## Grants

## Opportunity Knox

## **Application Form**

Please refer to 'Opportunity Knox' Small Grants Program Guidelines for Organisations.

To access this funding, all other avenues of funding must have been explored and exhausted prior to applying. Member Organisations must complete a needs assessment to establish that there are no other financial resources or opportunities accessible to the client. Following that assessment, organisations can provide the relevant details and completed application form to The Zahra Foundation by emailing <a href="mailto:admin@zahrafoundation.org.au">admin@zahrafoundation.org.au</a>. An assessment will be undertaken within 7 working days and the Member Organisation will be contacted with the outcome.

Member Organisation:	Date:
Worker:	Phone:
Client's Name:	DOB:
H2H:	
Please indicate which options have been explored:  Brokerage	Have you explored other funding/grant options? If so, please list:
copies of invoices/proof of student enrolment/proof	Illowing evidence must be provided: proof of income, f of BYOD school policy/evidence of work opportunity.  CHERS. We can only pay invoices provided by the client.
Please note <b>WE WILL NOT PROVIDE CASH OR VOUC</b> (add an extra page if required)	
(add an extra page if required)	
(add an extra page if required)  Amount Requested:	on to contact them within 6 months to follow up on
Amount Requested:  Service Provider:  Does your client give The Zahra Foundation permission the grant outcome? YES/NO (please circle); If yes, please circle); If yes, please circle is the grant outcome?	on to contact them within 6 months to follow up on
Amount Requested:  Service Provider:  Does your client give The Zahra Foundation permission the grant outcome? YES/NO (please circle); If yes, please Client to sign:	on to contact them within 6 months to follow up on ease provide a contact phone number:
Amount Requested:  Service Provider:  Does your client give The Zahra Foundation permission the grant outcome? YES/NO (please circle); If yes, please Client to sign:	on to contact them within 6 months to follow up on ease provide a contact phone number:  Date:
Amount Requested:  Service Provider:  Does your client give The Zahra Foundation permission the grant outcome? YES/NO (please circle); If yes, please email the completed form and all supporting documents.	on to contact them within 6 months to follow up on ease provide a contact phone number:  Date: nentation to The Zahra Foundation: admin@zahrafoundation.org.au



