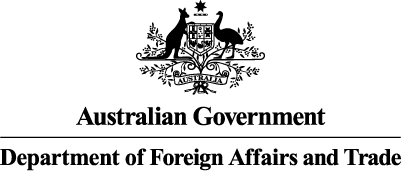
****

**DIRECT AID PROGRAM**

**APPLICATION FORM**

**AUSTRALIAN HIGH COMMISSION**

NUKU'ALOFA

|  |  |
| --- | --- |
| **Contact Details of Applicant:** | |
| **Name of organisation or group:** | |
| **Name of contact person:** | |
| **Phone number:** | **Mobile number:** |
| **Email address:** | |
| **Postal address:** | |
| **Is your group a registered organisation? Yes No** | |
| **Does your organisation have a bank account? Yes No** | |
| **Description of organisation:** (Please indicate the nature of the organisation that will implement the program. For example: a school, government office, religious community or NGO) | |

|  |
| --- |
| **Project Details:** (further details may be attached separately) |
| **Project Name:** (The name should describe what the project will achieve) |
| **Project Description:** ( Please describe what the grant will be used for) |
| **Development outcome:** (Please describe how the project will improve the lives of people in the community) |

|  |  |
| --- | --- |
| **Project Finance Details:** | |
| **Total amount requested in Pa’anga** (up to 8000)**:** |  |
| **Sustainability and community contribution:** (please describe what contribution the community will make to this program in the form of funds, labour, land, etc. and how the project will continue to provide a benefit to the community after the grant funds have been spent): | |
| **Have you applied for funding from any other source? If yes, please indicate where.** | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Assessment:** | | | | | | | | | | |
| **What does your project focus on?** (please circle) | | | | | | | | | | |
| **Poverty alleviation** | | **YES** | **NO** | **Community level health/education/sanitation** | | | | | **YES** | **NO** |
| **Basic Human Rights** | | **YES** | **NO** | **Essential environmental conservation** | | | | | **YES** | **NO** |
| **Rural Development** | | **YES** | **NO** | **Assist disadvantaged/disabled people** | | | | | **YES** | **NO** |
| **Assist women** | | **YES** | **NO** | **Purchasing computers/photocopiers/etc** | | | | | **YES** | **NO** |
| **How many people will directly benefit from the project?** | | | | | | | | | | |
| **MEN:** | **WOMEN:** | | | | **BOYS:** | **GIRLS:** | | **TOTAL:** | | |
| **Will this project involve working with children?**  (A child is considered to be a person under the age of 18 years) | | | | | | | **YES** | | **NO** | |
| **Projects are required to submit a full acquittal two months after completion of the project. Please indicate the expected completion date for the project and the date that the acquittal will be submitted:** | | | | | | | | | | |

**Required supporting evidence attached to this application:**

**Quotations to support you request for funds**

**Supporting documentation?** (written references from town officers, group leaders, relevant ministries or other)

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send this Application Form to the DAP Coordinator:**

Leon Braun, Australian High Commission, (PMB 35), Nuku'alofa.

or email [leon.braun@dfat.gov.au](mailto:leon.braun@dfat.gov.au) or [ana.kolokihakaufisi@dfat.gov.au](mailto:ana.kolokihakaufisi@dfat.gov.au).

**Note:** All applications will be given careful consideration, but regretfully not all can be accepted. The Australian High Commission will respond to your request once the decision has been made.