[Stronger Communities Programme Round 9](https://business.gov.au/grants-and-programs/stronger-communities-programme-round-9)

Expression of Interest Form

**Please refer to the** [**Grant Opportunity Guidelines**](https://business.gov.au/grants-and-programs/stronger-communities-programme-round-9) **for the Stronger Communities Programme Round 9**

Expressions of Interest submissions close COB 28 February 2025. Please return to [Linda.Burney.MP@aph.gov.au](mailto:Linda.Burney.MP@aph.gov.au) cc: [Bina.Narula@aph.gov.au](mailto:Bina.Narula@aph.gov.au) by 28 February to be considered for nomination by your MP.

## Organisation detail

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | | |
| Organisation street address Please provide a street address, not a post box address. **Your organisation must be in the Barton electorate.** | 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 | | |
| 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 | | |
| 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** | 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 |

## Project Information

|  |  |
| --- | --- |
| **Project site location**    Please ensure this street address is within the nominating electorate. Percentage of project value undertaken at site (if not 100%) | Address Line 1  Address Line 2  Suburb  State Postcode  Click here to enter % |
| Project title | Click here to enter text. |
| Project description What are your key project activities and outcomes? | Click here to enter text. |
| Objectives and aligning activities List your chosen objective from 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 funding request Minimum $2,500 and maximum $20,000 | Click here to enter $ amount. |
| Can you complete the project by 31st December 2025? | Select Yes or No |