

Application Form

Homebound COVID-19 vaccinations - Small Grant

Organisation name:			
ABN: (Required)		Is the organisation registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organisation address:			
Organisation phone:			
Name of applicant:	Name:		
	Position in organisation:		
	Email:		

Declaration	
<i>This must be completed by an authorised representative of the organisation submitting the application:</i>	Agree
I understand and accept that information provided in this application may be stored by COORDINARE – South Eastern NSW PHN in various hardcopy and/or electronic formats.	<input type="checkbox"/>
I understand that this application does not create a legal or binding commitment and that if successful I will be bound by a small grants contract with COORDINARE - South Eastern NSW PHN.	<input type="checkbox"/>
I understand that I am required to have current and adequate insurances in place.	<input type="checkbox"/>
If this application is successful, I agree to provide a final activity report in the specified format to COORDINARE – South Eastern NSW PHN.	<input type="checkbox"/>
I understand that if the conditions of the funding are not complied with, COORDINARE- South Eastern NSW PHN may seek to recover any funds allocated.	<input type="checkbox"/>
Authorised Representative Name:	Date:
Position of Authorised Representative:	
Authorised Representative Signature:	