# EXPRESSION OF INTEREST FORM

The Balnaves Foundation disperses over $3 million annually to eligible organisations that create a better Australia through education, medicine and the arts with a focus on young people, the disadvantaged and Indigenous Australia.

If your organisation primarily works in one or more of these areas then please consider submitting an online expression of interest. The Balnaves Foundation is able to receive your online expression of interest at any time. There are no closing dates or budget constraints, however the Foundation prefers to support multi-year projects.

The online expression of interest is the first stage in applying for funding. It will be considered by the Foundation team. You will receive a response within four weeks, that will either:

1. Advise that we would like to receive more information and/or arrange a meeting to discuss your expression of interest.

2. Notify you that your expression of interest was unsuccessful.

## ELIGIBILITY

**Is your organisation a charity with DGR 1 status?** (required).

○ Yes ○ No

**What is the primary focus of your organisation?**

*Please check the area your organisation directly relates to. (Please note if your organisation does not focus on one or more of these areas it is unlikely that your EOI will progress)*

☐ Education ☐ Medicine ☐ Arts

**What areas does this project align with?**

*Please check the area(s) your project relates to.*

☐ Education ☐ Young People ☐ Medicine ☐ Disadvantaged ☐ Arts ☐ Indigenous Australia

## YOUR ORGANISATION

**Organisation name:**

**ABN (required):**

**Street address:**

**Suburb/City:**

**State:**

**Postcode:**

**Website:**

## POSTAL ADDRESS

(If different to above)

**Street address:**

**Suburb/City:**

**State:**

**Postcode:**

## PRIMARY CONTACT FOR THIS EXPRESSION OF INTEREST

**Contact Name:**

**Phone Number:**

**Contact Email:**

**Describe your organisation. A summary of the organisation's missions, aims and how it achieves them.**
*(Must be no longer than 200 words):*

## PROJECT DETAILS

**Project Name:**

**Amount Requested:**

**Total Budget:**

**Commencement Date (***If contingent upon funding please state this***):**

**Length of Project:**

**Is this an existing Project?**

**What age demographic does this project cater to?**

*Please check the area(s) your project relates to.*

☐ Children (under 12) ☐ Teenagers (12 – 18) ☐ Young Adults (18 – 30) ☐ Adults ☐ Elderly (65+)

**Explain the identified need/problem that the project addresses and how it is verified?**
*(Must be no more than 200 words)*

**Describe the project**
*(Must be no more than 200 words)*