Alumni Association Operational Grant - Application Form

**Name of Alumni Association:**
Name of contact person for this application:
Email address:
Phone Number:

Signed: Date:

**Operational Grant Application details:**

____________________________________________________________________________________

____________________________________________________________________________________

**Describe the nature of the need for funding:**

____________________________________________________________________________________

____________________________________________________________________________________

**How will this grant benefit alumni, the alumni association and / or the University of Melbourne?**

____________________________________________________________________________________

____________________________________________________________________________________

**How has this operational / administration cost been covered in the past (if recurring):**

____________________________________________________________________________________

____________________________________________________________________________________

**Proposed Budget:**

Costs associated: AUD$____________________
Amount requested: AUD$____________________

**Preferred method of disbursement (please tick):**

☐ EFT to Alumni Association bank account

☐ Credit card to third party supplier (available where no bank account only)

☐ Cash to third party supplier (available where no bank account only)

**Other information to support grant application:**

____________________________________________________________________________________

____________________________________________________________________________________

**Submit this application to:**
Alumni Relations Manager, Advocacy and Recognition
Advancement Office - University of Melbourne, Victoria 3010
AUSTRALIA
Tel: +61 3 8344 1746 Fax: +61 3 9348 0013
Email: alumni-office@unimelb.edu.au

Reviewed: 1 November 2016
Alumni Association Operational Grant - Outcome Report

Name of Alumni Association:
Name of contact person for this report:
Email address:
Phone Number:

Signed: Date:

Outcomes for the Alumni Association:
____________________________________________________________________________________
____________________________________________________________________________________

Recommendations for future activities/ things learned
____________________________________________________________________________________
____________________________________________________________________________________

Expense report (against proposed budget):

<table>
<thead>
<tr>
<th></th>
<th>Projected (AUD $)</th>
<th>Final (AUD $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total costs</td>
<td></td>
<td></td>
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</tbody>
</table>
| Revenue
(include other sources of funding eg: sponsorship, ticket sales) |                   |               |

Submit this grant outcome report within four weeks of funds received to:
Alumni Relations Manager, Advocacy and Recognition
Advancement Office
University of Melbourne
Victoria 3010
AUSTRALIA
Tel: +61 3 8344 1746 Fax: +61 3 9348 0013
Email: alumni-office@unimelb.edu.au