

**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](mailto: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 (please provide entity details if applicable)	
Street address	
Postal address	
A.B.N./A.C.N . (if applicable)	
Contact person and role (if applicable)	
Phone number	
Email address	
Please answer the following questions and provide evidence if requested (tick where relevant)	
<input type="checkbox"/>	Does the Applicant have Deductible Gift Recipient status (DGR)?
<input type="checkbox"/>	Is the Applicant a registered charity?
<input type="checkbox"/>	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	
<b>Project name and description</b> <ul style="list-style-type: none"> <li>- Provide an overview of the proposal / project (approx. 30 words)</li> <li>- Advise of project start and finish date and any time constraints that apply</li> </ul>	
<b>Objectives</b> <ul style="list-style-type: none"> <li>- What are the project's aims?</li> <li>- What problem or issue is the project trying to address?</li> <li>- Who will benefit from the project?</li> </ul>	
<b>Tenure and storage</b> <ul style="list-style-type: none"> <li>- Land/building improvements – do you own/lease the property?</li> <li>- Equipment – where will the equipment be stored?</li> <li>- Purpose – will other organisations be able to use the facility/equipment?</li> </ul>	
<b>Operational Summary</b> <ul style="list-style-type: none"> <li>- How does your organisation source revenue for operational costs</li> </ul>	
<b>Attachments</b> If any documents are being submitted with this application form, please list them here.  <u><b>Quotes from local suppliers and businesses are preferred</b></u>	

Section 3 – Application for funding			
Expenses			
Please provide copies of any quotes that have been obtained to support your application.			
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 Project Expenses			
<b><i>Quotes from local suppliers and businesses are preferred</i></b>			
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 value of grant = Total project expenses - Total other income)			

<b>Applicant bank account details</b>	
Account name	
Institution and branch	
BSB number	
ACC number	
<b>Project Acquittal</b>	
<p>Please note that successful applicants will be required to document the acquittal of the funds in the manner defined in their application and subject to any directions given by Community Benefit Fund.</p> <p>Return of the Acquittal Form is required 6 months after receiving the grant. Further applications for funding will be deemed ineligible until all previous funding has been acquitted.</p>	
<b>Section 4 – Confirmation of submission</b>	
<b>Signed by the Applicant or for and on behalf of the Applicant by its authorised representative</b>	
On behalf of	<i>(insert name of Applicant)</i>
<ol style="list-style-type: none"> <li>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.</li> <li>2. I acknowledge and agree to the Mount Emerald Wind Farm Community Benefit Fund Guidelines and Terms and Conditions.</li> <li>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.</li> </ol>	
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@ratchaustalia.com](mailto:communityfund@ratchaustalia.com) for any queries.