

# Community Partnership Expression of Interest (EOI) Form Preview

## RACQ | Community Partnerships

\* indicates a required field

### Application ID

If you do contact us throughout the expression of interest process, please quote the ID number below.

### Application Number

This field is read only.

### Community focus areas

**RACQ will consider partnership projects aligned to the following focus areas:**

#### 1. Physical Resilience (Built)

Enable Community Group assets to be built-back and bettered to withstand current and future disaster risks.

#### 2. Nature-based Resilience (Environment)

Regenerate and strengthen the capacity of the natural environment to respond to ongoing climate change, and resist damage to community assets.

#### 3. Social Resilience (Human and Social)

Build the capacity of Community Groups to understand, plan, prepare for and manage infrastructure to withstand and quickly recover from climate impacts and support social wellbeing and population retention in regional communities.

#### 4. Community Energy Resilience (Energy)

Support community energy resources that create shared value and build resilience to current and future disaster risks.

#### 5. Affordable Sustainable Mobility

Support greater access to EV's, micro-mobility and mobility-as-a-service solutions for marginalized groups.

#### 6. Accessible Driver Licensing

Provide improved access to licensing as a pathway to education and employment for marginalized groups.

#### 7. Road Safety Behaviour

Lead a community culture in safe road use, attitudes, empathy and risk tolerances for at-risk cohorts.

### Partnership Criteria

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### **To be considered for a partnership, the organisation and any relevant projects or activities need to:**

1. Align to our community focus areas: Physical Resilience, Nature-Based Resilience, Social Resilience, Community Energy Resilience, Affordable Sustainable Mobility, Accessible Driver Licensing and Road Safety Behaviour.
2. Respond to clear community needs and response gaps.
3. Have clear deliverables that benefit at-risk or marginalized Queensland communities directly.
4. Include outcomes measurement and enable uplift in community resilience or inclusive mobility.
5. Provide shared value for RACQ with a willingness to co-fund, co-brand and share accountability.
6. Have low reputation risk for the RACQ Brand.

### Privacy

The Applicant consents to its information being collected and stored for the purposes of administering, managing and promoting the funding services provided by the RACQ Foundation. As required for this purpose, the RACQ Foundation may disclose such information to The Royal Automobile Club of Queensland Limited and its associated entities (RACQ Group) and to third parties, including but not limited to contractors, service providers, suppliers and Australian regulatory authorities. Such information may also be disclosed to third parties for the purpose of undertaking reference checks or making informal enquiries in relation to the Applicant and their application. The Applicant agrees that where it provides the personal information of any of its members or associated individuals, the Applicant does so with the full and proper consent of those persons. The Applicant consents to the RACQ Foundation and the RACQ Group using the Applicant's name and other identifying marks (such as the Applicant's logo) and other material provided by the applicant as part of their application or at a later date, on RACQ Foundation and RACQ Group promotional material including media releases, annual reports, brochures and on the RACQ Group website for an unlimited period without remuneration. All applications are the property of the RACQ Foundation. For further information please refer to the RACQ Privacy Policy available on the [RACQ website](#)

### Confirmation of Eligibility

#### **Before proceeding, please confirm the following:**

- you have read and understood the community focus areas
- you have read and understood the partnership criteria
- the proposed partnership is located in Queensland
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this partnership

**You must confirm that all statements above are true and correct. \***

☐ Yes

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### Organisation Contact

\* indicates a required field

#### Applicant

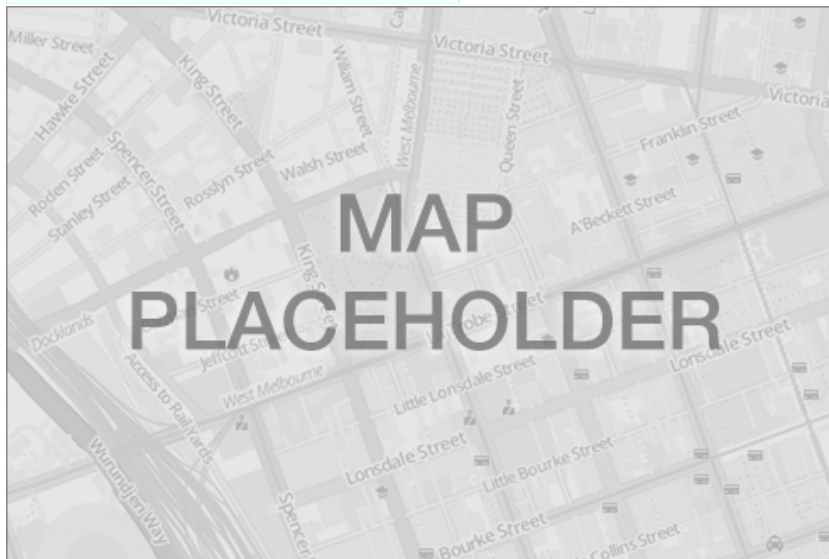
##### Organisation Name \*

Organisation Name

Community Organisation / Club / Charity Name / Other (ensure you provide name as it is listed in official documentation).

