

Hawkesdale Township Grant Program

Application Form – Item purchase only

If you wish to receive a version of this form in MS Word, please email a request to hawkesdalewindfarm@globalpower-generation.com.au.

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| Organisation name | |
|-------------------|--|
| Address: | |
| Contact Name: | |
| Phone: | |
| E-mail: | |

- 2. Is your organisation a Not for Profit? Yes / No
- 3. Is your organisation auspiced for the purpose of this application/project? Yes / No
- 4. About your organisation and the auspicing organisation (if applicable)

| Legal name | | |
|--------------------------------|-----------------|--------------------------|
| ABN (if applicable) | | |
| Are you registered for GST? | | |
| Auspicing organisation | Name: | |
| (If applicable) | ABN: | |
| | Contact details | S: |
| | Agreement in | olace: Yes/No |
| Public liability Insurance | Yes/No | Amount \$ |
| Have you previously applied to | Yes/No | If successful, amount \$ |
| this program? | Year awarded | |

| What is the focus of your purchase? | ☐ Community development |
|-------------------------------------|--------------------------|
| Refer to guidelines | ☐ Environment |
| | ☐ Education and training |



| Please tell us about the main activi you provide to the local communit | | nd objectives and the benefit |
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5. Application information

Please read the Hawkesdale Community Benefit Fund Guidelines for details on the types of projects or initiatives that may be eligible for funding. The following sections, A to E, correlate with the Funding Criteria in the Application Guidelines. You may add extra pages if you need, please remember to attach them to your application.

| 1. Pu | rchase description | | |
|-------|--------------------|-------------------------------|--|
| | | ourchase and the reasons why? | |
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| В. | What are the benefits to the Hawkesdale township? (No more than 250 words as a total for the three sections). Score 50% | | | | |
|----|---|--|--|--|--|
| | • | Benefits – How will your purchase benefit the Hawkesdale community? Extent of benefits – How long will the Hawkesdale community benefit from your purchase? Beneficiaries – Which members of the Hawkesdale community will benefit from your purchase? | | | |
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C. Do you have support for your project? (No more than-200 words as a total for the three sections).

Score 10%

| • | Community support – please attach supporting documents |
|---|--|
| • | Support within your organisation – please attach supporting documents |
| • | External agency support (if applicable) – please attach supporting documents |
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D How much are you requesting from the Hawkesdale Township Grant Program? Please attach evidence of estimates and quotes. **Score 25%.**

| Expenditure Item | Amount |
|------------------|--------|
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| | |
| Total | \$ |

Have you applied for other sources of funding for this project? If so, please complete the table below.

Will your purchase proceed if the application is not successful or if it is part funded? Y/N

| Name | Amount requested | Approved Yes/Pending | Amount approved |
|------|------------------|-------------------------|-----------------|
| | | | |
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6. Further information

Have you more than one application in this funding round? Please prioritise.

| 1. | |
|----|--|
| 2. | |
| 3. | |
| 4. | |



7. Checklist

| ☐ Check the closing date |
|--|
| Read and understood the guidelines |
| Completed all sections of the application form |
| Included all supporting documents (If applicable) Evidence of organisation legal structure Evidence of auspicing agreement (if applicable) Evidence of support (community, your organisation and others) Evidence of current insurance Written consent from the landowner if your organisation does not own the facility (in case of facility improvement applications) Supporting information e.g. quotes, budget |
| Signed declaration |

Send your completed application by email to hawkesdalewindfarm@globalpower-generation.com.au or by post to

Hawkesdale Community Benefit Fund,

Hawkesdale Township Grant Program

Hawkesdale Asset Trust Suite A, Level 3 73 Northbourne Avenue Canberra ACT 2601



8. Declaration:

I certify the information contained in this application is correct, and that I am authorised to make the application on behalf of the above organisation.

| SIGNATURE: | DATE: |
|------------|-------|
| NAME: | |
| POSITION: | |
| PHONE: | |
| EMAIL: | |
| | |

Please note, if your application is successful, your organisation will be invited to attend an event later in the year to present to the other community benefit fund recipients, details of your project.