



MICHAEL McCORMACK MP

THE NATIONALS
for Regional Australia

VOLUNTEER GRANTS 2023-24

EXPRESSIONS OF INTEREST FORM

Organisation Details:

Organisation:

ABN:

Address:

Activity
Address*:

* The activity address refers to the address where the volunteering activity occurs. If this is the same as the organisation address, this field can be left blank.

Your Details:

Primary Contact Details:

Name:

Email:

Mobile:

Secondary Contact Details:

Name:

Email:

Mobile:

Criteria: All funding sought must directly benefit your organisation's volunteers.

What does your organisation do to support the local community?

Do volunteers make up 40% or more of your organisation's staff? (At least 40% must be volunteers)

Yes No

Total amount of funding being sought? (between \$1,000 and \$5,000) \$

What is the funding being sought for? (please refer to Section 5 and Appendix A of the guidelines for eligible items/activities)

How will the project directly benefit your organisation's volunteers?

Has anyone from your organisation submitted an expression of interest in another electorate? Yes No

All applications will be assessed by an independent panel. Grants are not ongoing and recommendations from the panel will be assessed by the Department of Social Services. **Please attach any supporting documentation i.e. letters of support.**

Please be aware that if your organisation is nominated to apply for a Volunteer Grant, some or all of this information will be shared with the Department of Social Services.

Please refer to the [Grant Opportunity Guidelines](#) for more information on eligibility requirements.

Note: If your organisation is an unincorporated association, a person connected to your organisation will be required to assume personal legal liability. The person will be legally liable for the delivery of the funded activity, expenditure of funds and any other associated obligations arising from the grant agreement. For more information see **Section 4** of the **Grant Opportunity Guidelines**.

I declare that the details provided above, to the best of my knowledge, are true and correct

Full Name of Authorised Representative:

Authorised Representative Signature:

**Expressions of interest applications close
5pm Friday 25 August 2023**

Please return to: Michael McCormack MP, Suite 2,
11-15 Fitzmaurice Street, Wagga Wagga, NSW, 2650

Email. michael.mccormack.mp@aph.gov.au

Michael McCORMACK MP
FEDERAL MEMBER FOR RIVERINA

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Authorised by Michael McCormack MP, National Party of Australia, Suite 2, 11-15 Fitzmaurice Street, Wagga Wagga NSW 2650.