

STRONGER COMMUNITIES PROGRAMME EXPRESSION OF INTEREST FORM

ORGANISATION NAME:

CONTACT FOR ORGANISATION NAME:

CONTACT PHONE NUMBER:

CONTACT EMAIL OR POSTAL ADDRESS:

FUNDING REQUEST*
(\$):

* MAXIMUM 50% OF TOTAL PROJECT FUNDING

TOTAL PROJECT FUNDING
(\$):

DETAILS OF PROJECT AND HOW IT WILL CONTRIBUTE TO THE COMMUNITY:
(please outline what the funding would be spent on i.e, equipment, refurbishment ect)

HOW YOU WILL MATCH FUNDING:
(please specify how your organisation will match the fund amount sought)