

AGIG Community Partnerships Application Form



Please complete this form if you are seeking support through AGIG's Community Partnerships Program.

Applicant Organisation Details

Organisation Name

ABN/ACN

Contact Name

Position

Phone Number

Email Address

Postal Address

Website

GST (is your organisation GST registered)

Non-profit Status

Partnership Details

Please provide information on each of the following points (each answer should not exceed 200 words)

Describe the specific outcomes of the project/activity/initiative/partnership to be supported and how these outcomes will be achieved

Please include objectives, background information, location and duration

Provide background information on your organisation

Mission, vision and main activities

How does your proposal align to AGIG's Vision and Values?

What support is sought from AGIG and how will it be used?

Tell us about your audience and the expected reach of the program

What would be the partnership benefits for AGIG?

(including AGIG entity logo placement, media coverage, naming rights, social media, articles in newsletters, website articles regarding the partnership, other)

Please provide details of opportunities for AGIG staff to be involved and how

Provide details on how your organisation will measure performance or outcomes of the partnership and how you will report to AGIG

Provide details of AGIG staff involved with your organisation

Agreement

In making this application to AGIG I agree that the partnership funds requested, if received, will be used only for the purpose described. I have read and understood AGIG's Community Partnerships Guidelines, completed all sections of this Application Form, including supporting documentation where required and understand the completion of this Application does not guarantee partnership with AGIG.

Name

Date

Position

Signed

Please provide any additional information you have in support of your application