

Community Impact Grants Application Form



COMMUNITY HOUSING LTD
GROUP OF COMPANIES



ABORIGINAL COMMUNITY HOUSING LTD
PART OF THE CHL GROUP OF COMPANIES

Community grants are available to any registered community group, support agency or collective group of tenants living in Community Housing Limited (CHL) and Aboriginal Community Housing Limited (ACHL) properties.

- Complete all sections of this application and provide supporting documentation.
- For further information on completing this application, please refer to the *Impact Grants Information and Guidelines* document.
- Post or email applications to:

Community Housing Limited
Impact Grants Program
Ground Floor, 19-23 Prospect Street
Box Hill, VIC 3128
OR
impactgrants@chl.org.au

Section A – Applicant Details

Full Name: _____

Organisation: _____

ABN (if applicable): _____

Phone number: _____

Email: _____

Current relationship with CHL: _____

Tenants only

Address: _____

Date of Birth: _____ Age: _____

If we cannot contact you on the above number, is there a secondary contact you would like to provide: _____

How long have you been a tenant with CHL/ACHL? _____

Section B – Community Project Details

Please circle what category best describes your application:

- Activity or event (excursions, community gathering etc)
- Community infrastructure (gardens, seating etc)
- Project or program (health & wellbeing, arts, recycling & sustainability etc)

Please circle what best describes what you aim to achieve:

- Removing barriers for people
- Bringing the community together
- Building the capacity of people and community

Project name: _____

Project location: _____

Who will deliver the project? _____

Project start date: _____

Project completion date: _____

Funding Breakdown

Item	Details	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

***Please ensure you attach supporting documentation where possible.*

Please describe your project.

**Demonstrated clear goals and purpose and what you want to achieve*

Please describe how this project will benefit the community.

**Demonstrated connection to Priority Impact Areas outlined in Guidelines*

Please describe how you will deliver the project.

**Demonstrated clear plan to complete project, understanding of project research*

Please describe any barriers or risks involved in the project.

**Demonstrated clear plan to complete project and acknowledgment of barriers, understanding of project research*



Please describe who is involved in delivering the project (key stakeholders, community members, CHL tenants)

**Demonstrated connection to Priority Impact Areas outlined in Guidelines*

Section C – Applicant Declaration

I give permission to CHL/ACHL to collect, use and disclose my personal information in this application form only for the purposes of assessment and administration of this grant.

(Without this permission, it will not be possible to assess and/or award the grant.)

Name: _____

Signature: _____ Date: _____

I certify that the personal information provided in this application form is correct: Yes / No

I am over the age of 16 years: Yes / No

If under 16 years of age, this form must be signed by the applicant's parent or guardian.

Name: _____ Relationship: Parent / Guardian

Contact Number: _____

Signature: _____ Date: _____

Note: We suggest you keep a copy of your application in the unfortunate event your application may be lost in the mail. If you do not receive acknowledgement from us that your application has been received, please contact us before the closing date.