



APOLLO BAY & DISTRICT

**HEALTH  
FOUNDATION**

## 2017 Application for Grant

Name of organisation .....

ABN (if applicable) .....

Postal address .....

Contact person ..... Phone .....

Email address .....

Name of project .....

Funds sought \$ .....

Purpose of funds .....

**Project summary** - outcomes and community benefits (attach additional pages if required)

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**Closing date for applications is 31<sup>st</sup> July 2017**

**Apollo Bay and District Health Foundation Inc.**

Postal Address: PO Box 140, Apollo Bay VIC 3233 Registered Address: 1 Moore Street, Apollo Bay VIC 3233  
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[www.abhealthfoundation.org](http://www.abhealthfoundation.org)