2025 CCWF Community Fund Grant Application
Form Preview

Guidelines and Checklist

* indicates a required field

Please ensure that you read the [Community Fund Guidelines](#) prior to commencing your application.

If you require assistance or have any questions regarding this application, please contact us E: clarkecreek1@squadronenergy.com or M: 0483 915303

Checklist

Please ensure you include all the information and documentation in the list below where requested in the application form. **If the required information is not provided correctly when the application is submitted, the application will be considered ineligible and will not proceed to the assessment phase.**

- Documentation to demonstrate your organisations non-profit status (ABN and/or incorporation number).
- If applying under Auspice, a letter of agreement with the Auspice Organisation.
- Link to your entry on the Australian Charities and Not-for-profits Commission website OR copy of your constitution/rules.
- A copy of your organisations or groups most recent main bank statement.
- One (1) letter of support from an individual or representative of a community group or organisation relevant to your application.
- Two (2) quotations for services or catalogue prices for goods required by the project.
- Relevant evidence of permits and consents.

Please note that the following will not be funded by the CCWF Community Fund:

- Individuals (excepting scholarships through the Scholarship Program, or individuals with the backing of an eligible organisation).
- Political organisations or campaigns.
- Religious activities.
- An organisation's ongoing operational costs (rent, salaries etc.).
- Private companies or commercial entities.
- Activities which encourage the irresponsible use of alcohol/drugs/gambling.
- Activities which are usually exclusively funded by government.
- Activities which provide a direct financial benefit to employees of CCWF or contractors.
- Applications seeking retrospective funding.

I confirm that this application is not to fund one of the activities listed above. *
○ Yes   ○ No

Applicant Details

* indicates a required field

Organisation Details

Organisation Name *
Organisation Name

Street Address *
Address

Postal Address *
Address

Organisation Primary Email *

Website

Must be a URL.

How many current members? *

Must be a number.

Why was the Group Established and what are the primary services to the community? *

Does the Organisation have an ABN? *
○ Yes   ○ No

GST Registered? *
○ 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.

Organisation Category *
○ Incorporated Association
○ Unincorporated (Voluntary) Association with an ABN and a formal constitution
○ Co-operatives (not-for-profit)
○ Committee of Management
○ Company Limited by Guarantee
If you select ''Other'' please provide name of volunteeer group

Auspice Information

If your Organisation does not have an ABN, you will require an Auspice to support the application for funding.

[An Auspice Agreement template can be found here]

Name of Auspice Organisation *
Organisation Name

Auspice 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
ACNC Registration
Tax Concessions
Main business location

More information

Must be an ABN.

Auspice Street Address *
Address

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

Auspice Contact *

Title	First Name	Last Name

Auspice Contact Phone Number *

Must be an Australian phone number.

Auspice Contact Email *

Must be an email address.

Letter of Agreement With Auspice Organisation *
Attach a file:

Primary contact for this application

Name *

Title	First Name	Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Second contact for this application

Name *

Title   First Name   Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Project Details

* indicates a required field

Project Overview

Name of Project *

Short Project Description *

Word count:
Must be no more than 100 words.
Provide a brief overview of your project and explain it's purpose.

Start Date of the Project *

Expected start date, if start date is not known an estimate is ok.

End Date of the Project *

Expected end date, if end date is not known an estimate is ok.

Project Category

Please select the option most relevant for your project. Refer to the Community Fund Guidelines for more information.

Project Category *
○ Public Health and Wellbeing
○ Environmental Sustainability
○ Skills and Education
○ Recreation and Cultural Activities

