



Grant Application Form

Name of Organisation _____

Key Person _____

Email or Address

Phone _____

Organisation details (incl. purpose & Committee Members)

Description of project

Cost of project _____

Amount requested from MCF

How will this project benefit the Mansfield community?

It is understood that within 12 months of receiving the grant, you will make a final report to MCF re: the implementation of the project

Does your organisation have: Deductible Gift Recipient Status (DGR) YES / NO

SIGNED _____

DATE _____

Post. PO Box 487 Mansfield VIC 3722
Email. enquiries@mansfieldcommunityfund.com.au