

*The Gladstone Region Grant Writing Program*  
*For Community Organisations and Businesses*  
**ENROLMENT FORM**

Organisation/ Business Name:	Organisation <input type="checkbox"/> or Business <input type="checkbox"/>
Name of Representative(s):	
Position:	
Contact email:	
Contact phone number:	
Organisation/ Business ABN:	
Organisation/ Business Address:	
Industry /Sector:	

**Organisation/ Business Overview**

*Detail core organisation/ business purpose. Optional information to indicate the size of your organisation/ business (e.g., # of Committees/Committee members, # local employees, # volunteers, # customers/users/members, annual turnover, assets).*

**1. Previous Grant Experience**

Previous grant applications: (e.g., # of grants applied for)	
% of successful applications:	
Types of grants applied for: (e.g., infrastructure/facilities, training, events, etc.)	
Challenges identified through grant identification or application process:	

## 2. Grant Writing Capacity

To help us better understand your organisation/ business capacity to both source funding and write grants at the time of enrolment, please tick the appropriate box to rate your capacity level for each item.

<b>Confidence</b> in grant writing and sourcing funding	<input type="checkbox"/> Very low	<input type="checkbox"/> Low	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> High	<input type="checkbox"/> Very high
<b>Skills</b> in grant writing and sourcing funding	<input type="checkbox"/> Very low	<input type="checkbox"/> Low	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> High	<input type="checkbox"/> Very high
<b>Experience</b> in grant writing and sourcing funding	<input type="checkbox"/> Very low	<input type="checkbox"/> Low	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> High	<input type="checkbox"/> Very high
<b>Knowledge</b> in grant writing and sourcing funding	<input type="checkbox"/> Very low	<input type="checkbox"/> Low	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> High	<input type="checkbox"/> Very high

## 3. Grants Required/Grants Being Sought

If your organisation/ business has identified a project, please provide details of the project and grant being sought to enable NFP House to assist.

Project description:	
Identified funding source:	
Relevant time frames:	
Benefit of project to your organisation/ business:	
Benefit of project to the community:	
<input type="checkbox"/>	Project plan
<input type="checkbox"/>	Capacity to manage grant application process (time, resources)
<input type="checkbox"/>	Capacity to manage grant delivery and acquittal process

## 4. Grant Application Readiness

<input type="checkbox"/>	No projects identified yet
<input type="checkbox"/>	Require assistance from NFP House to identify projects
<input type="checkbox"/>	Require assistance from NFP House to identify matching grants

## Additional Information

*Any other comments or information that you would like to provide.*

**Name** \_\_\_\_\_

I am an authorised representative of the applicant organisation/ business with delegation to make this application.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

If you have any questions about the enrolment process or eligibility, please email [admin@nfphouse.org.au](mailto:admin@nfphouse.org.au) or call NFP House on 0460 792 812.

