

STRONGER COMMUNITIES PROGRAMME

ROUND 6 EXPRESSION OF INTEREST FORM

ORGANISATION NAME:

ABN (*THIS CAN BE PROVIDED LATER*):

ADDRESS OF ORGANISATION:

ARE YOU INCORPORATED AND A NOT-FOR-PROFIT ORGANISATION?

YES/NO

ADDRESS WHERE THE PROJECT WILL BE CARRIED OUT:

CONTACT FOR ORGANISATION NAME:

POSITION IN THE ORGANISATION:

CONTACT MOBILE PHONE NUMBER:

CONTACT EMAIL ADDRESS:

ESTIMATED COST OF YOUR PROJECT:

WHAT IS YOUR GRANT FUNDING REQUEST?
WITH A MAXIMUM GRANT OF \$20,000.

IS THIS A SMALL CAPITAL WORKS, CAPITAL
PURCHASE OR CAPITAL EXPENDITURE PROJECT?

YES/NO

CAN YOU COMPLETE YOUR PROJECT WITHIN 6 MONTHS?

YES/NO

DESCRIBE YOUR PROJECT:

HOW DOES YOUR PROJECT IMPROVE LOCAL COMMUNITY PARTICIPATION AND CONTRIBUTE TO VIBRANT AND VIABLE COMMUNITIES?

Please complete this form and return it in the Reply Paid envelope provided, in person at 21 Commercial Road, Port Adelaide or by email to Mark.Butler.MP@aph.gov.au

For any queries please contact my office on 8241 0190