Project Location

Where will the project be located? If the project is an upgrade to a building or facility, where is it located? If there is no physical location for the project, where is the main benefiting community?
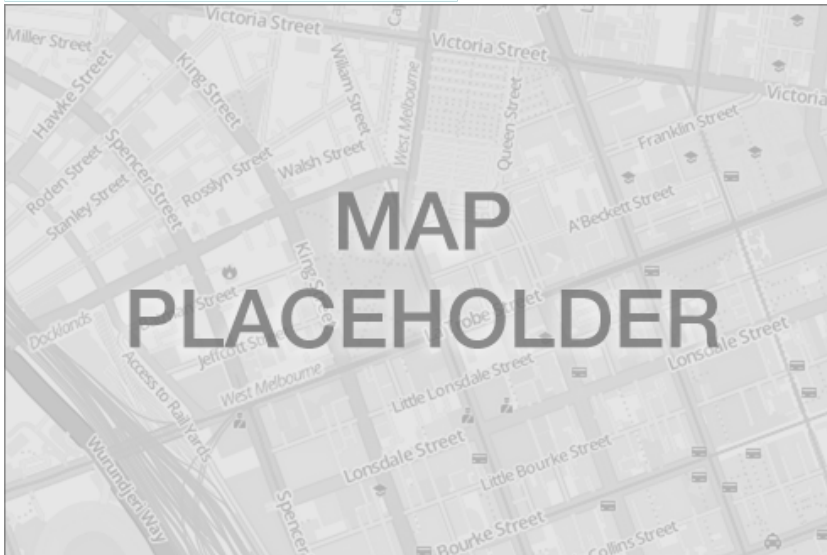
Communities supported by the Fund are to be within a 50km radius of the CCWF first stage turbines. Priority will be given to projects closest to CCWF.

Please see map within the Community Fund Guidelines.

Location *

Street Address *
Address

Required Approvals and Permissions

Does the organisation applying for the grant own the building, facility, or property that the project will be completed or stored in? *

○ Yes   ○ No   ○ N/A

If N/A please detail why.

Please provide written consent from the Property Owner for the project being applied for. *

Attach a file:

Are any Council permits or consents required to complete this project? *

○ Yes   ○ No

Please provide any relevant permits from Council for this application. *

Attach a file:

If permits have not yet been obtained, please provide evidence that the project has been discussed with Council, with whom and what permits are required.

Are there any other permits or consents required for this project? *

○ Yes   ○ No

For example a cultural heritage documents, relevant documents if Crown Land is involved, consent to store/maintain equipment when not in use etc.

Please provide any relevant permits or consents required for this application. *

Attach a file:

If permits have not yet been obtained, please provide evidence that the project has been discussed with the relevant body, a contact within that body and what permits are required.

Please provide description of any uploaded files

Project Support

Please provide a letter of support and the contact details of one (1) prominent local organisation or member of your community prepared to speak in support of your project.

Please use the guide and example letter provided https://squadronenergy.smartygrants.com.au/d/files/dlm/1526544c403ff727db26b8d214eae24f63693c

Name of Supporter *

Title	First Name	Last Name

Position *

Organisation *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Letter of support *
Attach a file:

Public Liability Insurance

All projects that receive CCWF grant funding are required to have sufficient Public Liability Insurance coverage.

Depending on your project, this might be an insurance policy taken out by your organisation, or insurance provided by the venue where your project is being held.

If your application is being auspiced, you may be using the auspice organisation's public liability insurance policy.

You can include the cost of public liability insurance in your budget for this application.

You do not need to provide evidence of insurance with your application. If your project is funded, you will need to provide a copy of the relevant public liability insurance certificate of currency when you return your funding agreement.

Grant funds will not be paid until evidence of sufficient insurance is provided. More information about insurance can be found at Our Community.

I acknowledge that if this application is successful, I will need to provide evidence of current Public Liability Insurance coverage before funds will be released *
○   Yes

Aims and Objectives of the Project

* indicates a required field

Aims and Objectives

Please provide details of:

- who will benefit (direct and indirect community benefits)
- community needs
- project viability
- alignment with the Community Fund Guidelines key aim, project category and preference criteria
- project promotion in the community; and
- assessment and reduction of risks.

The information provided should align with information in the Community Fund Guidelines and will be used to evaluate your project.

Who will benefit from the project and in what way? *

Word count:
Must be no more than 500 words.
Please detail direct & indirect benefits, e.g. the target community or group, short and long term benefits, additional indirect benefits to the community.

What is the community need for the project? *

Word count:
Must be no more than 500 words.
Please detail why this project or event is needed, for whom, and how that need was identified.

Provide details of how the project will be viable? *

Word count:

Must be no more than 500 words.

