

**2% FOR DEVELOPMENT FUND
PARTNER PROGRAM APPLICATION FORM**

APPLICATION INSTRUCTIONS & INFORMATION

- a) All questions must be answered or your application may not be considered. If necessary supporting information may be attached.
- b) Total funding of up to \$30,000 over 3 years is available, provided in annual installments of \$10,000. Your application must clearly demonstrate how this funding will be utilized.
- c) The completed application form must be received by UnitingCare NSW.ACT **by COB on Tuesday 30th September 2010.**
- d) Any queries in relation to the Application Form or process should be directed to Kathy Bowe, 2% For Development Fund Committee Convenor. Contact details below.
- e) Send 1 copy of your application with any supporting documentations to the Committee Convenor by the closing date (refer Section 1 for contact details).
- f) Applications will be accepted by email or post.
- g) Applications will normally be assessed within 4 weeks of the closing date. The Committee Convenor will contact you should additional information be required and will advise you of the outcome of your application.

Section 1: ORGANISATION'S DETAILS

Congregation/Organisation Name:		
Postal address:		
Contact person:		
Phone:	Fax:	Email:
Date project approved by relevant church council or management committee (if applicable):		
Signature of person making the application:		
Position in Organisation:		
Date application submitted:		
<p>The completed application may be submitted by email or post to: Kathy Bowe, 2% For Development Fund Committee Convenor UnitingCare NSW.ACT PO Box A2178, Sydney South, NSW 1235 Phone: (02) 8267 4279 Fax: (02) 9283 4842 Email: kathyb@nsw.uca.org.au</p>		

	<p>d) Describe the people the project will work with including the identified human needs that this project is setting out to meet?</p> <p>e) Approximately how many people will benefit from this project?</p> <p>f) Have they been involved in identifying the need and planning the project?</p> <p>g) What are the anticipated project phases?</p> <p>h) What is the anticipated <u>total project budget</u>? \$.....</p> <p>i) How much funding are you seeking from the Partner Program Fund? \$.....</p> <p>j) What is the anticipated project timeline?</p> <p>Commencement date: _____ Completion date: _____</p>
<p>2.</p>	<p>Intended outcomes of this project. What will be the difference when this project concludes?</p>
<p>3.</p>	<p>Describe how this project contributes to community development <u>and/or</u> promotes social justice & human rights.</p>

11.	Do you see this project as ongoing? YES / NO If YES , how do you propose to fund the project following the conclusion of this grant?
12.	Project Evaluation. How will you know if your project has been successful? Briefly describe how you will assess the effectiveness/success of this project?
13.	Is there any additional information you wish to provide?