WHITE ROCK Wind Farm

Community Fund Grant Application

Application Pack for Projects Seeking Over \$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 over are required to be completed within two years 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. Please submit supporting information and a detailed budget for the project as outlined in Parts C and D.

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

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APPLICATION FORM FOR PROJECTS OVER \$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? | | Ye | 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 | | |
|----|---|----------------|--|
| 2. | Position of Contact within the Organisation | | |
| 3. | Contact Details | Work Phone: | |
| | | Mobile Phone: | |
| | | Email Address: | |

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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? | \$ | |
|--------------------------------------|----|--|
|--------------------------------------|----|--|

| 8. How many people do you expect will benefit from the Project? | | | | | | | | | |
|---|------|--|-------|--|-------|--|--------|--|------|
| | 0-10 | | 10-25 | | 25-50 | | 50-100 | | 100+ |
| | | | | | | | | | |

| 9. In what Zone is the Project located (see map in Guidelines)? | | А | | В | | С | | D | | Е | |
|---|--|---|--|---|--|---|--|---|--|---|--|
|---|--|---|--|---|--|---|--|---|--|---|--|

| 10. How \ | will the contribut | ion from the WI | RWF Commu | nity Fund be | acknowledge | d (e.g. med | lia |
|-----------|--------------------|-----------------|---------------|---------------|----------------|-------------|-----|
| | ages, displaying | logos or wordi | ng in project | material or p | placement of p | plaques) (1 | 00 |
| words | ;)? | | | | | | |

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C: SUPPORTING INFORMATION

Grants requested for over \$5,000 are likely to require a greater amount of organisation time and money to complete. Projects of this scale have no upper funding limit as long as it falls within the annual amount of money available from the Community Fund. Projects cannot be allocated funds from succeeding years.

Due to the scale of some of these projects, this application should be supported with detailed supplementary information to demonstrate the capabilities of the applicant in justifying and carrying out the project.

It is expected this supplementary information would contain, but not be limited to:

1. Does your Application require Development / Landowner Consent, and have you discussed your Project Plans with Council?

| 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.

2. A detailed Budget including all Income and Expense items, GST inclusive.

| res no |
|--------|
|--------|

3. Do you have or need any match-funding, or equivalent, which is required to carry out the Project?

| | Yes | | No |
|--|-----|--|----|
|--|-----|--|----|

4. Provide recent, verifiable quotes for carrying out the Project.

| Tes INU |
|---------|
|---------|

5. Proposed Timeline for the Project (noting the work must be completed within two years).

| | Yes | | No |
|--|-----|--|----|
|--|-----|--|----|

- 6. How will the contribution from the WRWF Community Fund be acknowledged? (Insert wording below or attach image of the proposed acknowledgement)
- 7. Any additional information in support of your Grant application (letters of support, media releases, historical information, etc).

Yes No

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The more information you provide, the easier it will be for the Committee to assess your application.

Projects approved for funding but which require Development / Landowner Consent will not have funds released until such consents are in place.

The committee may seek clarification or request further information about the Project in order to help make its decision. Failure to provide the information in a reasonable timeframe will result in the application being rejected.

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.

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CHECKLIST



| Have You | | Yes | No | |
|--|---------------------------------|-----|----|--|
| Attached quotes for your pro | ject (if required)? | | | |
| Identified the goal/s your pro | ject supports? | | | |
| Identified the aim/s your proj | ect meets? | | | |
| Identified how the contributions from the WRWF Community Fund will be acknowledged? | | | | |
| 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 | y of the above please explain w | hy. | | |
| | | | | |
| 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).

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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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