

## In Kind Support Request Form

Organisation name: \_\_\_\_\_

ABN: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Brief description of organisation's purpose: \_\_\_\_\_

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Brief description of In Kind request (i.e. use of BBQ trailer): \_\_\_\_\_

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An application is not considered complete without the following information. Please attach to your request:

- An outline of the proposed program/project including:
  - Program goals, objectives and issues to be addressed
  - Program implementation date
  - Targeted audience/area
  - Description of how the program/project will be evaluated

Approved / Not approved: \_\_\_\_\_

Chief Executive Officer

Date: \_\_\_\_\_