Jason Clare MP
Federal Member for Blaxland

Stronger Communities Programme Round 10
Blaxland Expression of Interest Form

Expressions of Interest submissions close **5pm, Monday 9 November 2026**. Please return to Jason.Clare.MP@aph.gov.au by the closing date to be considered for funding.

A. Organisation detail

Organisation name Where you have a sponsor arrangement, this must be the name of the sponsor organisation who is eligible to apply.	Click here to enter text.
ABN	Click here to enter text.
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 e.g. *Local council* ***(This will limit your grant to 50% of eligible project expenditure)***
Are you a trustee on behalf of a trust? If yes, please provide both the Trust and the Trustee's ABN.	Select Yes or No Trust ABN: Click here to enter text. Trustee ABN: Click here to enter text.
Are you charity registered with the Australian Charities and Not-for-profits Commission (ACNC)?	Select Yes or No
Are you registered for GST?	Select Yes or No

Organisation street address Please provide a street address, not a post box address.	Address Line 1 Address Line 2 Suburb State Postcode
Organisation postal address You may provide a post box address here.	Address Line 1 Address Line 2 Suburb State Postcode

Sponsored organisation (where applicable)

Are you applying as a sponsor on behalf of an unincorporated organisation?	Select Yes or No
Sponsored organisation name	Click here to enter text.

B. Nominee Contact Details

Name	Click here to enter text.
Position in organisation	Click here to enter text.
Email Address	Click here to enter text.
Telephone number **Mobile number** (optional)	Click here to enter phone number. Click here to enter mobile number.
Address Enter 'as above' if using the organisation address	Address Line 1 Address Line 2 Suburb State Postcode

C. Project Information

Project title	Click here to enter text.
Project description What the key project activities that you will be using the grant funds for?	Click here to enter text.

Objectives **Please refer the Grant Opportunity Guidelines. List the objective or objectives you have chosen from section 2.2 of the guidelines that your project supports.**	Click here to enter text.
Aligning activities **Please refer 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.	Click here to enter text.
Project site location Please ensure this street address is within the nominating electorate. **% of project value undertaken at site**	Address Line 1 Address Line 2 Suburb State Postcode Click here to enter %
Total cost of project Minimum $2,500 (LGAs minimum $5,000) and maximum $50,000	Click here to enter $ amount.
Grant funding sought 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.	Click here to enter $ amount.
Can you complete the project by 31st March 2028?	Select Yes or No