

# MAKE A GRANT APPLICATION FORM

Please fill in this form and fax back to 02 8353 3624

Name of Grantmaker: .....

Name of Organisation: .....

Address: .....

Suburb/Town: .....

State: ..... Postcode: .....

Telephone: ..... Fax: .....

Email: .....

Website Address: .....

Proposed Funding Amount: .....

Would you prefer to (please tick one):

**EITHER**  Support the general operations of Documentary Australia Foundation?

**OR**  Support one or more documentaries on DAF's Approved List of films?

Please enter the documentaries you would like to support: .....

.....

.....

Are you (or key members of your organisation) related to the filmmakers of your preferred documentary?

Yes  No

If yes, how? .....

.....

**Please note:** the Documentary Australia Foundation Board will not willingly approve proposed grants to documentaries of related party interests.