

Cumberland Community Grants Program

Project Partners Acknowledgement

This form should be completed by organisations that wish to provide support to applicants for the Cumberland Community Grants Program. Completed forms are to be submitted with the funding application.

1. Applicant:

2. Project Title:

Supporting Organisation Name:

Address:

Project Contact:

Position:

Telephone:

Email:

3. What type of support will the organisation provide to this project (if it was funded)?

Referrals

Financial support

(please provide further information)

In-kind

(please provide further information)

Working in Partnership

(please provide further information)

Other

(please provide further information)

4. Confirmation of Partnership

This section must be completed by an appropriately authorised person on behalf of the organisation that is providing support (project partner).

I have read and am authorised to accept this project partnership as a management representative of my organisation:

Name

Position

Signature

Date