

### APPLICANT'S DETAILS

The aim of the Community Grants Scheme is to support PCFA's mission and strengthen the activities of Prostate Cancer Support Groups in their local areas. Grants are capped at \$5,000 each and all applications must be made or sponsored by PCFA Prostate Cancer Support Groups to be eligible. The funding can be used for local events, awareness activities, group marketing materials or equipment, and other mission-related purposes. Purchase of medical equipment and funding for essential medical services and treatment is not eligible for funding under this scheme.

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Group name:			
Nominee's role(s):	<input type="checkbox"/> Group Leader <input type="checkbox"/> Support Group Member <input type="checkbox"/> Affiliated community group		

### OVERVIEW OF GRANT REQUEST

Briefly outline:

- How much funding you need
- How the funding will be used
- How the funding links to mission

*Please include any dates related to use of the funding.*

### DETAILS

Please tell us more about the background to the request and how you plan to use the funding to support the delivery of the PCFA vision and mission, harnessing knowledge to create awareness of prostate cancer, increase early detection, enable access to PCFA specialist nursing services, and improve quality of life and survivorship outcomes in your local community.

The grant may be used to support all aspects of Network activity, such as group marketing and promotions, training and development, local advertising of group activities, awareness events, engagement opportunities, and equipment purchases that are essential to group enablement.

If your grant includes expenditure comprised of different items, please provide an itemised list of the expenditure and include any third-party pricing quotations with this application.

### SUPPORTING APPLICANT'S DETAILS

In this section please include the contact details of the Group's Supporting Applicant. The Supporting Applicant must be another member of the group who can verify that a majority of Group Members support the application being made on the Group's behalf. If the applicant is an affiliated community group, the Supporting Applicant must be a Group Leader.

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Relationship to Group:	<input type="checkbox"/> Group Leader	<input type="checkbox"/> Support Group Member	<input type="checkbox"/> Group Administrator

### REFEREES SUPPORTING THIS NOMINATION

Please outline details of two referees, including a brief statement of support. For example: a member of a support group, community group (e.g. Rotary, sporting club), a health professional and/or community leader (e.g. local MPs). Please keep statements of support to 30 words or include as one of the key supporting documents below.

#### FIRST REFEREE

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Statement of support:			

#### SECOND REFEREE

Name:			
Postal address:			
Email address:			
Phone number:		Mobile number:	
Statement of support:			

### KEY SUPPORTING DOCUMENTS - OPTIONAL

Please include relevant documents with this form including a brief description of each below. Documents may include:

- Pricing quotes for the items to be purchased with the grant funding.
- Statements of support from group members or local men and their loved ones.
- Evidence to support the grant application.

Document 1:	
Document 2:	
Document 3:	

### DECLARATION

I confirm that the details above are true to the best of my knowledge and choose to nominate the individual stated of my own accord and hold no familial relation to them.

Signed:		Date:	
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Once you have completed your form please return by email to [supportnetwork@pcfa.org.au](mailto:supportnetwork@pcfa.org.au) or by post to:

**Att: Network Support**  
**Prostate Cancer Foundation of Australia**  
**Level 5, 437 St Kilda Road Melbourne 3004 VIC.**

If you have any further questions, please contact us on the **Network Helpline 1800 00 22 98.**