

STRONGER COMMUNITIES PROGRAMME EXPRESSION OF INTEREST FORM

ORGANISATION NAME:

CONTACT FOR ORGANISATION NAME:

CONTACT PHONE NUMBER:

CONTACT EMAIL OR POSTAL ADDRESS:

GRANT REQUEST:

TOTAL PROJECT FUNDING:

DETAILS OF PROJECT AND HOW IT WILL CONTRIBUTE TO COMMUNITY:

[Empty rectangular box for content]

HOW YOU WILL MATCH FUNDING:

[Empty rectangular box for content]