**Stronger Communities Programme Round 9**

**Expression of Interest form**

Please return this form by Sunday 16 February 2025 to:

Email: [david.smith.mp@aph.gov.au](mailto:david.smith.mp@aph.gov.au), or  
Post: 205 Anketell Street, Greenway 2900.

1. **Organisation detail**

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| --- | --- | --- | --- |
| **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. | | |

1. **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 |

1. **Project Information**

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| **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** | Click here to enter $ amount. |
| **Grant funding sought** | Click here to enter $ amount. |
| **Can you complete the project by 31December 2025?** | Select Yes or No |