Michael McCORMACK MP STRONGER COMMUNITIES PROGRAMME ROUND 5



EXPRESSIONS OF INTEREST FORM

Your Details: (Please complete the following details so I can keep you informed)

Title:	Name:				
Mobile:		Email:			
Organistation: ABN:					ABN:
Address:					
Dyonoool	Deteiler				
Proposal	Details: (What is your	proposal/proj	iect? - 50 words or less)		
Criteria:					
Grant applications can be made for funding between \$2,500-\$20,000 and must be matched in money terms or in kind by the organisation.				How does this project meet the eligib	oility criteria?
Total cost of t					_
What is your f	unding "in kind" compor	nent?			
Does it require council approval? Yes No Unsure					
	pected start date of you				
What is the ex	pected completion date	of your proje	ect?		
Why is the pro	eject important to the org	ganisation ar	nd/or community?		
				ng and recommendations from the panel v	

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



Expressions of Interest applications close 5pm, Friday 6 September 2019

Please return to: Michael McCormack MP, Suite 2, 11-15 Fitzmaurice Street, Wagga Wagga NSW 2650 Email. michael.mccormack.mp@aph.gov.au

INATIONALS for Regional Australia
Michael McCormack Mp
FEDERAL MEMBER FOR RIVERINA

Suite 2, 11-15 Fitzmaurice Street, Wagga Wagga NSW 2650 2 6921 4600 @ michael.mccormack.mp@aph.gov.au inichaelmccormack.com.au inichaelmcCormackMP