



## Funding Expression of Interest

**Date of Application**

**Applicant Name**

**Applicant Position**

**Organisation**

**Telephone**

**Email**

**Location of Project** *(health service, research institute, department)*

**Funding Category** *(clinical care, clinical research, laboratory equipment, clinical trials, family support)*

**Project Title** *(less than 70 words)*

**Plain English Title** *(for use on website, less than 4 words)*

**Total Funding Requested** *(total requested over full funding period requested)*

**Co-funding Provided by** *(health service, other philanthropic etc.)*

**Proposed Funding Period** *(number of years)*

**Proposed Funding Start Date**

**Proposed Funding Finish Date**

**Proposed Administering Institution**

**Proposal Outline** *(7,200 characters max, excluding spaces, approximately two A4 pages)*

1. Background, description and justification for proposal
2. **Proposed Measurable Outcomes and 6-monthly Funding Milestones** *(application will not be considered without this information)*
3. **References** *(please keep to a minimum, no more than 5)*
4. **Estimated budget per year showing co-contribution from applicant's organisation** *(500 characters max excluding spaces)*

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