

Volunteer Grants Opportunity EOI

Organisation Details

Organisation Name			
Organisation ABN			
Organisation Address			
	town/suburb	state	postcode
Activity Address*			
	town/suburb	state	postcode

*The Activity Address refers to the address where the volunteering activity occurs. If this is the same as the organisation address, this field can be left blank.

Primary Contact Name		Mobile	
Email			
Secondary Contact Name		Mobile	
Email			

Questions

All Funding Sought must directly benefit your organisations' volunteers.

1.What does your organisation do to support the local community?	
2. Do volunteers make up 40% or more of your organisations' staff?	YES NO
3.What is the total amount of funding being sought? (Between \$1000 and \$5000)	\$

4.What is the funding being sought for? (Please refer to section 5 and Appendix A of the guidelines for eligible items/activities)			
5.How will the project directly benefit your organisations volunteers			
Primary Organisation Contact Number			
Primary Organisation Contact Person			
Primary Organisation Contact Email			
President		Vice-President	
Treasurer		Secretary	

Further Information

All applications will be assessed by an independent panel. Grants are not ongoing and recommendations from the panel will be assessed by the Department of Social Services. Please attach any supporting documentation i.e. letters of support. Please be aware that if your organisation is nominated to apply for a Volunteer Grant, some or all of this information will be shared with the Department of Social Services

Note: If your organisation is an unincorporated association, a person connected to your organisation will be required to assume personal legal liability. The person will be legally liable for the delivery of the funded activity, expenditure of funds and any other associated obligations arising from the grant agreement. For more information see Section 4 of the Grant Opportunity Guidelines.

I, declare that the details provided above, to the best of my knowledge, are true and correct.

(Print Name)

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(Authorised Representative Signature Required)

Please return the completed form to Andrew Giles MP's Office in-person or email sam.doyle@aph.gov.au or sally.delaney@aph.gov.au

