



\* Required before final submission

**Welcome to INFPC**  
**Investing in Not-for-Profit Capacity in Regional NSW**  
**Capacity Building Grant Program**  
**Expression of Interest Form**

**Tips for using INFPC Capacity Building Grant Programs online Expression of Interest (EOI) form:**

- To assist in managing versions and to reduce the risk of losing work if an internet connection times out, we recommend preparing your application content in a Word document and then transferring your final application content to this Grants Gateway form. Please [click here](#) for a print friendly version of this EOI form.  
Working offline also makes it easier for multiple people to work on an application before entering your application into Grants Gateway for submission.
- Remember to continually save your work in the online form as you move through the sections.
- Please refer to the INFPC Capacity Building Grant Program Guidelines for further tips and information to support you to complete the application.**
- As always, if you require assistance to complete this online form, the friendly FRRR staff are only a phone call away on Grant enquiries 1800 170 020.

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**INFPC: Investing in Not-for-Profit Capacity in Regional NSW**  
**Capacity Building Grant Program**  
**Expression of Interest Form**  
**Opens Wednesday 19 May 2021, closes 5pm AEST, Friday 18 June 2021**  
**(For projects commencing from August 2021)**

**How to complete this section:**

**\*\*Does your organisation, the group delivering the project, have an ABN or Inc number?**

If **YES**, please complete part:

- A. Legal organisation - provide information about **your local group**
- B. Delivery organisation - leave this blank

If **NO**, please complete part:

- A. Legal organisation - provide information about **the organisation partnering with your group / your head office / governing body**
- B. Delivery organisation - provide information about your local group

**A. Legal Organisation**

**Organisation - Name and Address**

\* What is the legal name of the organisation?

\* Postal address Line 1

Postal address Line 2

\* Town

\* State

\* Postcode

### Organisation - Legal & Tax Status

Please click on this link from the Australian Government ABN Lookup site to complete the following organisation details [ABN Lookup](#)

\* Is your organisation registered with an ABN?

Organisation ABN

Format: XX XXX XXX XXX

\* Select Organisation Entity type, as per your ABN Lookup

\* Is the organisation registered for GST?

\* Does your organisation hold any of the following? Select all that apply.

ACNC  DGR1  DGR2  DGR4  TCC  N/A

\* Is your organisation an Incorporated Association?

If yes, what is the Incorporated Association number?

\* If yes, which State / Territory authority is your organisation registered with?

Please select N/A if not registered

### Organisation - Head of Organisation

These contact details should reflect the person who is the head of the organisation (e.g Chair, President, CEO) as they MUST authorise the application, NOT a subcommittee Chair, Secretary, Treasurer or Program Manager.

**Important: Our correspondence regarding the outcome of your application will be sent here. If your application is successful, we will request Electronic Funds Transfer information from the contact listed here.**

\* Title

\* First name

\* Last name

\* Position held

\* Bus. Hrs Phone No.

\* Mobile No.

\* Email

### Organisation - Project Contact

This person will be contacted if we have any questions about your project / application.

Title

First name

Last name

Position held

Bus. Hrs Phone No.

Mobile No.

Email

### Organisation - Overview

\* In what year was your organisation founded?

\* Current number of employed staff

\* Current number of volunteers

\* Current number of committee members

Provide a brief overview of your organisation.

If you do not have a website, please provide a brief overview of your organisation. Mission, major programs / activities, users of your facilities, engagement with other community groups, key partnerships.



### Organisation - Internet & Social Media

FRRR would like to link with your organisation through social media. Can you please provide us with the following, where applicable.

Website Address

Facebook Address

Twitter Handle

**Important: Only complete Part B if you are partnering with an organisation who will receive and hold grant funds.**

## B. Delivery Organisation

### Delivery Organisation - Name & Address

Organisation name

Postal address Line 1

Postal address Line 2

Town

State

Postcode

### Delivery Organisation - Overview

In what year was your organisation founded?

Current number of employed staff

Current number of volunteers

Current number of committee members

Provide a brief overview of your organisation.

If you do not have a website, please provide a brief overview of your organisation. Mission, major programs / activities, users of your facilities, engagement with other community groups, key partnerships.



### Delivery Organisation - Social Media Details

FRRR would like to link with your organisation through social media. Please provide us with the following, where applicable.

Website Address

Facebook Address

Twitter Handle

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## Project Information

\* How much funding are you seeking?

\* Project Title

\* Project Summary

What is your project idea? (Brief summary, three sentences)



Word count 0 of 200

**How** will your project help to build the capacity and resourcing of your organisation?

(e.g. by investing in your people, systems and structures, strategy, networking, skills, partnerships, etc.)

Word count 0 of 250

\* **WHY** is the project needed?

What is the current problem / need / opportunity that your project seeks to address?

Word count 0 of 250

\* **WHEN** will your project happen?

Provide exact or approximate start and end dates for your project, including when key activities will happen. Please ensure you are aware of closing EOI date found in the [guidelines](#) or on the FRRR website. Please note that projects cannot be funded retrospectively.



Word count 0 of 100

**WHERE** will your project happen?

Please tell us the following information about where your project will happen. For projects happening in more than one location, please indicate these in rows 2-4.

This Grant program is for the Bega Valley Shire and Glen Innes Severn Council areas.

e.g. Glen Innes → NSW → 2370 → 6155

* Town	* State	* Postcode	* Population
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>	<input type="text"/>

Which Local Government Areas will this project cover?

Select, up to 4 Local Government Areas.

\* Please follow the two steps below to identify the Local Government Area(s) for the Project location(s) listed in the previous question.

1. Type in the Local Government Area into the search box and click search.
2. Select the Local Government Area from the drop-down menu.

- [Introduction](#)
- [Organisation](#)
- [Project Information](#)
- [Confirmation](#)
- [Review My Application](#)

Printer Friendly Version | E-mail Draft

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## Expression of Interest Confirmation Statement

To be endorsed by the Legal Entity Organisation for this project.

I confirm that this Expression of Interest is made with the knowledge and approval of the legal head of the organisation, and endorse this Expression of Interest and agree to the following conditions:

- Acknowledge and understand that this Expression of Interest will become the property of FRRR and that it may be provided to other funders;
- Agree to inform FRRR if the organisation has a significant change to its governance and/or financial situation;
- Agree that if successful, to provide banking details to FRRR within two weeks of receiving notification of the grant;
- Agree that if successful, to expend funding within 12 months as per the terms in the **Grant Conditions**, or for grant \$10,001 or above, as per the terms in the **Grant Agreement**;
- Agree for FRRR to publish information about the project funded.

\* I have read and agree to the above

\* Name of authorised person completing this certification

\* Position

\* Date