



Individual Grant Expression of Interest Form

Expressions of Interest can be submitted at any time during one (1) financial year.

IMPORTANT NOTES – PLEASE READ

Upon submitting your completed EOI form, you will be provided with an EOI ID number after The White Shadow Foundation has received your expression of interest. Example shown below:

ABC-123-456-789

The Individual Grants Program is for individuals seeking assistance above \$1,000.00 and no more than \$5,000.00 per one (1) financial year. Individuals must partner with a referral organisation/s when submitting.

The focus of this grant will be to assist individuals in the areas of mental health, acute homelessness, domestic and family violence, families of child sexual abuse/trafficking, and mothers caring for their newborn/s.

This **Expression of Interest Form** replaces all previous application and proposal forms to The White Shadow Foundation's Grants Program.

If your EOI is successful or unsuccessful, we will still contact you directly or via the organisation that has referred you to us. We will send you the appropriate correspondence informing you of our decision.

Please refer to the grant criteria PDF form prior to submitting your application. More information about this grants program can be found on our website: www.whiteshadowfoundation.org

WE RECEIVE A HIGH VOLUME OF APPLICATIONS. IT IS YOUR RESPONSIBILITY TO ENSURE WE HAVE RECEIVED YOUR EOI. After you have submitted your completed EOI by email, you will be sent confirmation that we have received your application within two (2) business days.

1. Individual name and address and/or referral organisation applying on behalf of individual:

Note: Individuals must partner with a referral organisation/s when submitting an application. If more than one organisation is submitting on behalf of the individual applicant, please note them all here.

2. Area/s of support you are applying for assistance: (e.g. domestic violence, mental health)

Note: If you are applying for a grant in more than one area please list here.

3. Please tell us if you currently receive assistance from any governing body or other charity:

	Type of funding (e.g. Centrelink, NGO, charity, not-for-profit)
1.	
2.	
3.	
4.	

4. What amount of funding are you seeking? (please provide the amount you are seeking)

\$

The White Shadow Foundation prioritises individuals without access to other substantial avenues of funding.

5. Are you currently working in a paid position? (please circle) Yes / No

If YES, please provide your employer address and phone number:

6. Have you or the referral organisation applying on your behalf previously received funding from The White Shadow Foundation? (please circle) Yes/No

If YES, please provide the following details of when the funding grant was distributed: (year)

7. If your grant application is successful, will you require additional assistance from The White Shadow Foundation in the next financial year?: (please circle) Yes / No

8. Briefly outline how you plan to use the grant funding if your application is successful:

Comments:

Your Name: _____
Signature: _____ Date _____

Please note - if a referral organisation is applying for grant funding on your behalf a formal representative should sign the application.

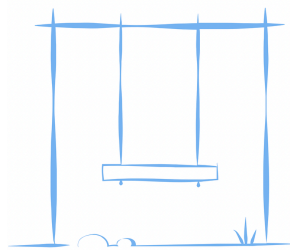
Name _____
Position _____
Signature _____ Date _____

Please email or post your application to:

THE WHITE SHADOW FOUNDATION LTD
2 / 37 Station Street, Wellington Point 4160
Queensland, Australia

E: hello@whiteshadowfoundation.org

P: (07) 5628 2549



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