



Stronger Communities Programme Round 10



Expressions of Interest submissions closes Wednesday 28th October 2026

Please return to sally.delaney@aph.gov.au and mandie.petrucchi@aph.gov.au or mail back to **PO Box 83, Thomastown VIC 3074** by the closing date to be considered for funding.

You may attach additional pages if required to explain your project or more provide more information.

Expression of Interest

Organisation name Where you have a sponsor arrangement, this must be the name of the sponsor organisation who is eligible to apply.	
ABN	
What type of entity are you? You may be required to provide proof of incorporation if applicable.	☐ Incorporated Not-for-profit Organisation ☐ Non-distributing co-operative ☐ Company limited by guarantee ☐ Australian Indigenous corporation ☐ Religious organisation incorporated under legislation ☐ Incorporated trustee on behalf of a trust with responsibility for a community asset or property ☐ State government agency that is a fire service, country fire authority, state emergency service or similar ☐ Local Governing Body eg. Local council <i>(This will limit your grant to 50% of eligible project expenditure)</i>
Are you a trustee on behalf of a trust? If yes, please provide both the Trust and the Trustee's ABN. Circle the correct answer.	☐ Yes ☐ No Trust ABN: Trustee ABN:
Are you charity registered with the Australian Charities and Not-for-profits Commission (ACNC)?	☐ Yes ☐ No
Are you registered for GST?	☐ Yes ☐ No
Organisation Address Please provide a street address, not a PO Box address	

Organisation Postal Address Please provide a postal or PO Box address	
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Sponsored Organisation (Where applicable):

Are you applying as a sponsor on behalf of an unincorporated organisation?	☐ Yes ☐ No
Sponsored Organisation name	
Email Address	
Contact Numbers	
Address Enter 'as above' if using the organisation address	
Sponsored Organisation ABN	

Nominee Contact details:

Name	
Position in organisation	
Email Address	
Contact Numbers	
Address Enter 'as above' if using the organisation address	

Project Information

Project title Eg. Local Link, Community garden or Sports for Change.	
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Project description What the key project activities that you will be using the grant funds for?	
Objective Please refer to the Grant Opportunity guidelines. List the objective or objectives you have chosen from section 2.2 of the guidelines that your project support.	
Aligning activities Please refer to the Grant Opportunity guidelines. List the eligible activity or activities under the chosen objective or objectives in the table in Section 5.1 of the guidelines that your project aligns with.	
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.	
Project Site location Please ensure the project is within the Scullin electorate boundaries and the street address is too.	
Percentage of project value undertaken at site in the Scullin electorate	
Total cost of project Minimum \$2,500 (LGAs Minimum \$5,000) and maximum of \$50,000.	
Could your project proceed if you received less than the total amount of funding requested? How would this affect the scale of the project?	

Have you consulted with the relevant parties about your project eg.local council, club administration, relevant executive officers	
<u>Grant funding sought-LGA</u> Local Governing Bodies (LGAs) can only apply for a grant amount of 50% of eligible project costs. LGAs must provide matched funding contributions towards their eligible project.	
<u>Can you complete the project by 31st March 2028</u> All projects are required to be fully completed and finalised by 31 March 2028	
Have you reviewed the grant guidelines and fact sheet	☐ Yes ☐ No