##### Organisation street address \*

Address

##### Local Government Area your organisation is located in:

Automatic response following typing in your organisation's street address.

##### Organisation postal address \*

Address

(If different from street address)

##### Organisation primary phone number \*

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Please do not provide a personal phone number, if possible.

### Organisation email address \*

Please do not provide a personal email address, if possible.

### Organisation website \*

Must be a URL.

## Primary Contact Details

### Primary contact \*

Title First Name Last Name

This is the person we will correspond with about this grant.

### Position held in organisation \*

e.g., Manager, Director or Fundraising Coordinator.

## Organisation Background

\* indicates a required field

### Date the organisation was established \*

Please select a date

### Provide a brief description of your organisation's background and purpose \*

Word count:  
(limit of 100 words)

### Detail the characteristics of your target beneficiaries \*

Word count:  
For example, age, geographic location, socio-economic status, etc (limit of 100 words)

### Organisation's current initiatives and achievements \*

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Word count:

Please summarise the current key projects and achievements of your organisation (limit of 100 words)

**Is your organisation registered for DGR?**

- ☐ Yes  
☐ No  
☐ Unsure

You must select at least one response

**Does your organisation have an ABN? \***

- ☐ Yes ☐ No

**Applicant 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

## Project Details

\* indicates a required field

**Name of project / activity #1 \***

Word count:

Provide a name for your project / program / initiative (limit of 25 words)

**Brief description of project / activity #1 \***

Be descriptive, but succinct. Include a brief summary of the beneficiaries, the activities you will perform and the expected outcomes (limit of 250 words)

# Community Partnership Expression of Interest (EOI)

## Form Preview

### Value of funds requested project / activity #1 \*

Must be a dollar amount

### How does the project align to our community focus areas? \*

Word count:

Must be no more than 150 words.

### How does the project address clear community need and response gaps? \*

Word count:

Must be no more than 150 words.

### What is your approach to impact? \*

Word count:

Include a summary of research, frameworks, and/or experience that you are building on (limit of 150 words).

### What are your project deliverables and outcomes? How will they benefit Queensland communities directly? \*

Word count:

Must be no more than 250 words.

### Number and location of people who will benefit, detailing the characteristics? \*

Word count:

For example, age, geographic location, socio-economic status, etc (limit of 150 words).

### What is the project's ongoing approach to measurement, evaluation and learning? \*

Word count:

Must be no more than 150 words.

### Details of any other organisations providing similar solutions and what makes this project different? \*

Word count:

Must be no more than 150 words.

### List the details of any co-funding contributions below. \*

Word count:

Must be no more than 150 words.

# Community Partnership Expression of Interest (EOI)

## Form Preview

If you have a second project or activity you would like us to consider, please complete the section below

### **Name of project / activity #2**

Word count:

Must be no more than 25 words.

Provide a name for your project / program / initiative (limit of 25 words)

### **Brief description of project / activity #2**

Be descriptive, but succinct. Include a brief summary of the beneficiaries, the activities you will perform and the expected outcomes (limit of 250 words)

### **Value of funds requested project / activity #2**

Must be a dollar amount.

### **How does the project align to our community focus areas?**

Word count:

Must be no more than 150 words.

### **How does the project address clear community need and response gaps?**

Word count:

Must be no more than 150 words.

### **What is your approach to impact?**

Word count:

Must be no more than 150 words.

### **What are your project deliverables and outcomes? How will they benefit Queensland communities directly?**

Word count:

Must be no more than 150 words.

### **Number and location of people who will benefit, detailing the characteristics?**

Word count:

For example, age, geographic location, socio-economic status, etc (limit of 150 words).

### **What is the project's ongoing approach to measurement, evaluation and learning?**

# Community Partnership Expression of Interest (EOI)

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Word count:

Must be no more than 150 words.

**Details of any other organisations providing similar solutions and what makes this project different?**

Word count:

Must be no more than 150 words.

**List the details of any co-funding contributions below.**

Word count:

Must be no more than 150 words.

## Document Attachments

Please attach any relevant additional material including project proposals, impact reporting, and any other project related documents (if required).

**Project related documents #1**

Attach a file:

**Project related documents #2**

Attach a file:

**Project related documents #3**

Attach a file:

**Project related documents #4**

Attach a file:

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the organisation (may be different to the contact person listed earlier in this form).



# Community Partnership Expression of Interest (EOI)

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**I certify that to the best of my knowledge the statements made within this expression of interest (EOI) are true and correct, and I understand that if the organisation is approved of a partnership, we will be required to accept the terms and conditions of the partnership as outlined in the partnership agreement.**

**I agree \***

☐ Yes

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

## Applicant Feedback

You are nearing the end of the expression of interest process. Before you review your expression of interest and click the **SUBMIT** button, please take a few moments to provide some feedback.

**Please indicate how you found the online expression of interest process:**

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

**How many minutes in total did it take you to complete this expression of interest?**

Estimate in minutes i.e. 1 hour = 60