Please detail information to support your application including previous successful projects/events, how you will ensure this project/event will be successful, and demonstrate collaborations with other organisation to maximise benefits.

How is the Project aligned with the Key Aims, Categories and Preference Criteria *

Word count:

Must be no more than 500 words.

Please detail how the project/event will (1) enhance and enrich the community; and (2) align with the categories and preference criteria in the Community Fund Guidelines.

How will you promote the project to the wider community? *

Word count:

Must be no more than 200 words.

How will you assess and reduce risks? *

Word count:

Must be no more than 200 words.

Project Timeline, Delivery, and Evaluation

* indicates a required field

Project Timeline and Delivery

Please note, the information provided in this section will be used during the acquittal process to evaluate success.

How do you plan to implement your project? i.e., who will do what and when?

Please provide a simple project timeline, outlining the expected timeframe for key milestones from commencement to full completion and report-back.

You may attach this on a separate sheet if required. All projects must be completed within a 12 month timeframe, unless otherwise agreed.

How would you like to provide the project timeline? *
○ Upload a file   ○ Complete a table in the form

Upload project timeline *
Attach a file:

Add lines to set out the various milestones within the project, who will complete them and an approximate time frame. The information will help us to understand the project during the assessment process. It will also be used during the acquittal process to evaluate success.

Who will complete	Milestone	Timeframe
e.g. Member or Contractor	e.g. what will be achieved	e.g. timeframe to complete milestone

Project Evaluation

How will the organisation evaluate or measure the success of the project? Are there any events or outcomes that will show your project has been successful? *

Is there anything else that we haven't asked that you believe is critical to this application?

Funding Requested and Project Budget

* indicates a required field

Amount Requested

Amount Requested, exclusive of GST *

$

Must be a whole dollar amount (no cents).
What is the total financial support you are requesting in this application, exclusive of GST?

Will the amount of money sought in this application fully fund the whole project? *

○ Yes   ○ No

Note that applications with a dollar for dollar contribution or with in kind support will be favourably considered.

Financial Information

Please attached a current (audited) Statement of Income & Expenditure and Balance Sheet, or Financial Report as presented at your organistion's last Annual General Meeting (AGM)
Attach a file:

If your organisation is not required to audit your financials, please provide a Profit and Loss Statement and Balance Sheet.

Please attach your organisation or groups most recent main bank statement *
Attach a file:

Other Income

As you have indicated that you are requesting partial funding, please provide evidence that the additional funds have been received or allocated or the applicant has the cash reserves to contribute to the project.

Click on ADD MORE to add another row.

Source/Description	Amount, exclusive of GST	Evidence
Please provide details of the source and description of the income, including whether it is cash or in kind		
	$	

Total Income

Total Income, exclusive of GST

This number/amount is calculated.

Expenses

Please describe exactly what are you seeking funding for. Please provide a breakdown of the project.

Click on ADD MORE to add another row.

Description of each expense item	Cost, exclusive of GST	Please upload at least two quotes
		If you are unable to supply two or more quotes please upload what is available.
	$	

Total Expenses

Total Expenses *

$

This number/amount is calculated.
What is the total budgeted cost (dollars) of your project?

Total Income - Total Expenses must be zero

$

Privacy and Declaration

* indicates a required field

Squadron Energy's privacy policy is available [here](#).

Privacy statement *
○   I agree and acknowledge that any personal information disclosed in this application may be used by employees and/or contractors of Squadron Energy (or its related corporate entities) and members of the Community Consultative Committee for the sole purpose of administering the Community Fund and will otherwise be dealt with in accordance with Squadron Energy's privacy policy and in accordance with current privacy legislation. Such personal information will not be disclosed to any third party without my prior consent unless disclosure is required by law.

Declaration *
○   I declare that I am a member or representative of the Applicant Organisation named in this application and I will not personally receive any commission or any part of any funding awarded as a result of this application. I have read the Community Fund Guidelines provided.

Name *
Title   First Name   Last Name

Position in Applicant Organisation *

Thank you for taking the time to complete this application. Clarke Creek Wind Farm will consider all applications that fit within the Community Fund Application Guidelines.

Clarke Creek Wind Farm wish you all the very best with your application.