



WOLPER
JEWISH HOSPITAL
HEALTH
FOUNDATION

Wolper Jewish Hospital Health Foundation Grant Application Form

All sections of this form must be completed by providing responses in each field.
Please assist us to ensuring your responses to all questions fit within the boxes provided.

The Grant Application Form along with any supporting documentation can be mailed or emailed to:

John Tucker, CEO
Wolper Jewish Hospital, 8 Trelawney Street, Woollahra NSW 2025
foundation@wolper.com.au

Section 1 Organisation and contact information

Organisation name

Address

ABN / ACN

DGR status

Website

Legal structure of the organisation

Contact person name

Contact person position title

Telephone number

Mobile phone number

Email

Section 2

Initiative information

a) Initiative title

b) Detailed description of the initiative

Please describe the initiative for which you are seeking funding by providing the following information.

Please include information on the current need or gap the initiative aims to address and how it will do this.

(Maximum 100 words)

c) The goals and objectives of the initiative

d) Who are the key people working on the initiative?

e) Are there similar initiatives currently running? If so, how does this initiative differ?

f) Is this a new initiative or an extension of an existing program or project?

**g) Is the organisation receiving funding, unrelated to this initiative, from other sources?
Please provide details:**



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h) Is the initiative currently being funded by other sources? If so, please provide details.

i) Is funding currently being sought from other sources or will funding be sought from other sources? If so, please provide details.

j) Will there be a fee for the proposed service payable by beneficiaries of the service?

k) Is there any government initial funding or reimbursement related to this initiative?

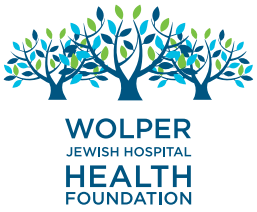
l) What is the proposed timeline? Please include commencement and completion dates as well as key milestone dates.

m) How will the initiative be funded if the Wolper Jewish Hospital Health Foundation can only provide partial funding?

n) If successful, will the initiative continue once support from the Wolper Jewish Hospital Health Foundation ceases? Please provide details.

o) Will the expenditure be audited? If so, please outline how.

p) Will the initiative be promoted? If so, please outline how.



q) Grant recipients are obligated to acknowledge the Wolper Jewish Hospital Health Foundation in their initiative promotion. Please outline how you will do this. See the Requirements Section of the Grant Application Guidelines document for details on acknowledging the Foundation.

Section 3

Initiative evaluation

a) What are the expected results of the initiative? How will the initiative benefit the community?

b) Who are the beneficiaries of the initiative and how many people will benefit?

c) How will initiative effectiveness be measured? Please include a description of the key performance indicators used for assessing this initiative's success.

Section 4
Grant information

Total initiative budget

\$

Total funds requested

\$

Is recurring funding sought?

Yes No

If yes, over how many years and how much is required each year? Funding is available for a maximum of 3 years at a maximum of \$20,000 per year.

Year 1

\$

Year 2

\$

Year 3

\$

Provide a detailed budget showing total costs of the initiative. Please also include costings of the components for which funding is being sought. Additionally, please provide financial reports for your organisation including the latest statement of financial performance and statement of financial position.

Section 5

Referees

Please nominate two referees not involved with the initiative that can vouch for the organisation's ability to successfully manage the proposed initiative. Alternatively, please supply a written reference, testimony, or supporting documentation:

Referee 1

Name

Position title

Company

Email

Address

Telephone number

Mobile number

Referee 2

Name

Position title

Company

Email

Address

Telephone number

Mobile number

Section 6

Declaration

By completing the signature box below you are confirming the following:

- I confirm that the information outlined in this application form is true and correct
- I confirm that any funds received as a result of this application will be used only for the purposes for which they were approved and that unexpended funds will be refunded to the Foundation
- I confirm that I have declared all other grants applied for and/or received and will advise of any changes in relation to the funding of the project
- I acknowledge that the Wolper Jewish Hospital Health Foundation may request additional information to assess this application further

Name

Position held

Signature

[What is this?](#)

Date