

Member grant reimbursement application form

This form should be completed by NADA members applying for reimbursement of a grant which has been pre-approved. Please ensure you are aware of the grant criteria before completing this form.

## How to apply

For your organisation to receive reimbursement you must:

1. complete this form and submit to the relevant NADA staff member after the activity is completed
2. attach an itemised tax invoice from your organisation (showing GST, ABN and EFT details) as per the approved grant
3. provide all relevant receipts of purchase to support your claim.

## Grant Type

Please indicate the grant type which has been pre-approved.

[ ]  NADA training grant

[ ]  NADA conference support grant

[ ]  Other please specify Click here to enter text.

## Applicant details

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| --- |
| Name Click here to enter text.  |

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| --- |
| Position Click here to enter text. |

|  |
| --- |
| Service / Program name Click here to enter text. |

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| --- |
| Organisation Click here to enter text. |

|  |
| --- |
| Address Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Mobile Click here to enter text. |  | Email Click here to enter text. |

## Grant details

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| --- |
| Grant Reference Number: Click here to enter text.  |

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| Grant Pre- approval date: (see grant approval letter/email) Click here to enter a date.  |

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| Approved by NADA Staff member: Click here to enter text. |

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| --- |
| Activity Name: (e.g. training event attended): Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Activity Date(s):Click here to enter text. |  | Number of attendees (complete for group training): Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Funds approved Click here to enter text. |  | Funds Sought\*: Click here to enter text. |

# *\*NADA reimbursement grants will only approve release of funds to the value of the approved grant or less than the approved grant where the approved amount exceeded actual expenditure.*

## Online Courses

# *Please complete this authority only if your grant relates to an online course.*

# I confirm that I have commenced my online training course during the relevant grant period (January – June or July –December).

# Grant recipient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Manager’s signature: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Grant Feedback

# The course/conference/online training associated with my grant was valuable and worthwhile? (Please circle response)

# Strongly Agree – Agree – Neutral – Disagree – Strongly disagree

# Do you have any other comments/feedback on your course/conference/the grant program? We are interested in hearing about your experience and how your participation in the course/conference will affect your practice and/or the practice of your organisation.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Endorsement

The applicant and the applicant’s manager must complete this section to acknowledge that the activity was completed, or commenced (if an online course), and the requested funds match expenses paid out by the organisation.

**Please note** signatures are not required however the manager and applicant should be Cc’d into email correspondence.

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| Applicant Name Click here to enter text.  |

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| --- |
| Date: Click here to enter a date. |

|  |
| --- |
| Manager’s Name: Click here to enter text. |

|  |
| --- |
| Date: Click here to enter a date. |

## Attached information

Please ensure all relevant information is attached including:

[ ]  an itemised tax invoice

[ ]  receipts of purchase

[ ]  documentation demonstrating km travel (for petrol reimbursement) where applicable.

Please note any further details here if needed: Click here to enter text.

## Where can I find more information on NADA Grants?

For information on NADA Travel Subsidy Grants for attending NADA events visit <http://nada.org.au/about/what-we-do/grants-subsidies/>

To access information on current NADA and other relevant grants visit: <http://nada.org.au/about/what-we-do/grants-subsidies/>

For information on NADA Training and Conference Support Grants email: traininggrants@nada.org.au