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**DIRECT AID PROGRAM**

**APPLICATION FORM**

**AUSTRALIAN HIGH COMMISSION**

NUKU'ALOFA

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| **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) |

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| **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) |

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| **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.** |

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| **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 or 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.