Stronger Communities Programme Round 7

Sample Expression of Interest Form

Expressions of Interest submissions close **Monday 29 November, 5pm**. Please return to **Michelle.Rowland.MP@aph.gov.au** and/or **PO Box 8525, Blacktown NSW 2148** by the closing date to be considered for funding.

## Organisation detail

|  |  |
| --- | --- |
| Organisation nameWhere you have a sponsor arrangement, this must be the name of the sponsor organisation who is eligible to apply. |  Click here to enter text. |
| ABN |  Click here to enter text.  |
| What type of entity are you?You may be required to provide proof of incorporation if applicable. | [ ]  Incorporated Not-for-profit Organisation[ ]  State government agency that is a fire service, country fire authority, state emergency service or similar[ ]  Local Governing Body e.g. ***Local council*** ***(This will limit your grant to 50% of eligible project expenditure)***  |
| Are you a trustee on behalf of a trust?If yes, please provide both the Trust and the Trustee’s ABN.  |  Select Yes or No Trust ABN: Click here to enter text. Trustee ABN: Click here to enter text. |
| Are you charity registered with the Australian Charities and Not-for-profits Commission (ACNC)? |  Select Yes or No |
| Are you registered for GST? |  Select Yes or No |
| Organisation street addressPlease provide a street address, not a post box address. |  Address Line 1 Address Line 2 Suburb State Postcode |
| Organisation postal addressYou may provide a post box address here. |  Address Line 1 Address Line 2 Suburb State Postcode |
| Sponsored organisation (where applicable) |  |  |
| Are you applying as a sponsor on behalf of an unincorporated organisation? |  Select Yes or No |
| Sponsored organisation name |  Click here to enter text.  |

## Nominee Contact Details

|  |  |
| --- | --- |
| Name |  Click here to enter text. |
| Position in organisation |  Click here to enter text.  |
| Email Address |  Click here to enter text. |
| **Telephone number** **Mobile number** (optional) |  Click here to enter phone number. Click here to enter mobile number. |
| AddressEnter ‘as above’ if using the organisation address |   Address Line 1 Address Line 2 Suburb State Postcode |

## Project Information

|  |  |
| --- | --- |
| Project title |  Click here to enter text. |
| Project descriptionWhat are your key project activities and outcomes? |  Click here to enter text. |
| Project outcome/Why is the project important?Explain how your project supports and encourages local community participation and delivers social benefits to the local community. |  Click here to enter text. |
| **Project site location** Please ensure this street address is within the nominating electorate.**% of project value undertaken at site** |   Address Line 1 Address Line 2 Suburb State Postcode Click here to enter % |
| Total cost of project |  Click here to enter $ amount. |
| Grant funding soughtLocal Governing Bodies (LGAs) can only apply for a grant amount of **50%** of eligible project costs. LGAs must provide matched funding contributions towards their eligible project.  |  Click here to enter $ amount. |
| Can you complete the project by 31st December 2022? |  Select Yes or No |