

Expression of Interest form: Men Building Bridges Program

Section 1 – Contact Information		Fields marked (*) are mandatory	
Part A: Organisation details			
* Name of Organisation:			
* Main Street Address:			
* Town / Suburb:		* Postcode:	* State:
Postal Address (if different from above):			
Town / Suburb:		Postcode:	State:
Authorised person (This is the person who is authorised by the organisation to make the Expression of Interest on their behalf.)			
* Title:	* First name:	* Last name:	
Position:			
Telephone:	Mobile:	Fax:	
Email:			
* Type of Organisation:	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Local Government <input type="checkbox"/> Other (please specify)		
Applicant Organisation's Australian Business Number (ABN), if you have one:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Do you need an auspice for this Expression of Interest? If your organisation is not incorporated, you must arrange for an incorporated organisation to manage the grant funds. This organisation will be the 'auspice' organisation for the Expression of Interest and you will need to provide their details in Part B. Yes, I need an auspice organisation for this Expression of Interest <input type="checkbox"/> (Complete Part B: Auspice Organisation details) No, I do not require an auspice organisation for this Expression of Interest <input type="checkbox"/> (Complete Part C: Contact Details for Project Manager)			
Part B: Auspice organisation details			
* Name of Auspice Organisation:			
* Main Street address:			
* Town / Suburb:		* Postcode:	State:
* Postal Address (if different from above):			
* Town / Suburb:		* Postcode:	State:
Authorised person			
* Title:	* First name:	* Last name:	
Position:			
Telephone:	Mobile:	Fax:	
Email:			
Type of Organisation:	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Local Government <input type="checkbox"/> Other (please specify)		
Organisation's Australian Business Number (ABN):		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Has the auspice organisation agreed to manage the grant on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part C: Contact details for Project Manager

Title:		First name:		Last name:	
Postal address:					
Town / Suburb:		Postcode:		State:	
Telephone:		Mobile:		Fax:	
Email:					

Section 2 – Project overview

* Project name	We will use this name on all correspondence. Please use 50 characters or less.		
* What are you going to do?	Describe the project in 50 words or less. We will use this in reports and other publications.		
* Which communities will benefit from your project?	Describe the place/s that will benefit. Please provide local government area/s if you know them. If not, provide the suburb or postcode for each place that will benefit. Please limit your response to 120 words.		
Describe any groups or communities your project is directed at, or particularly relevant, as outlined in the <i>Men Building Bridges</i> guidelines.			
Where will your project happen? Please provide the address of where most of your planned activity will take place.			
Address:			
Local government area:			
* When will your project take place? Your project must commence within 12 months of signing the funding agreement			
Anticipated project start date:		Anticipated project completion date:	

Section 3 – Project details that address the assessment criteria

Please indicate how your project addresses the following assessment criteria: Why? (25%), How? (25%), Who? (25%) and What will the project achieve (25%). Refer to the Men Building Bridges program information sheet to help you answer the questions. Responses to each question should be no more than 250 words. Attach additional pages if required.

* Why do you want to do this project? Outline why you want to do this the project and how it will contribute to bushfire recovery and community rebuilding. Include any details of community consultations.

*** How will you deliver the project?** Describe how you intend to deliver the project including any project plans and timeframes.

*** Who will be involved in the project?** Describe who will be involved in the management and delivery of the project. List any other organisations or groups you will work with and attach letter(s) of support that define their contribution to the project.

*** What will the project achieve?** Explain the expected benefits and outcomes from this program for men and your community.

Section 4 – Project budget

Please provide details of the income and expenditure for your project, excluding GST. Note that the total income **must** equal total expenditure.

You are required to submit your budget using the categories provided. If you cannot provide enough details in this section please provide a summary here and the details on a separate sheet (or sheets) using the same categories.

Income		Expenditure	
* Amount requested from this program	\$	Administration Overheads	\$
Other State Government funding	\$	Marketing and Promotion	\$
Local Government funding	\$	Venue/Meeting Room Hire	\$
Federal Government funding	\$	Education and Training	\$
Funds from your organisation	\$	Equipment and Materials/Infrastructure	\$
Funds from other community organisations	\$	Fit Out	\$
Funds from business contributions	\$	Construction materials	\$
Funds from philanthropic contributions	\$	Site preparation	\$
In-kind support from your organisation	\$	Insurance and Audit Fees	\$
In-kind from other sources	\$	Project Coordination	\$
Other (please specify)	\$	Other (please specify)	\$
*Total income	\$	*Total expenditure	\$

Declaration

I state that the information in this Expression of Interest and attachments is to the best of my knowledge true and correct. I will notify the Department of Planning and Community Development of any changes to this information and any circumstances that may affect this Expression of Interest. I acknowledge that the Department of Planning and Community Development may refer this Expression of Interest to external experts or other Government Departments for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative grant funding opportunities. I understand that the Department of Planning and Community Development is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made, Department of Planning and Community Development will consult with the applicant before any decision is made to release the Expression of Interest or supporting documentation. I understand that this is an Expression of Interest only and may not necessarily result in funding approval.

* Signature:	* Date:
* Print name:	* Position:
(To be signed by a person with delegated authority to apply - i.e. Chairperson, Secretary, Public Officer or Treasurer)	

Supporting documents

Please include any other attachments or additional information you have to support your Expression of Interest:

<input type="checkbox"/> Letter(s) of support
