Stronger Communities Programme Round 8



Expressions of Interest submissions close **5pm Friday, 10th March**. Please return to **rob.mitchell.mp@aph.gov.au** or **PO Box 380 WALLAN VIC** by the closing date to be considered for funding.

## Organisation detail

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation name Where 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 address Please provide a street address, not a post box address. | Address Line 1  Address Line 2  Suburb  State Postcode | | |
| Organisation postal address You 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. |
| Address Enter ‘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 description What 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.  **Percentage of project value undertaken at site** | Address Line 1  Address Line 2  Suburb  State Postcode  Click here to enter % |
| Total cost of project Minimum $2,500 (LGAs minimum $5,000) and maximum $50,000 | Click here to enter $ amount. |
| Grant funding sought Local 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 2023? | Select Yes or No |

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| *Declaration:*  I declare to the best of my knowledge that all the details supplied in this form and in the attached documents are true and correct. I have read the accompanying guidelines to applicants provided with this expression of interest. McEwen Stronger Communities Grant Committee will be contacted immediately if any information provided in this application changes or is incorrect.  I consent to the information contained within this application being collected, used and disclosed by McEwen Stronger Communities Grant Committee for the purpose of promoting my current and any future grant applications with McEwen Stronger Communities Grants.  I consent to my images, organisation name and personal name being used in publications by the Federal Member for McEwen, Rob Mitchell.  I understand that if my project is selected to apply, it is my responsibility to submit a completed application to the Department before the closing date, and that failure to do so will result in the allocated funding being forfeited. If due to unforeseen circumstances my organisation is unable to complete an application, I will advise Rob Mitchell’s office immediately. |
| First Name |
| Last Name |
| Position |

Please return this form to [Rob.Mitchell.MP@aph.gov.au,](mailto:Rob.Mitchell.MP@aph.gov.au) or post to Rob Mitchell MP Federal Member for McEwen PO Box 380, Wallan VIC 3756.

**All EOI forms must be received by 5pm Friday 10th March, 2023**