

# 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

Contact Number

Email

Website

Is your organisation registered for GST? Yes/No

Is your organisation a registered charity with the ACNC? Yes / No. If yes please provide ACNC Registration No:

Is your organisation a registered not-for-profit? Yes/No

## Partnership Proposal

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

### Project Overview

Describe the project, activity, initiative or partnership to be supported, including background information, objective, location and duration.

## Outcomes and Impact

Specify the outcomes you aim to achieve and how these will be measured or demonstrated.

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## Alignment with AGIG

Explain how your proposal aligns with AGIG's Vision and Values, and which Community Partnerships focus area(s) it supports.

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## Support Requested

What type of support are you seeking from AGIG (financial, in-kind, volunteering, other), and how will this support be used?

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## Audience and Reach

Who is the target audience or community group, and what is the expected reach and impact?

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## Organisation Overview

Provide an overview of your organisation (eg. mission/vision/main activities).

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## Partnership Benefits for AGIG

Detail any partnership benefits you can offer AGIG (eg. logo placement, social media, newsletter or website articles, recognition at events, other).

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## Employee Involvement

Are there any opportunities for AGIG employees to be involved (eg. volunteering)?

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## Measuring Performance

How will your organisation measure performance or outcomes of the partnership, and how these will be reported to AGIG?

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## AGIG Employee Connections

Are there any AGIG employees currently involved with your organisation?

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## 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 understand the completion of this application does not guarantee a partnership with AGIG, and I confirm that the information provided in this application is accurate to the best of my knowledge.

Name

Date

Position

Signed

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