**2025 World Hepatitis Day Local Grants Program**

**Application Form**

**Section One: Applicant details**

 **Contact name**

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|  |

 **Name of organisation/group**

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| --- |
|  |

 **ABN**

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 **Postal address of organisation/group**

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| --- |
|  |

**Contact number**

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| --- |
|  |

 **Email**

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 **What does your organisation/group do?** (Please attach any supporting documentation as needed e.g. (service leaflet)

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|  |

\*50 words max

**Section Two: Event Details**

**Title of activity**

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**Provide a brief description of the proposed activity and** **how it will fit the WHD 2025 theme: *Defeat Hepatitis - Take Action Now.***

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\*150 word max

**Date of activity** (Events can be held on or near 28 July 2025)

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**Who is your primary target audience?** (e.g. Aboriginal and Torres Strait Islander peoples, people living with viral hepatitis, people who inject drugs, CALD community)

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**Section Three: Evaluation and Budget**

**Event evaluation:**

How will you measure the success of this activity? (outputs and outcomes)

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**Grant amount requested:**

*(Please circle or remove as needed)*

$1000 or $500

**Event Budget:**

Use high-level descriptions to explain how grant funds will be used

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| --- | --- |
| **Description** | **$** |
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|  |  |
|  |  |
|  |  |
|  |  |
|  **Total (excluding GST)**  |  |

**Are there any other organisations involved with your project?**

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| --- | --- |
| **Name of partner/stakeholder** | **What is their contribution?** |
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|  |  |
|  |  |

**Other financial support (including in-kind support)**

|  |  |
| --- | --- |
| **Description** | **Amount/value** |
|  |  |
|  |  |
| **Total (excluding GST)** | **$** |

**Section Four:**

I certify that all monies provided under the HQ World Hepatitis Day Local Grants Program in relation to this application will be used for the purposes set out above only YES/NO

I certify that we will fullfill all reporting requirements by Friday 5th September 2025 YES/NO

**Media Consent**

By submitting this application, you acknowledge and agree that any photos, videos, or other media provided to Hepatitis Queensland as part of this grant may be used for promotional and educational purposes. This includes but is not limited to use on our website, social media channels, publications, and other communication materials.

If you have any concerns or wish to place restrictions on how your media is used, please contact us on 07 3846 0020 or digital@hepqld.asn.au.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

**Send your application to:**

**Email:** alex@hepqld.asn.au

**Post:** WHD Local Grants Program, Hepatitis Queensland, PO Box 3150, Norman Park, QLD 4170