LCWF Community Benefit Fund Application - Round 4
Form Preview

Eligibility

* indicates a required field

Applicants: please note

You should be familiar with the Lotus Creek Wind Farm Community Benefit Fund Guidelines. Read at Our Community | Lotus Creek Wind Farm

Applicants will be advised of the outcome of their application.

If you have any questions in regard to sponsorships please contact Kate Beresford, Senior Community Engagement Advisor, during business hours.

E: kberesford@csenergy.com.au

Confirmation of eligibility

Applicants must not have any outstanding acquittal forms from prior rounds owing to CS Energy.

I confirm that the applicant:

- has read and understood the program guidelines, as outlined in the Lotus Creek Wind Farm Community Benefit Fund Guidelines.
- is geographically located within the St Lawrence, Lotus Creek and Clark Creek regions.
- is a not-for-profit organisation (this includes educational institutions such as schools).
- has the appropriate type and level of insurance for the activities that are the subject of this sponsorship.

Please select below: *

○ Yes ○ No

You must confirm that all statements above are true and correct.

General exclusions

Please note, CS Energy **generally will not sponsor**:

- activities or events for an individual's gain or profit.
- individuals or groups participating in sporting events, camps or championships.
- religious organisations, to deliver religious programs.
- political organisations or campaigns.
- costs we consider to be associated with an applicant's core business, or ongoing operating costs.
- applicants seeking financial support for expenses such as prize money or insurances.
- gambling-linked venues or activities.
- activities linked to alcohol, tobacco, or pharmaceuticals.
- initiatives deemed high-risk or dangerous, or posing an unacceptable safety risk

Project Details

* indicates a required field

Project name and description

Applicant organisation name *

Please provide a brief outline of what your organisation does and the role it plays in the local region *

Word count:
Must be no more than 150 words.
Tell us about yourself

Project or event title: *

Word count:
Must be no more than 20 words.
Provide a name for your project/event/program/initiative. Your title should be short but descriptive

Provide a detailed description of the project or event *

Word count:
Must be no more than 150 words.
Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Total project / event cost *

$
Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Total amount requested from CS Energy *

$
Must be a dollar amount.
What is the total financial support you are requesting in this application?

Project location details

What area/s of focus does your project or event meet? *

☐ Safety and environment - keeping our communities safe, and looking after the environment.

☐ Social and community development - helping local communities be the best they can be, by staying true to their origins and exploring future opportunities. We help to alleviate disadvantage and promote gender equality and respect.
☐ Education - initiatives that support students, teachers and community leaders.
☐ Culture and art - events or initiatives that provide local communities with encounters or experiences to enjoy, or help to express history, creativity and uniqueness.
☐ Active and healthy communities - initiatives that improve the health (physical or mental) of residents in our regions. This could include health education, emergency response, disease prevention and initiatives that promote fitness and wellbeing.
☐ Indigenous - initiatives that support First Nations Australians to build a brighter future by promoting connection to culture, strengthening leadership capabilities, creating work and training opportunities, and assisting Aboriginal and Torres Strait Islander businesses
At least 1 choice must be selected.
Only select those that apply.

Please provide details as to why you believe your project or event relates to the selected area/s of focus *

Word count:
Must be no more than 150 words.

How will the project or event have a postive, lasting or tangible impact on the local community? *

Word count:
Must be no more than 150 words.
How will the local community benefit as a result of your project or event?

Primary beneficiaries

Who are the primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project/program

Outputs

What outputs are you expecting to produce through this initiative?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of trees to be planted, the number of classes to be held, the number people expected to attend an event, the number of volunteers to be engaged or the number of children to be involved.

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

Number	Who or What	Service / Product / Activity	Timeframe

(Approximate, or leave blank if unknown)	e.g. parents; trainees; trees; classes	e.g. trained in first aid; planted; delivered	e.g. over life of program; per annum; per month

Community Support

How do you anticipate the community will support this project or event? *

Word count:
Must be no more than 150 words.

