6. **Does the person to benefit from the Grant have a bleeding disorder? Please provide further details of how the bleeding disorder affects the person.**

7. **Please list the contact details of a person who can verify that you or the person to receive the grant has a bleeding disorder.**

Name _____

Tel: _____ **R/ship to applicant:** _____

R/ship to person who the grant is for: _____

8. **What is the Grant for? Describe the project or activity the funds will be used for.**

9. **How will this grant benefit the person to receive it? Please provide as much detail as you can.**

10. **What is the total cost for the project/activity** \$ _____
(attach quotes if you have them)

11. **Amount requested from DCMEF** \$ _____

12. **When will the activity be undertaken?** _____

13. **Have you requested funds from other sources for this project/activity/purpose?**

Yes: **No:**

If "yes" please indicate how much was requested and whether this request was successful:

\$ _____ Successful? **Yes:** **No:**

If the application was successful, please specify amount received: \$ _____

or when will this application be determined? _____

14. **Will the project go ahead if funding from DCMEF is not granted?**

Yes: **No:**

15. **If successful how will you report the outcome of the grant to HFA?**

16. **Please attach a reference from an independent person to confirm that you have a bleeding disorder and why they support your application. This person must not be a relative or friend – it could be a treating health professional or a teacher for example.**

17. **Please list any other comments in support of your application:** _____

Signed _____ **Date** _____
(Applicant)

Signed _____ **Date** _____
(Person who will benefit)

Applications close on **Sunday, 16 February 2020**. Please send your application via email to hfaust@haemophilia.org.au, by post to HFA, 7 Dene Ave, Malvern East Vic 3145 or via fax to (03) 9885 1800.