

ELP Expression of Interest Form

Form Preview

Environment Levy Partnership Funding Program - EOI

* indicates a required field

Before applying, please refer to the Environment Levy Partnership [Guidelines](#).

Name of organisation *

Organisation Name

Please answer exactly as this will auto populate into future forms

Is your organisation one of the following not-for profit entities? *

- ☐ Incorporated Association
- ☐ Australian Public Company, Limited by Guarantee
- ☐ Other - please contact a grants officer on 5420 8616 to discuss eligibility

Do you operate within the Sunshine Coast Local Government Area or are you able to demonstrate that your partnership will benefit residents of the Sunshine Coast Local Government Area? *

- ☐ Yes
- ☐ No - your organisation is not eligible for funding in this program

Organisation's ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Briefly describe what your organisation does *

Must be no more than 150 words.

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Provide a short description (100 words recommended) of your project - what are you out to do?

What would you like to achieve through a partnership with council?

Word count:

Must be no more than 300 words.

Program criteria. (Please tick those which apply)

- ☐ contribute to landscape and biodiversity protection and monitoring; rescue and/or rehabilitation of wildlife; or address major ecological threatening processes (e.g. rural & urban runoff, clearing of vegetation, pest management)
- ☐ promote waterways and catchment health, and reduce erosion and sediment runoff into waterways
- ☐ establish partnerships and links with council, external agencies and residents that improve the protection, restoration and/or management of the region's environment (particularly on lands adjoining or lying within the immediate vicinity of existing conservation areas, Land for Wildlife properties, conservation/vegetation protection covenants and Volunteer Conservation Agreement properties).

For the 2024/25 year, what funding amount are you requesting under this program? *

\$

Must be a whole dollar amount (no cents).

Did your organisation have an Environment Levy Partnership with Sunshine Coast Council in 2023/24?

- ☐ Yes
- ☐ No

Contact details

Contact Person's Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Person's Position

Contact Person's Phone Number

Must be an Australian phone number.

Contact Person's Email

Must be an email address.

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Privacy & Certification

* indicates a required field

Privacy

Council will use any personal information provided for the purpose of processing your expression of interest and for remaining in contact with you. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other local government Acts. Your personal information is only accessed by persons authorised to do so.

Please note the information provided on your EOI and in any related documentation/discussions may be provided to members of the assessment panel in order to assist council in processing your expression of interest.

Your personal information is dealt with in accordance with council's [Privacy Policy](#).

I agree to the privacy statement above *

☐ Yes

Certification

I am authorised as the organisation's committee member to complete this form and I agree that:

- the statements made in this EOI are true
- the organisation will be covered by appropriate insurance
- all relevant health and safety standards will be met
- submitting an EOI does not guarantee you will be invited to submit a full application for funding.

The Senior Conservation Partnerships Officer will review your application and be in touch within 2 weeks of you submitting your EOI.

I agree to the above *

☐ Yes

Authorised person's name *

Title First Name Last Name

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Authorised person's position *

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Authorised person's telephone number *

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Must be an Australian phone number.

Submit

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You are now ready to submit. Read and acknowledge message below, then click on “Next page” to review, then Submit. *

☐ You will receive a confirmation email when your application has been submitted. If you do not receive this email then your application has NOT been submitted. Please ensure all questions have been answered and try again. (Check box here to acknowledge that you understand this)

The confirmation email will be sent to the email you used to register.