Please upload any letters of support (if available / relevant)
Attach a file:

Letters of support help to demonstrate to CS Energy how your project/initiative will benefit the community. CS Energy reviews and considers all letters of support included with your application. A maximum of five files can be included.

Budget

* indicates a required field

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Note: this does not apply to fundraisers.

Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly. All amounts should be GST exclusive.

Expenditure Table:

Examples of expenses could include 'purchase of equipment', 'hire of event space' or 'entertainment/catering'. Please ensure this amount equals the *total project/event cost* listed at the beginning of this application.

Income Table:

Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Please include the CS Energy Sponsorship amount requested at the start of this application.

Expenditure

Expenditure Description	Expenditure Type	Expenditure Amount ($)	Notes
		Must be a dollar amount.	
		$	
		$	
		$	
		$	

Income

Income Description	Income Type	Confirmed Funding?	Income Amount ($)	Notes
			Must be a dollar amount.	
			$	
			$	
			$	
			$	

Quotes / Cost estimates

Please upload any quotes or cost estimates to support your application *
Attach a file:

A minimum of 1 file must be attached.
Quotes are strongly encouraged to support your application

Budget totals

Total income amount
$
This number/amount is calculated.

Total expenditure amount
$
This number/amount is calculated.

Income - expenditure
$
This number/amount is calculated.

Milestones

What are the major steps / stages (i.e. key dates and milestones) involved in delivering your project or event?

Milestone	Start date	Finish date	Location	Notes
e.g. planning; major activities; evaluation	Provide approximate date if unknown Must be a date.	Provide approximate date if unknown Must be a date.	Where will this occur?	Add explanatory notes if required.

Applicant Capacity

* indicates a required field

Now that we know about your project, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. *

Word count:
Must be no more than 150 words.
Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy statement, click here and you will be redirected to the CS Energy website.

Applicant Organisation Details

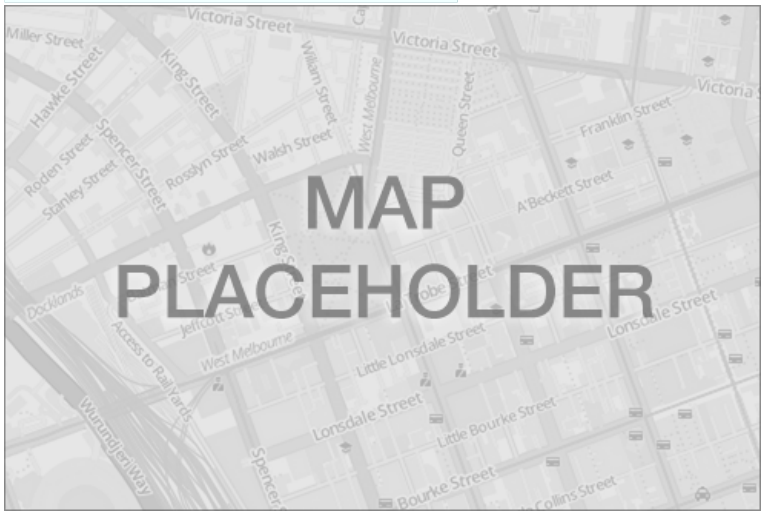
Applicant organisation name *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Department / branch / faculty

Use this field only if relevant

Applicant address *
Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
must be a

Applicant postal address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant website

Must be a URL.
Must be a URL

Please indicate if you have any social media accounts
☐ Facebook
☐ Instagram
☐ LinkedIn
☐ Twitter
☐ Other:

Please select all that apply

Applicant Admin Contact *

Title | First Name | Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Back-up phone number *

Primary contact person's email address *

Must be an email address.

Organisation Details

* indicates a required field

Does your organisation have an ABN? *

○ Yes ○ No

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Must be an ABN

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO.

