

Community Grants Entry Form

| Organisation Name: | | | | | ABN: | |
|--|---------------------------|-----------------------|------------------|-----------------------------|---------------------|------------------|
| Is your organisation If not sure, please tell us a | | Yes ation includii | No ng whether | Not sure r or not you ha | ve deductable gift | recipient status |
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| Organisation descrip | tion: | | | | | |
| e.g. years in operation, the | people or community it | supports, ou | ıtline of ma | ajor objectives, | areas of health fo | ocus, etc. |
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| Project description: A description of the project | that needs funds via a k | Nith Vaccine | s Commun | ity Grant objec | rtives of the proje | act what will be |
| delivered, details of the targ impact this project will have achieve, etc. | get audience / population | n that will be | enefit, the | location, give a | short description | of the positive |
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| Alignment to With Vaccines Community Grants The goal of this grants initiative is to improve vaccination coverage of all vaccines amongst underserved populations in Australia. Describe how your project aligns with this goal and how it will help improve vaccination rates amongst underserved populations in Australia. |
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| Funding gap for project: Explain the total cost of the project and how the With Vaccines Community Grant would contribute |
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| Project budget: A breakdown of the total project budget |
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| |
| Applicant contact details: |
| Name: |
| Role within organisation: Phone: |
| Email: |
| Signature: Click on the 'Fill and Sign' icon in the toolbar, and follow the prompts to add your digital signature Date: Date: |
| Signature: Click on the 'Fill and Sign' icon in the toolbar, and follow the prompts to add your digital signature Date: Date: The you are not familiar with e-signatures then you can still email the completed form to use at CommunityGrants@sanofi.com and we can help you complete a signed copy. |
| * I can confirm that, if our application is successful, [insert name of organisation] |
| will provide Sanofi with images and written confirmation that the grant has been used as outlined above. We will provide that evidence within 12 months of receiving the grant. |
| I can confirm that, if our application is successful, [insert name of organisation] |
| will be happy for Sanofi to use those |
| images and other background as it wishes to further promote the Sanofi With Vaccines |
| Community Grants program to both internal and external audiences· *Mandatory field |

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