

Community Benefit Fund
Mount Emerald Wind Farm Pty Ltd
 PO Box 1058
 North Sydney NSW 2059
 Telephone: 02 8913 9400
<http://mtemeraldwindfarm.com.au/>
communityfund@ratchaustralia.com



Application Form

Applicants must refer to the Mount Emerald Wind Farm Community Benefit Fund **Guidelines and Terms and Conditions** before completing and submitting this Application Form by email or post to the details on the top left.

Section 1 – Organisational / Applicant Details	
Name of Applicant/Organisation <small>(please provide entity details if applicable)</small>	
Street address	
Postal address	
A.B.N./A.C.N . <small>(if applicable)</small>	
Contact person and role <small>(if applicable)</small>	
Phone number	
Email address	
Please answer the following questions and provide evidence if requested (YES/NO)	
	Does the Applicant have Deductible Gift Recipient status (DGR)?
	Is the Applicant a registered charity?
	Is the Applicant registered for GST?
Has your organisation previously received funding from the MEWF Community Benefit Fund? <i>Please describe.</i>	
Has previous funding been fully acquitted?	
How did the Applicant hear about the Mount Emerald Wind Farm Community Benefit Fund?	

Section 2 – Project overview

Please note that **Eligible Projects** (please refer to the Fund guidelines) will be provided preference in assessment and any grant of funding.

If insufficient space, can be supplemented with maximum of 1 additional page

Project location	
Project name and description <ul style="list-style-type: none"> • Provide an overview of the proposal / project (approx. 30 words) • Advise of project start and finish date 	
Tenure and storage <ul style="list-style-type: none"> • Land/building improvements – do you own/lease the property? • Equipment – where will the equipment be stored? • Purpose – will other organisations be able to use the facility/equipment? 	
Objectives <ul style="list-style-type: none"> • What are the project’s aims? • What problem or issue is the project trying to address? • Who will benefit from the project? 	
Outcomes <ul style="list-style-type: none"> • Inspire us! What does success look like? • Explain how the project will <ul style="list-style-type: none"> ○ benefit the community ○ build resilience and self sufficiency ○ comply with the Trust’s Objects 	
Timeframe What is the expected timeframe of the project? Do any time constraints apply?	
Attachments If any documents are being submitted with this application form, please list them here.	

Section 3 – Application for funding			
Expenses			
Please provide copies of any quotes that have been obtained to support your application.			
Is partial funding possible for your application? (YES/NO)			
Please describe how partial funding may occur (i.e. distinct portions that can be funded and progress without further funding)			
Priority	Description	Quote (YES/NO)	Total (\$)
1			
2			
3			
4			
5			
6			
Total Expenses			
Income			
Has your project secured any other sources of funding? (e.g. grants, applicant’s own contributions, in-kind/non-monetary support). The Applicant may be required to provide evidence of this information if requested.			
Source of other funding			Total (\$)
Total Other Income			
Total Value of Grant requested from the Fund (Total grant = Total project expenses - Total other income)			

Applicant bank account details	
Account name	
Institution and branch	
BSB number	
ACC number	
Section 4 – Project Reporting	
Evaluation How will the Applicant evaluate the success of the project?	
Section 5 – Confirmation of submission	
Signed by the Applicant or for and on behalf of the Applicant by its authorised representative	
On behalf of	<i>(insert name of Applicant)</i>
<ol style="list-style-type: none"> 1. I acknowledge that if successful in receiving a grant of funding, the Applicant will be required to report on the outcome of the project. This may also include publicly acknowledging the support received from the fund or supplying images/testimony for use in publicising the Fund via media or marketing material. 2. I acknowledge and agree to the Mount Emerald Wind Farm Community Benefit Fund Guidelines and Terms and Conditions. 3. I acknowledge and agree that the information provided in this application form is true and correct to the best of my knowledge, and if any information is false or misleading that any offers of funding may be withdrawn or funding provided is to be repaid to the Fund. 	
Name of duly authorised representative <i>(if required)</i>	Signature of Applicant or duly authorised representative
Date:	

Please note that the Fund will only take information required to assess this application and to contact the Applicant for any further enquiries. A copy of our Privacy Statement is available on request. Please contact communityfund@ratcaustralia.com for any queries.