

**Stronger Communities Programme 2021**

**Division of Greenway**

**Expression of Interest (EOI)**

|  |  |
| --- | --- |
| **Completing this form** | You must refer to the Programme Guidelines when completing this form: [*https://www.business.gov.au/grants-and-programs/stronger-communities-programme*](https://www.business.gov.au/grants-and-programs/stronger-communities-programme) |
|  | Return your completed form to the office of Michelle Rowland MP  By email: [Michelle.Rowland.MP@aph.gov.au](mailto:Michelle.Rowland.MP@aph.gov.au) By mail: PO Box 8525, BLACKTOWN NSW 2148 In person: Level 1, Suite 101C, 130 Main Street, BLACKTOWN NSW 2148.  This form must be returned by **COB Friday 26 February 2021**. |
|  | If you do not have enough space to complete a question, please attach a separate sheet |
|  | Please print in black or blue pen when completing this form |
|  | **NOTE submitting an application does not guarantee a grant will be approved** |
| **Supporting documents** | Please enclose all supporting documents you believe relevant to your application. For example – quotes, council approvals, etc. |
| **Privacy** | The information provided on this form is required to make a decision about your application. The information may be disclosed to the Department of Industry, Innovation and Science, the office of Michelle Rowland MP, Members of Parliament and Senators, and the Greenway Stronger Communities Programme Community Consultation Committee. |
| **Further information** | Please contact the office of Michelle Rowland MP on (02) 9671 4780 or email Michelle.Rowland.MP@aph.gov.au.  Further information on the programme can be found at [*https://www.business.gov.au/grants-and-programs/stronger-communities-programme*](https://www.business.gov.au/grants-and-programs/stronger-communities-programme) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART A – APPLICANT INFORMATION** | | | | |
| **Applicant Organisation – Details** | | | | |
| **1. Organisation name** |  | | | |
|  | | | | |
| **2. Branch/sub-branch** | |  | | |
|  | | | | |
| **3. Address (main address of organisation)** | | | | |
|  | | | | |
| **4. Postal address (leave blank if same as above)** | | | | |
|  | | | | |
| **5. Australian Business Number (eligible organisations must have an ABN)** | | | | |
|  | | | | |
| **6. Is your organisation located in the Federal Division of Greenway? (Applicants must be located in Greenway to apply).**  **IMPORTANT –** the electorate boundaries are as at the 2019 Federal Election. | | | | |
|  | | | | |
|  | | |  | |
| **7. Is your organisation GST registered?** | | |
| **8. Please identify if your organisation is one of the following (eligible organisations must fit one of the following three criteria)** | | | | |
| A local government agency or body | | | |  |
| An incorporated not for profit organisation | | | |  |
| An incorporated trustee applying on behalf of a trust with responsibility for a community asset or property | | | |  |
| **Organisation Contact Person** | | |  | |
| **9. Title (Mr, Mrs, Ms, Dr, etc)** | |  | | |
|  | |  | | |
| **10. Given name** | |  | | |
|  | |  | | |
| **11. Surname** | |  | | |
|  | |  | | |
| **12. Position title** | |  | | |
|  | |  | | |
| **13. Telephone number** | |  | | |
|  | |  | | |
| **14. Email address** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternative Contact Person** |  | | |
| **15. Title (Mr, Mrs, Ms, Dr, etc)** |  | | |
|  |  | | |
| **16. Given name** |  | | |
|  |  | | |
| **17. Surname** |  | | |
|  |  | | |
| **18. Position title** |  | | |
|  |  | | |
| **19. Telephone number** |  | | |
|  |  | | |
| **20. Email address** |  | | |
|  |  | | |
| **PART B – PROJECT INFORMATION** | | | |
| **21. Title of project** |  | | |
|  | | | |
|  | | | |
| **22. Estimate project dates** | | | |
| **Start date** | |  | **End date (no later than 31 December 2021)** |
|  | |  |  |
| **24. External approval (only complete if your project requires external approval)** | | | |
| Who do you require approval from? (eg local council, owner of building) | | |  |
|  | | |  |
| Do you have the required approval? | | |  |

**23. Description of project (1000 words max.)**

Outline the project and include the following:

* Key activities and outcomes
* How will this project deliver social benefits to the community?
* How will this project contribute to the vibrancy and viability of the community?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | |
| **PART C – PROJECT BUDGET** | | | | |
|  | |  | | |
| **IMPORTANT –** Figures provided must be accurate and not estimates. If a quote is required, please enclose the quote with your Expression of Interest. | | | | |
| **25. Estimated total cost of project** | |  | | |
| **26. Breakdown of costs** |  | | | |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |

|  |
| --- |
| **27. Grant funding sought (Must be between $2,500 and $20,000)** |
|  |

|  |  |  |
| --- | --- | --- |
| **28. Other sources of funding – cash (eg donations, fundraising)**  If your organisation is contributing toward the project, please list below.  **IMPORTANT –** The grant amount can be up to 100 per cent of eligible project costs, except for Local Governing Bodies where the grant amount will be up to 50 per cent of eligible project costs. | | |
| Amount ($) |  | Source of funding |
|  |  |  |
| Amount ($) |  | Source of funding |
|  |  |  |
| Amount ($) |  | Source of funding |
|  |  |  |
| Amount ($) |  | Source of funding |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | | |
|  | | |
| **31. I have reviewed all the eligibility requirements for**  **the Stronger Communities Programme at** [*https://www.business.gov.au/grants-and-programs/stronger-communities-programme*](https://www.business.gov.au/grants-and-programs/stronger-communities-programme) | |  |  |
| **32. I believe the applying organisation complies with all requirements** | |  |  |
| **Signature of office bearer** |
|  |
| **Print full name** |
|  |
| **Date** |
|  |
| **Position in organisation** |
|  |
| **Name of organisation** |
|  |