

**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 Friday, 20 May 2016. 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.