

**Powering Communities Programme 2021**

**Division of Greenway**

**Expression of Interest (EOI)**

|  |  |
| --- | --- |
| **Completing this form** | You must refer to the Programme Guidelines when completing this form: <https://business.gov.au/grants-and-programs/powering-communities-program> |
|  | Return your completed form to the office of Michelle Rowland MP  By email: [Michelle.Rowland.MP@aph.gov.au](mailto:Michelle.Rowland.MP@aph.gov.au) By mail: PO Box 8525, BLACKTOWN NSW 2148 In person: Level 1, Suite 101C, 130 Main Street, BLACKTOWN NSW 2148.  This form must be returned by **COB Friday, 21 May 2021** |
|  | If you do not have enough space to complete a question, please attach a separate sheet |
|  | Please print in black or blue pen when completing this form |
|  | **NOTE submitting an application does not guarantee a grant will be approved** |
| **Supporting documents** | Please enclose all supporting documents you believe relevant to your application. For example – quotes, council approvals, etc. |
| **Privacy** | The information provided on this form is required to make a decision about your application. The information may be disclosed to the Department of Industry, Science, Energy and Resources, the office of Michelle Rowland MP, Members of Parliament and Senators, and the Greenway Community Consultation Committee. |
| **Further information** | Please contact the office of Michelle Rowland MP on (02) 9671 4780 or email Michelle.Rowland.MP@aph.gov.au.  Further information on the programme can be found at <https://business.gov.au/grants-and-programs/powering-communities-program> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART A – APPLICANT INFORMATION** | | | | |
| **Applicant Organisation – Details** | | | | |
| **1. Organisation Name** |  | | | |
|  | | | | |
| **2. Branch/Sub-Branch** | |  | | |
|  | | | | |
| **3. Address** | | | | |
|  | | | | |
| **4. Postal Address (leave blank if same as above)** | | | | |
|  | | | | |
| **5. Australian Business Number (eligible organisations must have an ABN)** | | | | |
|  | | | | |
| **6. Is your organisation located in the Federal Division of Greenway? (Applicants must be geographically located in Greenway to apply).**  **IMPORTANT –** the electorate boundaries are as at the 2019 Federal Election. | | | | |
|  | | | | |
|  | | |  | |
| **7. Does your organisation meet any of the following criteria?** | | | | |
| Is it an incorporated not-for-profit? | | | |  |
| Is it an incorporated trustee on behalf of a trust with responsibility for a community asset or property? | | | |  |
| None of the above, but it has a project sponsor that is an incorporated not-for-profit entity (see pages 6-7 of the Grant Guidelines). | | | |  |
| **Organisation Contact Person** | | |  | |
| **8. Title (Mr, Mrs, Ms, Dr, etc)** | |  | | |
|  | |  | | |
| **9. Given Name** | |  | | |
|  | |  | | |
| **10. Surname** | |  | | |
|  | |  | | |
| **11. Position Title** | |  | | |
|  | |  | | |
| **12. Telephone Number** | |  | | |
|  | |  | | |
| **13. Email Address** | |  | | |

|  |  |
| --- | --- |
| **Alternative Contact Person** |  |
| **14. Title (Mr, Mrs, Ms, Dr, etc)** |  |
|  |  |
| **15. Given Name** |  |
|  |  |
| **16. Surname** |  |
|  |  |
| **17. Position Title** |  |
|  |  |
| **18. Telephone Number** |  |
|  |  |
| **19. Email Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PART B – PROJECT INFORMATION** | | | |
| **20. Title of project** |  | | |
|  | | | |
|  | | | |
| **21. Estimate project dates** | | | |
| **Start date** | |  | **End date (no later than 30 June 2022** |
|  | |  |  |
| **22. External approval (only complete if your project requires external approval)** | | | |
| Who do you require approval from? (eg local council, owner of building) | | |  |
|  | | |  |
| Do you have the required approval? | | |  |

**23. Description of project (1000 words max.)**

Outline the project and include the following:

* What is the project?
* How will it help your organisation becomes more energy efficient and lower your power bills?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | |
| **PART C – PROJECT BUDGET** | | | | |
|  | |  | | |
| **IMPORTANT –** Figures provided must be accurate and not estimates. If a quote is required, please enclose the quote with your Expression of Interest. | | | | |
| **24. Estimated total cost of project** | |  | | |
| **25. Breakdown of costs** |  | | | |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |
| Item description | | |  | Item cost |
|  | | |  |  |

NOTE: Your organisation may need to provide GST inclusive or exclusive amounts depending on your GST registration status. Please see page 15 of the Grant Guidelines.

|  |
| --- |
| **26. Grant funding sought (Must be between $5,000 and $12,000)** |
|  |

|  |  |  |
| --- | --- | --- |
|  | | |
| **27. I have reviewed all the eligibility requirements for**  **the Volunteer Grants 2021 at**  <https://business.gov.au/grants-and-programs/powering-communities-program> | |  |  |
| **28. I believe the applying organisation complies with all requirements.** | |  |  |
| **29. I understand that all EoIs will be considered by a community consultation panel, and submission of an EoI does not guarantee my application will be successful.** | |  |  |
| **Signature of Office Bearer** |
|  |
| **Print Full Name** |
|  |
| **Date** |
|  |
| **Position in Organisation** |
|  |
| **Name of Organisation** |
|  |