Please upload completed Statement of Supplier Form:
Attach a file:

Max 25mb

Is your organisation endorsed as a Deductible Gift Recipient (DGR)?
○ Yes ○ No
If you're unsure you can look up your DGR status at http://abr.business.gov.au/AdvancedSearch.aspx

Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC?)
○ Yes ○ No
If you're unsure, you can check your registration at the ACNC website: http://www.acnc.gov.au/

What is your incorporation number?

Incorporated Association or Australian Corporation Number

What type of not-for-profit organisation are you? *
○ Educational institution
○ Research or scientific organisation
○ Cultural organisation
○ Sporting club
○ Community welfare
○ Professional or business association
○ Environmental group
○ Healthcare not-for-profit
○ Other:

Please choose the option that best applies to your organisation.

What is your organisation's annual revenue? *
○ Less than $50,000
○ $50,000 or more, but less than $250,000
○ $250,000 or more, but less than $1 million
○ $1 million or more, but less than $10 million
○ $10 million or more, but less than $100 million
○ $100 million or more
Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: www.acnc.gov.au/ACNC/Manage/Reporting/SizeRevenue/ACNC/Report/SizeRevenue.aspx

What is your organisation's legal structure? *
- ○ Unincorporated association
- ○ Incorporated association
- ○ Cooperative
- ○ Company limited by guarantee
- ○ Indigenous corporation, association or cooperative
- ○ Organisation established through specific legislation
- ○ Trust
- ○ Unknown
- ○ Other:

If your organisation is unincorporated it must have an auspice organisation

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant?
○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice organisation details

Name of auspicing organisation *
Organisation Name

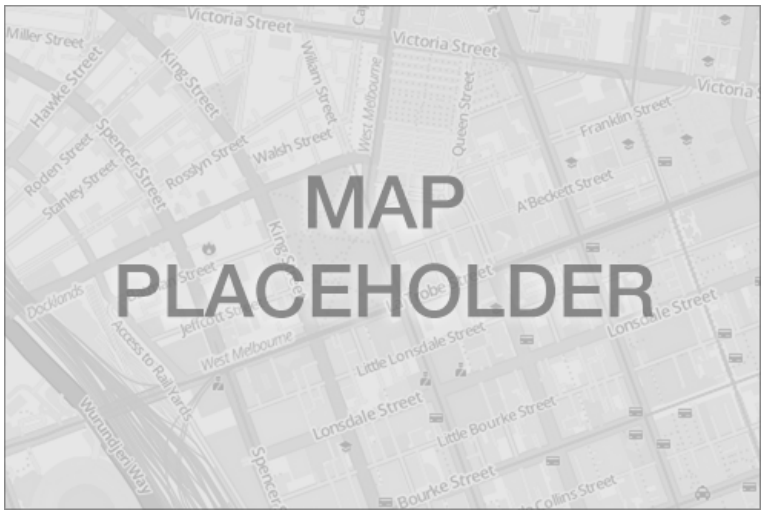
Auspicing organisation's website

Must be a URL.
Must be a URL

Primary contact person at auspicing organisation
Title First Name Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Primary Address *
Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Position held in organisation *

e.g. Manager, CEO

Contact person's primary phone number *

Must be an Australian phone number.

Contact person's back-up phone number

Must be an Australian phone number.

Contact person's email address *

Must be an email address.
Must be an email address

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Does the auspicing organisation have an Australian Business Number (ABN)? *

○ Yes ○ No

ABN of auspicing organisation

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.
Must be an ABN

As the auspicing organisation does not have an ABN, please submit a completed ATO Statement by a Supplier form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from:Statement by a supplier - ATO form

Please upload a completed Statement of Supplier form
Attach a file:

Max 25mb

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this sponsorship, we will be required to accept the terms and conditions of the sponsorship as outlined in the letter of approval.

I agree * ○ Yes ○ No

LCWF Community Benefit Fund Application - Round 4
Form Preview

Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact email *

Must be an email address.

Date *

Must be a date.
Must be a date