

## Michael McCORMACK for Regional Australia

**EXPRESSIONS OF INTEREST FORM** 

#### Organisation detail:

Organisation name:							
Where you have a sponsor arrangement,	, this must be the name of th	e sponsor organisat	ion who is eligible to	apply.			
ABN: (Whe	(Where you have a sponsor arrangement, this must be the ABN of the sponsor organisation).						
What type of entity are you?	You may be required to pro	ovide proof of incorp	oration if applicable	<b>).</b>			
Incorporated not-for-profit orga	anisation State dep	artment of educa	ation (or its State Mi	nister) <b>in NSW/SA/TAS/</b>	WA		
Australian State/Territory Gove	ernment body or statuto	ory authority (or th	e Commonwealth N	Minister(s) representing suci	h a body or authority).		
Local Governing Body (e.g. Local	l council).						
Are you an incorporated trus f yes, please provide both the Trust and t		rust? Yes	No Trust ABN:		Trustee ABN:		
Are you a charity registered	with the Australian	Charities and	Not for-profits	Commission (ACN	NC)? Yes No		
Are you registered for GST?			•		•		
Organisation street address	Please provide a street add	dress not a post box	address.				
Address:							
Suburb:		State:			Postcode:		
Organisation postal address	You may provide a post bo	ox address here.					
Address:							
Suburb:		State:			Postcode:		
Sponsored organisation (where applicab <b>Are you applying as a spons</b> e		nincorporated	l organisation	? Yes No			
Sponsored organisation name:		•					
<u> </u>							
lominee Contact Det	tails: (Please complete	e the following deta	ils so I can keen vo	u informed)			
	editoi (r rease comprete	the following deta	iio so rearricep ye	анноппеај			
Title: Name:							
Position in organisation:							
Mobile:	e: Email:						
Address:							
Suburb:		State:			Postcode:		

Expressions of Interest applications close 5pm, 31 March 2022.

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



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**EXPRESSIONS OF INTEREST FORM** 

Proposal Information:	
Project Title:	
Project description: What are your key project activities and outcomes?	
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Project outcome/Why is the project important?  Explain how your project increases community awareness of The Queen's Jubilee and increases/enhances the area of tree of	nanony
explain now your project increases community awareness or the Queen's Subhee and increases/enhances the area or tree c	гапору.
Grant applications can be made for funding between \$2,500-\$20,000 for up to 100 per cent of eligible projec	t costs.
Total cost of the project? Grant funding sought:	
How does this project meet the eligibility criteria?	
Will you be contributing funds and/or an 'in kind' component? Yes No Unsure	
If so, what/how much is this component?	
Does it require council approval? Yes No Unsure	
What is the expected start date for the project?	
What is the expected completion date or the project?	
Can you hold a commemorative event by 31 December 2022? Yes No Can you complete the pro-	oject by 30 November 2023? Yes No
Project site location: Please ensure this street address is within the RIverina electorate. You can check this using National	l Map.
Address:	
Suburb: State:	Postcode:
% of project value undertaken at site:	
Please provide all project site addresses if there is more than one, and the % of project value undertaken at each sta 100%. All applications will be assessed by an independent panel Grants are not oppoing and recommendation	•

Department of Agriculture, Water and the Environment. Please attach any supporting documentation i.e. plans, prices, etc.

I declare that the details provided above, to the best of my knowledge, are true and correct (Authorised Representative Signature Required)



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