DATE:

**1. ORGANISATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation name |  | | | ABN |  | | |
| Postal address |  | | | Postcode | |  | |
| Street address (if different) |  | | | | | | |
| Local government area |  | | | | | | |
| Is your organisation a not-for-profit organisation? | |  | Is your organisation a legal entity?  *If* ***no****, you must be auspiced. Please provide details of auspicing body at section 3 below.* | | | |  |
| Are at least 40% of your organisation’s staff volunteers? | |  | | | | | |

**2. CONTACT DETAILS** (two required)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Contact person 1** | | | | | | |
| Title |  | First name |  | | Surname |  |
| Mobile |  | | Email |  | | |
| Position in organisation |  | | | | | |
| **Contact person 2** | | | | | | |
| Title |  | First name |  | | Surname |  |
| Mobile |  | | Email |  | | |
| Position in organisation |  | | | | | |

**3. IF RELEVANT, CONTACT DETAILS OF AUSPICING BODY** (two required)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of auspicing body |  | | | | | |
| **Contact person 1** | | | | | | |
| Title |  | First name |  | | Surname |  |
| Mobile |  | | Email |  | | |
| Position in organisation |  | | | | | |
| **Contact person 2** | | | | | | |
| Title |  | First name |  | | Surname |  |
| Mobile |  | | Email |  | | |
| Position in organisation |  | | | | | |

**4. PROPOSAL**

|  |  |  |
| --- | --- | --- |
| Describe your project  *(50 words)* |  | |
| Which of the following will this project achieve? *(please mark one or more with* ***X****)* | Supports the efforts of Australia’s volunteers |  |
| Supports the inclusion of vulnerable people through volunteering |  |
| Encourages, supports and increases participation in volunteering |  |
| Volunteers support the local needs/priorities of the electorate of Indi |  |
| What do you intend to spend this grant funding on?  *Please see grant guidelines for eligible expenditure.  (250 words max)* |  | |
| How will this grant funding support or assist your volunteers?  *(250 words max)* |  | |
| How is this project important to the organisation and/or community?  *(250 words max)* |  | |

**5. GRANT AMOUNT**

|  |  |
| --- | --- |
| Grant amount sought *Between $1000 and $5000* |  |

**7. GRANT TIMING**

|  |  |
| --- | --- |
| Successful grants are expected to be announced in November 2021 with activity to start from December 2021 and conclude on 31 December 2022. Does this timing work for your proposed project? | *Yes or No* |

**8. DECLARATION**

|  |  |
| --- | --- |
| *I declare that this information is true and correct:* | *Print your name here.* |

*Please attach or include supporting information such as plans and costings.*

Email your completed form to [helen.haines.mp@aph.gov.au](mailto:helen.haines.mp@aph.gov.au)*.*