

**BISHOP'S HEALING FUND**

PROMOTING HEALING FOR THOSE AFFECTED BY ABUSE
WITHIN THE DIOCESE OF MAITLAND-NEWCASTLE

Organisation or Individual's name	
Description of organisation	
Name of representative from organisation submitting application	
Phone number	
Email address	
Brief description of proposed project including proposed timing & venue	Please attach further details or rationale and anticipated outcome.
Name of presenter(s)/ coordinator(s)	
Position/role of presenter/ coordinator	Please attach a bio that includes the qualifications of the Presenter and an outline of their proposed work prepared by them.
Target group including numbers	

How do you plan to invite/select participants for this project?

Proposed cost

(If approved the allocated amount will be paid to organisations who are incorporated and have an ABN. If proposal is being submitted by an individual approved amounts will be paid directly to providers)

Please attach an itemised budget including quotes for presenters, venues, catering etc.

Plan for evaluation and feedback from participants & process to report to Committee

(This will assist the Committee in approvals of future applications)

Signature

Date