**SAMPLE EOI Post COVID-19 Innovation Collaboration**

**Do not complete this form sample only**

| | | | |
|---|---|---|---|
| **Lead Organisation Name** | | **Lead Organisation ABN** | |
| **Organisation Type (NFP type)** | | | |
| **Is your Organisation Incorporated in Vic?** | Yes/No | **Is your Organisation Incorporated in NSW?** | Yes/No |
| **Do you have TCC Status?** | Yes/No | **Do you have TCC Status?** | Yes/No |
| **Organisation Address** | | | |
| **Lead Organisation Email** | | **Lead Organisation Website** | |
| **Organisation's ACNC URL** | | **Lead Organisation Annual Report Weblink** | |
| **Lead Organisation: Overview of Mission and purpose, brief description of work (max 1000characters)** | | | |
| | | | |
| **CEO (Or Equivalent) First Name** | | **CEO (Or Equivalent) Last Name** | |
| **CEO (Or Equivalent) Email** | | **CEO (Or Equivalent) Best Phone Number** | |
| **Application Contact First Name** | | **Application Contact Last Name** | |
| **Application Contact Position Title** | | | |
| **Application Contact Email** | | **Application Contact Best Phone Number** | |
| | | | |
| **Collaboration Organisation #1** | | | |
| **Partner Organisation #1 Name** | | **Partner Organisation #1 ABN** | |
| **Organisation Type (NFP type)** | | | |
| **Is your Organisation Incorporated in Vic?** | Yes/No | **Is your Organisation Incorporated in NSW?** | Yes/No |
| **Do you have TCC Status?** | Yes/No | **Do you have TCC Status?** | Yes/No |
| **Partner Organisation #1 Address** | | | |
| **Partner Organisation Email** | | **Partner Organisation Website** | |
| **Partner Organisation ACNC URL** | | **Partner Organisation Annual Report Weblink** | |
| **Partner Organisation #1: Overview of Mission and purpose, brief description of work (max 1000characters)** | | | |
| | | | |
| **Partner Contact First Name** | | **Partner Contact Last Name** | |
| **Partner Contact Position Title** | | | |
| **Partner Contact Email** | | **Partner Contact Best Phone Number** | |
| **Do you have more Collaborating Organisations involved?** | Yes/No | **IF Yes, how many more Collaborating Organisations are involved?** | |

| **INTIATIVE DETAILS (Questions)** | Character limit |
|---|---|
| **Initiative Title** | |
| **Outline of Collaboration Initiative** | 1200 |
| **Describe the current relationship between the collaborating organisations** | 1800 |
| **How will this collaboration advance the collaborating partners' respective missions?** | 1800 |
| **What is the issue the collaboration seeks to address?** | 1800 |
| **Describe the proposed innovation** | 1800 |
| **Which type of innovation does the collaborative align with best?** (refer to guidelines for options) | |
| **Describe the anticipated outcomes of the initiative** | 1800 |
| **Describe the anticipated impact of the initiative** | 1800 |
| **Describe the anticipated sustainability of the initiative** | 1800 |

**Attachments for both Organisations:**

- Recent financial position and statement of financial performance signed by Accountant
- Most recent Annual Report if URL not provided in Organisation details section

**Declaration by Authorised delegate for both Organisations**