Stronger Communities Programme Round 8

Shape

Description automatically generated with low confidenceExpression of Interest Form

Expressions of Interest submissions close **17th of March, 5pm.** Please return to **Rachael.Mcdonald@aph.gov.au** and/or **1/240 Sydney Road, Coburg** 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 a 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.  **% 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 |