Stronger Communities Programme Round 9

Expression of Interest Form

Expressions of Interest submissions close **11:59PM Monday 17 Feb 2025**. Please return to peter.khalil.mp@aph.gov.auand/or 466-468 Sydney Road Coburg VIC 3058by 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[ ]  Non-distributing co-operative[ ]  Company limited by guarantee[ ]  Australian Indigenous corporation[ ]  Religious organisation incorporated under legislation[ ]  Incorporated trustee on behalf of a trust with responsibility for a community asset or property[ ]  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

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| Project title |  Click here to enter text. |
| Project descriptionWhat are your key project activities and outcomes? |  Click here to enter text. |
| Objectives and aligning activitiesPlease refer the Grant Opportunity Guidelines. List your chosen objective or objectives from section 2 of the guidelines and the aligning activity or activities from section 5.1 of the guidelines.  |  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 projectMinimum $2,500 (LGAs minimum $5,000) and maximum $50,000 |  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 2025? |  Select Yes or No |