Name of group						
Member since	Group Members	hip Nun	nber			
Contact details Contact name for group Postal address						
Telephone Email	Mol					
Please tick the appropriate boxes						
Incorporated body			Yes		No	
Registered for GST			Yes		No	
Have you previously received If yes, please specify	funding from SA Quilters?		Yes		No	
Date	Am	ount				
Project						
Project for which funding is requi	red					
Name						
Purpose Education: Exhibition: Educational Tour: Other give details:						
Date/s Commence Complete						
Amount requested (Maximum \$50	0-00)					
Is this the full cost of the project	, or a portion of total cost?					
☐ Full cost	☐ Por	tion				
If appropriate, please attach a budget/breakdown of proposed expenditure						
Brief outline of the project						

[Full outline to be included as supporting attachment]

How many people will be involved in the project?						
What benefits will be provided to the participants/ wider community?						
•••••						
•••••						
•••••						
Who will manage the project?						
Wha	t plans, appointments negotiations have already been completed?					
•••••						
•••••						
•••••						
Supp	porting material attached					
	Outline of Project					
	Anticipated total cost of event					
	Digital media if relevant					
	Other					
	licant Group's bank account details required, to facilitate payment should an application be					
	Account name:					
	Bank:					
	BSB:					
	Account number:					
Appl	lications must be submitted by email to the Secretary and received by 1 st April each year.					
For f	urther information email <u>SA Quilters Secretary</u> .					
	ace insufficient in any area, please attach additional sheets, clearly identifying ion/s to which they refer.					