

Central Queensland Indigenous Development Ltd
COMMUNITY SPONSORSHIP APPLICATION FORM



Name: **Contact Number:**

Contact Email:

Address:

Name of Activity: **Date of Activity:**

Description of Activity:

Purpose/Objective of Activity:

Target Audience (who/how many will benefit?):

Success Measures:

Benefits for CQID:

Support Required:

(please describe in detail the cash and in-kind support required, attach evidence e.g. quotes, budget, reports etc.)

Click here to enter text.

Please send any relevant photos or contents in an email with this form, once completed, to Jason Field at ceo@CQID.com.au.