# WHITE ROCK Wind Farm

**Community Fund Grant Application** 

# Application Pack for Projects Seeking Under \$5,000

Closing Date for Applications: 07 June 2024



# **APPLICATION SUMMARY**



#### **Overview**

White Rock Wind Farm Community Fund aims to share the benefits of White Rock Wind Farm by investing in the communities around the wind farm. The Funds are intended to provide financial support for community-based initiatives, projects and events that produce lasting community benefit and reflect local priorities.

The Community Fund targets a range of community needs including health and social welfare, safety, environment, education and youth, sport and recreation, culture and heritage, arts and economic development.

#### Who Can Apply

Applications are open to any not for profit or community-based organisations.

#### **Project Duration**

Projects receiving grant funding of \$5,000 or under are required to be completed within 12 months from the date of the acceptance letter.

#### **Assessment Criteria**

Applications will be assessed on their merits, based on their benefit to the community, perceived suitability, the background of the applicant, etc. Projects will also be weighted according to their proximity to White Rock Wind Farm with closer projects carrying more weight.

#### How to Apply

Applicants should complete the application form and complete and sign the checklist. For all enquiries, please phone Gregory Ford on 02 6730 2329.

Post to: Attention: Glen Innes Severn Council WRWF Community Fund Application c/- Glen Innes Severn Council P.O Box 61 GLEN INNES NSW 2370 Deliver by hand to: Glen Innes Severn Council WRWF Community Fund Application 265 Grey Street GLEN INNES NSW 2370

#### Email to: <u>council@gisc.nsw.gov.au</u> Subject: WRWF Community Fund Application

All applicants will be notified in writing of their success, or otherwise, after 09 August 2024. Funds will be issued by electronic funds transfer to the bank details provided on the application form.

# <u>Please Note</u>: Applications received after 4.30pm on Friday, 07 June 2024 will not be accepted under any circumstances.

Version Number: 1	Review Date:	Responsible Officer:
Date of Effect: April 2024	March 2025	EA DCCS GISC

## APPLICATION FORM FOR PROJECTS UNDER \$5,000



#### Before completing this form, please read the guidelines attached to this document.

Please write legibly when completing this application form.

### A: ORGANISATIONAL DETAILS

1. Organisation Name					
2. Postal Address					
3. ABN					
4. Are you registered for GST?		Y	es	No	
5. Bank Details	Account	Name:			
Please check the bank details provided are up to date and	BSB:				
accurate prior to submitting.	Account Number:				

6.	What do you do? (brief description of who you are and what you do)

#### **B: WHO DO WE TALK TO REGARDING THIS APPLICATION?**

1.	Name of Contact for this Application		
	Position of Contact within the Organisation		
3.	Contact Details	Work Phone:	
		Mobile Phone:	
		Email Address:	

Version Number: 1	Review Date:	Responsible Officer:
Date of Effect: April 2024	March 2025	EA DCCS GISC

## **C: PROJECT DETAILS**

1. Project Name

#### 2. Summary of the Project (100 words)?

3. Outcomes of the Project (100 words)?

#### 4. Who will Benefit from the Project (100 words)?

5.	Referring to the Eligibility Criteria and General Principles in the Guidelines, please describe how your Project benefits the Community (100 words)?

6. Project Start Date	Project Finish Date	

7. How much funding are you seeking?	\$	
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8. How many people do you expect will benefit from the Project?												
	0-10		10-25		25	-50		50-	100		10	0+
<ul><li>9. In what Zone is the Project located (see map in Guidelines)?</li></ul>			А	В		С	D		E			

10	.How will the	e contributi	on from the	e WRWF	Commu	nity Func	be acknowle	edged (e.g. m	nedia
	•	displaying	logos or w	ording in	project	material	or placement	t of plaques)	(100
	words)?								

11. Does your application require Development / Lan your Project Plans with Council?	downei	r Consent, and	have	you discussed

Development / Landowner Consent	Yes	No
Consultation with Council	Yes	No
If spoke with Council, whom and when		

If so please attach a copy of the Plans / Reference No.

# **D: PREDICTED BUDGET (ALL FIGURES MUST INCLUDE GST)**

#### Please complete the following template or attach a separate budget sheet if required.

Income	\$ Value (incl GST)
Money provided by your organisation	
Income from other sources	
Funding from the WRWF Community Fund	
In Kind Contributions	
Materials	
Volunteer Labour	
Total Project Income	\$
Expenses	
Materials	
Labour	
Promotion	
Printing	
Other (please list)	
Total Project Expenses	\$

Note: Income and Expenses must equal each other.

Please attach further information if necessary.

Version Number: 1	Review Date:	Responsible Officer:
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# CHECKLIST



Have You		Yes	No
Attached quotes for your project (if required)?			
Identified the goal/s your pro	ject supports?		
Identified the aim/s your proj	ect meets?		
Identified how the contribution Community Fund will be ack			
Organised for the bottom of this checklist to be signed and dated by the head of the organisation?			
If you have ticked "no" to any of the above please explain why.			
I hereby confirm that Information contained in our application is correct and accurate at the time of submitting for approval.			
Signed:			
Name:			
Position in Organisation:			
Date:			

# INTERIM REPORT STATEMENT BY GRANT RECIPIENT FOR 2024 FUNDS



Organisation	
Project	
Amount Received	
Amount Spent	

#### Certified by an authorised officer of the grant recipient organisation.

#### I advise:

Estimated completion date is:	
Project Milestones achieved so far include:	
Have any delays occurred that may prevent this funding from being spent and acquitted by the due date?	

I hereby certify that I have the authority to sign this Interim Report Form on behalf of the recipient organisation.

Date:	
Signature:	
Name:	
Position:	

Please return the Interim Report Form to:

- Post: Glen Innes Severn Council, WRWF Community Fund Interim Report Form, PO Box 61, GLEN INNES NSW 2370
- Email: <u>council@gisc.nsw.gov.au</u> (Subject: WRWF Community Fund Interim Report Form).

# ACQUITTAL STATEMENT BY GRANT RECIPIENT FOR 2024



The Acquittal and Feedback Forms are to be completed and returned only once the project has been completed.

Organisation	
Project	
Amount Received	

#### Certified by an authorised officer of the grant recipient organisation.

#### I confirm that:

An amount equal to the total Grant paid has been expended on the Project in accordance with our original application and the WRWF Community Fund Guidelines.

#### AND

A complete set of financial records, or equivalent, relevant to the project have been maintained and are attached to this acquittal together with photos of the completed project.

I hereby certify that I have the authority to sign this Acquittal Form on behalf of the recipient organisation.

Date:	
Signature:	
Name:	
Position:	

Please return the Acquittal and Feedback Forms to:

- Post: Glen Innes Severn Council, WRWF Community Fund Acquittal Form, PO Box 61, GLEN INNES NSW 2370
- Email: <u>council@gisc.nsw.gov.au</u> (Subject: WRWF Community Fund Acquittal Form).

Version Number: 1		
Date of Effect:	April 2024	





#### Did you have any problems completing the project on time/budget?

Were there any unforeseen complications with the project?

Can you suggest any improvements to the process of applying for funds?

Were the applications forms and requested information too complex?

#### Any other comments or suggestions?

Thank you for any feedback you can provide, it is very helpful!

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