

# 2018 Application for Grant



Name of organisation .....

ABN (if applicable) .....

Postal address .....

Contact person ..... Phone .....

Email address .....

Name of project .....

Funds sought \$ .....

Purpose of funds .....

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**Project summary - outcomes and community benefits (attach additional pages if required)**

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**Closing date for applications is 31<sup>st</sup> August 2018**

**Apollo Bay and District Health Foundation Inc.**

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