



# SESLHD HARP Unit World AIDS Day Red Ribbon Grant Application Form

Name of organisation, health service or group:	
Project Name:	
Contact Person	
Address:	
Email:	
Telephone:	
Do you have an ABN?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please Supply ABN NUMBER _____
Payment will be by direct deposit please provide:	
Bank Account Name	
Account Number	
BSB	

<p><b>1. Project Aim</b></p> <p>What is your idea in increasing community conversations and awareness about HIV, reduce stigma and discrimination and/or serve as remember of those who passed away from HIV/AIDS?</p> <p>Click here to enter text.</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>2. Partnerships and Support</b></p> <p>How will you get people involved in your project? What organisations will you work with in your community?</p> <p>Click here to enter text. _____</p> <hr/>



**3. Local impact/target audience**

How will this increase conversations about HIV in your local community?

Click here to enter text. \_\_\_\_\_  
\_\_\_\_\_

**4. Promotion**

Spreading the word. How will you let your community know about your event?

Click here to enter text. \_\_\_\_\_  
\_\_\_\_\_

**5. Evaluation:**

How will you know that your project has reached its intended goal?

Click here to enter text. \_\_\_\_\_  
\_\_\_\_\_

**6. Will you include a Positive Speaker, from the Positive Speaker's Bureau?**

For example Staff Education session on reducing stigma and discrimination.

No

Yes, If so how will you include the speaker at your event?

Click here to enter text. \_\_\_\_\_  
\_\_\_\_\_

**7. Budget**

Please provide a budget breakdown. Including in kind and donations. Please also account for the Positive Speaker in the budget if you will be using that service.

<i>ITEM</i>	<i>COST</i>
<b>TOTAL</b>	