

PROJECT APPLICATION FORM – B



PKKP
–TRUST–
Puutu Kuntū Kurrāma and Pinikura

THIS FORM IS FOR:

1. APPLICATIONS TO THE CHARITABLE TRUST WHERE THERE IS NO CURRENT POLICY IN PLACE, OR YOUR APPLICATION SITS OUTSIDE THE CURRENT POLICY PROVISIONS; OR
2. IF YOU ARE A SERVICE PROVIDER – INCLUDING THE PKKP ABOPRIIGNAL CORPORATION; OR
3. IF YOU ARE NOT A PKKP MEMBER BUT A PERSON WITHIN THE PKKP REGION

APPLICANT DETAILS

Contact person		
Organisation name		
Postal address		
Phone		
Email		
Is the Applicant a Tax Concession Charity and/or does it have Item 1 DGR Status?	Yes <input type="checkbox"/> (Please attach ABN Lookup)	No <input type="checkbox"/>

PROJECT SUMMARY

Briefly describe the project and the amount and type of funding or assistance required		
Link to Strategic Plan – Describe how this project implements the PKKP Strategic Plan		
Who will benefit from the project?		
Is the applicant receiving any other funding or support for the Project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide details below and attach supporting documents.		
Should the PKKPAC be consulted about the project? If not, why? If so, when?		

CHARITABLE PURPOSES

What are the purposes (objectives) of the project?

What do you hope to achieve?

List Expected Outcomes (KPIs) and timeframes.

Describe how outcomes will be measured.

How will you measure that the project has been successful?

Are there any risks associated with the project?

How will risks be avoided or minimized?