Bald Hills Wind Farm Community Fund

##### **District Grant Application Form 2025**

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| **ORGANISATION INFORMATION** |
| Organisation name |  |
| Postal Address |  |
| Head of Organisation & Position held |  |
| Phone number |  |
| Email address |  |
| Contact person for application |  |
| Application Type: | ❑ District Grant (up to $15,000) | Amount: |
| **CATCHMENT AREA** (select) |
| ❑ Tarwin Lower | ❑ Walkerville | ❑ Venus Bay |
| **CATEGORY OF PROJECT** (select) |
| ❑ Sporting/community group requirements |
| ❑ Project work: (e.g. building maintenance, sporting facilities, environmental project works) |
| ❑ Education: (e.g. education, books for library, computers) |
| ❑ Health and Wellbeing: (e.g. walking groups, equipment, health information, etc) |
| ❑ Culture/Arts: (e.g. community arts classes, theatre groups) |
| ❑ Events: (charities, festivals, fundraising)*N.B Where the fundraising is for an event or charity held or active in the Tarwin Lower, Venus Bay or Walkerville area, the Bald Hills Community Fund Committee will review applications for funding required for the running of such events, however, it will not contribute directly to the fundraising activities at these events.* |

**PROJECT DETAILS:**

1. **Name of the Project**
2. **Location of the Project: (include address and landowner)** (INCLUDE PERMISSIONS IF REQUIRED FOR APPLICATION)
3. **Please provide a summary of what you would like the grant for** (100 words)

**E.g.** The grant will be used for funding….

1. **Why is this initiative needed? (100 words)?**

This initiative is important because…

1. **What does your organisation do? Provide a brief overview e.g. mission, values, membership** (100 words)

Our organisation was formed in 2000 for the purpose of providing XYZ to the community….

1. **Project details: provide an overview of your project, the needs it aims to meet etc.** (150 words)
2. **How will the district & local community benefit as a result of this project?** (100 words)
3. **When will the project happen?** (project must be completed within 12 months)
4. **What are the project stages?**
5. **How will you measure your success?**
6. **Partnership and Collaboration: provide details of who is involved in the project, what they will contribute and what roles each will undertake. Please provide a letter/s of support.**
7. **Provide evidence of co-contributions if applicable** (e.g. funds from own organisation or other funding sources)?
8. **Evidence of need/research: provide details of consultation/research/data that supports the district project.**
9. **How will you implement and manage this project: provide details of stages, tasks and, skills needed to manage the project.** (include any risk management strategies that are required and asset management or maintenance requirements)

Please fill out the budget table below for your project.

**Please note cash income and expenses must match, including grant income and all other sources of cash income; include detailed quotes and in-kind support.**

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| --- |
| **PROJECT BUDGET** (use whole $ only) |
| **CASH INCOME** | **$** | **CASH EXPENDITURE** | **$** |
| Bald Hills Wind Farm Grant Request (as per requested $ on page 1) |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **CASH INCOME TOTAL** |  | **CASH EXPENDITURE TOTAL** |  |
| **IN-KIND SUPPORT (valued at $25 per hour)** | $ | **IN-KIND EXPENSES**  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **IN-KIND TOTAL** |  | **IN-KIND TOTAL** |  |
| **GRAND TOTAL** |  | **GRAND TOTAL** |  |

**APPLICATION CHECKLIST: Please confirm the below have been completed for your application.**

❑ I have attached quotes for the works/services

❑ I have completed the budget and attached evidence

❑ I have attached letters of support /evidence of district need

**Memorandum of understanding: Please tick and sign.**

❑ I consent to the Bald Hills Wind Farm using this information and subsequent related information or photography for publicity purposes.

❑ If this application is successful, I confirm the organisation will provide feedback on the success of the project within 12 months of award..

❑ If this application is successful, I understand Bald Hills Wind Farm will pay money directly to the supplier of the goods and/ or services upon presentation of a tax invoice, made out to Bald Hills Wind Farm and with signed acquittal form.

❑ I confirm that the organisation understands that if the funding is not used by the end of the financial year, the grant will be withdrawn (absent exceptional circumstances).

Signature:

Name:
 (Print Name) Officer/ Authorised Person

Date: