# Armistice Centenary Grant Program

**Project Plan and Budget**

1. **Name of organization**
2. **Project Electorate**
3. **Title of project**
4. **Description of project**

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1. **Goal of project**

(the result you hope to achieve by conducting your project/activity)

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1. **Project start date**
2. **Project end date**
3. **Location of project**
4. **FUNDING SOUGHT IN THIS PROPOSAL**
5. **Total cost of project**
6. **TOTAL income including Grant sought**

If this amount is less than the total cost of the project or if the grant amount funded is less than the amount sought, please explain how you intend to cover any shortfall

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1. **Description of items required for the project**

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| --- | --- | --- | --- |
| *Description of items* | *Cost* | *Amount to be funded by grant* | *Amount to be funded from other sources* |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **TOTAL** | **$** | **$** | **$** |

1. **Please provide details of funding from other sources**

|  |  |  |
| --- | --- | --- |
| *Funding sourced from* | *Confirmed?* | *Total* |
|  | No  | Yes  | $ |
|  | No  | Yes  | $ |
|  | No  | Yes  | $ |
|  | No  | Yes  | $ |
|  | No  | Yes  | $ |
|  | No  | Yes  | $ |
| **TOTAL** | **$** |

1. **Please provide details of in-kind contributions e.g. volunteer skills, time and labour**

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| **15. Prepared by** |  |  |  |
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| **16. Contact phone** |  |  |
|  |  |  |  |  |
| **17. Contact email address** |  |  |  |  |
|  |  |  |  |  |
| **18. Date prepared** |  |  |  |  |