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**School micro grant funding expression of interest form**

**March 2019**

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| --- | --- |
| **School name:** |  |
| **Contact person:** |  |
| **Media contact:** |  |
| **Address:** |  |
| **Suburb:** |  | **State:** |  |
| **Postcode:** |  | **ABN:** |  |
| **Phone:** |  | **Mobile:** |  |
| **Email:** |  |

**Attach ABN registration extract from the Australian Business Register** <http://abr.business.gov.au>

**DETAILS OF EXPRESSION OF INTEREST**

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| Please provide a brief description of the activity/activities you will be conducting from the Stolen Generations resource kit. Please include how you will involve one or more members of the Stolen Generations in your activity/activities. |
| Location of activity: | State: |

How will your activities ensure that children are safe and be in line with the working with children checks in your jurisdiction?

What materials will you provide from the activities ie photos, videos? This material needs to be included with your final report due by 16 August 2019.

**FINANCIAL BREAKDOWN**

Please list the amount of funding required for each planned activity noting that the maximum amount of funding available is $700.

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| **PLANNED ACTIVITY****Below are examples of the sorts of budget items you may use. Please insert your own categories as appropriate.** | **AMOUNT REQUIRED** |
| Stolen Generations support |  |
| Cultural performances |  |
| Catering |  |
| Photography/videography |  |
| Activity materials |  |
| Other |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL:** |  |

Please provide the bank account details of your school. Please ensure you provide all digits.

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| **BANK ACCOUNT DETAILS** |
| **Account name:** |  |
| **Account Institution:** |  |
| **BSB:** |  |  |  |  |  |  |
| **Account number:** |  |

**EXPRESSIONS OF INTEREST MUST BE RECEIVED BY NO LATER THAN**

**10 APRIL 2019**

**Please email your forms to** funding@healingfoundation.org.au

