



WHITE ROCK

Wind Farm

Community Fund Grant Application

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

**Closing Date for Applications:
18 July 2025**

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:

council@gisc.nsw.gov.au

Subject: WRWF Community Fund Application

All applicants will be notified in writing of their success, or otherwise, after 25 August 2025. Funds will be issued by electronic funds transfer to the bank details provided on the application form.

Please Note: Applications received after 4.30pm on Friday, 18 July 2025 will not be accepted under any circumstances.

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Please write legibly when completing this application form.

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

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

C: PROJECT DETAILS

1. Project Name	
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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)?

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6. Project Start Date		Project Finish Date	
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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		100+

9. In what Zone is the Project located (see map in Guidelines)?		A		B		C		D		E
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10. How will the contribution from the WRWF Community Fund be acknowledged (e.g. media messages, displaying logos or wording in project material or placement of plaques) (100 words)?

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11. 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.

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.

CHECKLIST

Have You	Yes	No
Attached quotes for your project (if required)?		
Identified the goal/s your project supports?		
Identified the aim/s your project 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 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 2025 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: council@gisc.nsw.gov.au (Subject: WRWF Community Fund Interim Report Form).

ACQUITTAL STATEMENT BY GRANT RECIPIENT FOR 2025

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: council@gisc.nsw.gov.au (Subject: WRWF Community Fund Acquittal Form).

FEEDBACK FORM FOR 2025

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!