

# **STRONGER COMMUNITIES PROGRAMME**

## **ROUND 7 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 BY 31 DEC 2022?

**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](mailto:Mark.Butler.MP@aph.gov.au)***

***For any queries please contact my office on 8241 0190***