



'Opportunity Knox' APPLICATION FORM

Please refer to 'Opportunity Knox' Small Grants Program – Guidelines for Organisations.

To access this funding, all other avenues of funding must have been explored and exhausted prior to applying. Member Organisations must complete a needs assessment to establish that there are no other financial resources or opportunities accessible to the client. Following that assessment, organisations can provide the relevant details and completed application form to Zahra Foundation via admin@zahrafoundation.org.au. An assessment will be undertaken within 7 working days and the Member Organisation will be contacted with the outcome.

Date: _____	Member Organisation: _____ Worker: _____ Phone: _____
Client's Name : _____ DOB: _____ H2H: _____	

<p><i>Please indicate which options have been explored:</i></p> <p>Brokerage <input type="checkbox"/></p> <p>Donations <input type="checkbox"/></p> <p>Wyatt Trust <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p><i>Have you explored other funding/grant options? If so, please list:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Details of assessment and recommendation. The following evidence must be provided: proof of income, copies of invoices/proof of student enrolment/proof of BYOD school policy/evidence of work opportunity. Please note WE WILL NOT PROVIDE CASH OR VOUCHERS. We can only pay invoices provided by the client. (add an extra page if required)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Amount requested: _____</p> <p>Service Provider: _____</p> <p>Does your client give Zahra Foundation permission to contact them within 6months to follow up on the grant outcome? YES/NO (please circle); If yes, please provide a contact phone number:</p>	
<p>Client to sign: _____ Date: _____</p>	
<p>Office Use Only</p> <p>Approved <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>Authorised: _____ Date: _____</p>	