|  |  |
| --- | --- |
| **Name of applying organisation** |  |
| **ABN**  |  |
| **Industry** |  |
| **Number of members** |  |
| **Full name of contact person**  |  |
| **Job Title** |  |
| **Email** |  |
| **Phone number** |  |
| **Address** |  |
| **Postal [if different from street address]** |  |
| **Project title** |  |
| **Summary of your Project and what you are planning to do?** |  |
| **Describe who your Project will benefit and how?** |  |
| **How might the benefits be sustainable after the project period?** |  |
| **Total funding sought (exclusive of GST)** |  |
| **Do you propose to provide in-kind support? If so, please provide the value of in-kind contributions (exclusive of GST)?** |  |
| **Is your organisation registered for GST?** |  |

**The Healthy Workers Across Industry Incentive Program application form**

*Please return completed form to kyliec@business-sa.com*