

**GIPPSLAND INTEGRATED FAMILY VIOLENCE SERVICE REFORM
REGIONAL STEERING COMMITTEE**

FUNDING APPLICATION FORM

APPLICANT INFORMATION

Name:

Current Position held:

Organisation:

Position located at:

Phone:

Mobile:

Fax:

E-mail:

Other details:

ORGANISATIONAL INFORMATION

Is this a partnership arrangement or solely funded by Gippsland Integrated Family Violence Service Reform Steering Committee:-

FUNDING REQUEST- NAME & DETAILS OF THE PROJECT/ACTIVITY

Please outline the project/activity proposal including the sub region it will cover, the target group it's aimed at, and the \$'s requested from the Gippsland Integrated Family Violence Service Reform Steering Committee:-

Please state how the activity/project will positively contribute to the Gippsland Integrated Family Violence Service Reform:-

Please return this form to:

Kerry Hamer, Gippsland Family Violence Regional Integration Coordinator, Gippsland Women's Health Service,
PO Box 664, Sale Vic 3850 Ph: 03- 5143 1600 fax: 03- 5143 1224 familyviolence@gwhealth.asn.au

Ratified by Gippsland Integrated Family Violence Service Reform Steering Committee – 27/01/2010

Updated : 24-Dec-09

PRESENTATION TO SUB REGIONAL REFERENCE GROUP				
Have you or your committee/ organisation presented the project/ activity to a Sub Regional Family Violence Reference Group - outline details of when and outcome? (TICK APPROPRIATE AREA)				
Latrobe/Baw Baw/Wellington (Narie Anderson 5120 2000)	<input type="checkbox"/>	East Gippsland (Simone Elias 5155 4777)	<input type="checkbox"/>	South Gippsland/Bass Coast (Celia Irwin 5662 4502)
If not, have you spoken to the relevant Chairperson contact before the project/activity is presented to the Gippsland Integrated Family Violence Service Reform Steering Committee ?				
EVALUATION OF THE PROJECT/ACTIVITY				
When will the evaluation of the project/activity be given to the Regional Steering Committee and in what format eg written doc and/or in person :-				
SIGNATURES				
Signature of applicant:			Date:	

APPLICATION OUTCOME	
Recommendation from Sub Regional Reference Group	Date:
Decision:	
Presented to Regional Steering Committee Meeting	Date:
Decision:	

Signed: _____
Diane Wilkinson,
Chair, Regional Steering Committee

Date: _____