

Ararat Wind Farm Sustainable Grants Program 2019

Application form – up to \$5,000.00

SECTION ONE – Applicant Details

Name of Organisation:

Authorised Person's Details

Title		First Name		Surname	
Position					
Postal Address					
Town/Suburb				Post Code	
Phone		Fax		Email	
Is your organisation registered for GST? Yes/No?					
If yes, what is your ABN?					
Does your organisation use a facility controlled by a Committee of Management. If yes, do you have their approval for this project? (Please provide written approval)					
Does your organisation have Public Liability Insurance? <i>(Please provide copy of certificate)</i>					

SECTION TWO – The Project

Project Name:	
What are you going to do (Describe the project in one or two sentences):	

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Anticipated Project/Event start date:	
Anticipated completion date:	
Who will manage the project:	

SECTION THREE – Project Details That Address The Assessment Criteria

What community groups will benefit (which demographic groups?)	
Expected number of people this will benefit?	
How often is the expected use of the facility or service?	

Please provide information demonstrating how your project addresses the following assessment criteria

Describe why this is needed?	

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Demonstrate to what extent this project links to the Ararat Wind Farms Sustainable Grants Program selection criteria as outlined in the Information Sheet.

SECTION THREE – Project Details That Address The Assessment Criteria (Continued)

What are the expected outcomes?	
How will it benefit future and current generations?	
Will additional revenue be gained by the project? Yes/No If yes, please provide details.	

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SECTION FOUR - Budget

EXPENDITURE	Amount \$	Confirmed Y/N
Professional Planning/advice & permits (if required)		
Project Coordination (if required)		
Equipment, Materials and Infrastructure (Please provide quotes)		
Site/Venue Hire		
Other expenses (Please specify)		
TOTAL		

INCOME	Amount \$	Confirmed Y/N
Cash from your organisation (as this fund does not require matching funds, please advise of any cash contribution that your group may be providing)		
Other Income (Please specify eg. another grant)		
Request from this program (up to \$5,000.00 only)		
TOTAL		

Expenditure must equal Income

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SECTION FIVE - Declaration

I state that the information in this proposal is to the best of my knowledge true and correct. I understand that this is a proposal only and may not necessarily result in funding approval. (must be completed by a person with delegated authority to submit a proposal)

Full Name			
Position			
Signature		Date	

SECTION SIX - Attachments

Please include the following documents in your application:

- Current list of committee members
- Letters of Support
- Bank Statement

SECTION SEVEN - Checklist

- Have you given the project a name?
- Are there other grants or funds from elsewhere going towards this project?
- Have you attached copies of quotes?
- Have you completed the budget section and do the figures match?
- Have you attached list of committee members?
- Have you attached a bank statement?
- Have you attached written approval from Committee of Management if required?
- Have you attached a copy of your public liability insurance certificate?
- Have you provided letters of support for your project?