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.

Alignment with AGIG

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

Support Requested

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

Audience and Reach

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

Organisation Overview

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

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).

Employee Involvement

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

Measuring Performance

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

AGIG Employee Connections

Are there any AGIG employees currently 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 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

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