DAMON COURTENAY MEMORIAL ENDOWMENT FUND (DCMEF)

2024 GRANT APPLICATION FORM

Applicant Contact Details			
Name		Date of Birth	
Address			
Phone		Email	

Contact details of Parent/Guardian (if under 18 years)			
Name			
Phone		Email	

Contact details of a health professional at your Haemophilia Treatment Centre to verify that the person has a bleeding disorder			
Name			
Phone		Email	

Bleeding Disorder Status *(you are not required to provide detailed personal health information, however you must satisfy one of the categories below):*		
☐ Haemophilia	☐ von Willebrand Disease	☐ Other Bleeding Disorder
☐ Carer/Parent	☐ Carrier	☐ Sibling
☐ Other (please specify)		

How does the bleeding disorder affect you?

What will the grant be used for? (Describe the project or activity in detail)

How will this grant benefit you?

Project/Activity Details	
Amount requested from DCMEF	$
When is the project/activity likely to start and finish?	Start:
	Finish:
What is the total cost for the project/activity? *Attach quotes or other evidence if you have them*	$
Have you requested funds from other sources for this project/activity?	☐ Yes ☐ No
If 'Yes', please indicate how much was requested and whether this request was successful:	Amount requested: $
	Successful? ☐ Yes ☐ No ☐ Haven't heard *Do you have an expected date:*
Will you personally contribute?	☐ Yes ☐ No *If 'Yes', how much?* $
Will the project/activity go ahead if funding from DCMEF is not granted?	☐ Yes ☐ No
Do you agree to provide a report on the outcome of the activity undertaken with the grant to HFA?	☐ Yes ☐ No

List any other comments in support of your application

Reference			
☐ I have attached a written reference from an independent person to support my application or provided their contact details so that HFA can follow up. *This person must not be a relative or a friend – it could be a treating health professional or a teacher, for example.*			
Reference name		**Reference contact info**	

Name		**Date**	

APPLICATIONS CLOSE ON 30 JUNE 2024

After completing the form please save as a PDF and email to hfaust@haemophilia.org.au