**Stronger Communities Programme**

**PROJECT PROPOSAL FORM**

This form will assist Darren Chester and the assessment committee to identify priority projects which may be eligible for funding under the Stronger Communities Program.

Priority projects identified through this process will be invited separately to complete a formal online application. Please note that grant disbursements for successful Round 3 projects will not take place any earlier than November 1, 2017.

Completed project proposal forms are due by **Monday July 31, 2017 AT 5.00PM.**

Please return this form via email to [darren.chester.mp@aph.gov.au](mailto:darren.chester.mp@aph.gov.au) or in person to either office at 126 Franklin Street, Traralgon or Level 1/89 Raymond Street, Sale.

Or, via post to:

‘Stronger Communities Program’

Office of Darren Chester MP

PO Box 486

Sale Vic 3853

**Eligibility Checklist**

*Please refer to the Program Guidelines and additional guidance materials at:* [*https://www.business.gov.au/assistance/stronger-communities-programme*](https://www.business.gov.au/assistance/stronger-communities-programme)

Funding is sought for a small capital project.

The funding requested is between $2,500 and $20,000.

The project will receive a matching contribution from the organisation responsible for the project

The project is located within the electorate of Gippsland

The organisation seeking funding has an ABN, and is either a local council or a not-for-profit which is not owned by a state or territory government.

The project will improve local community participation, cohesion and/or contribute to community vibrancy and viability.

**Organisation Details**

1. Name of your Organisation

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|  |

1. Australian Business Number (ABN)

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| --- |
|  |

1. Is your organisation a not-for-profit?

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| --- |
|  |

1. Physical Address

|  |  |
| --- | --- |
| Street Address Line 1 |  |
| Street Address Line 2 |  |
| Suburb/Town |  |
| State/Territory |  |
| Postcode |  |
| Website |  |

1. Postal Address

|  |  |
| --- | --- |
| Postal Address Line 1 |  |
| Postal Address Line 2 |  |
| Suburb/Town |  |
| State/Territory |  |
| Postcode |  |

1. Contact Details

*Head of your Organisation*

|  |  |  |  |
| --- | --- | --- | --- |
| Title (eg. Mr/Mrs/Ms/Dr) |  | | |
| First name |  | | |
| Surname |  | | |
| Position |  | | |
| Telephone |  |  |  |
| Email Address |  | | |

**Project Details**

1. Project Title

*What is the name of the project?*

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| --- |
|  |

1. Project description

*Brief describe what the project will physically deliver.*

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1. Project Outcomes

*Briefly describe how this project will improve local community participation, cohesion and contribute to community vibrancy and viability*

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|  |

**Financial Details**

1. Project Cost

Total project cost GST

|  |
| --- |
|  |

1. Grant Requested

*How much Stronger Communities funding are you seeking? Grants of between $2,500 and $20,000 are available under the Program.*

**Authorisation**

|  |  |
| --- | --- |
| Authorised Officer name |  |
| Position Title |  |
| Organisation name |  |

I Confirm that:

* *I am a person authorised on behalf of my organisation to submit this project proposal.*
* *The information provided in this form is complete and correct.*
* *To the best of my knowledge, I am not aware of any actual, apparent or potential conflicts of interest that would prevent my organisation from proceeding with the proposal outlined.*

Signed:....................................................................................................................................................

Date: / /