

Please ensure you have read the Social Investment Program Guidelines before completing this application form.

Guidelines and application form can be downloaded at www.robbinislandwind.com.au

Email applications to info@robbinislandwind.com.au

For queries, contact the Robbins Island and Jim's Plain project team on 1800 879 088

PART 1 – Contact details

| | | | |
|--|--|---------------|--|
| Name of organisation | | ABN | |
| Contact person | | Contact phone | |
| Organisation address | | | |
| Email address | | | |
| How long has the organisation been in operation? | | | |

PART 2 – Organisation details

| | |
|--|--|
| <p>If the organisation is a charity: Is the organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC)?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, your charity doesn't meet the eligibility criteria for this application. If it is not a charity, please move to next question.</p> |
| <p>If the organisation is not a charity: Is the organisation a community organisation and exempt entity for the purpose of the Income Tax Assessment Act 1997 (Cth)?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, your organisation doesn't meet the eligibility criteria for this application.</p> |
| <p>Has the organisation self-assessed in accordance with the Income Tax Assessment Act 1997 (Cth) to be exempt from paying income tax?</p> | <p>*Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, the applicant guarantees that it: Is a society, association or club established for community service purposes. Does not operate for the purpose of profit or gain of its individual members. Has a physical presence in Australia and pursues its objectives and incurs its expenses principally in Australia. Complies with all the substantive requirements in its governing rules (i.e. the rules of core importance to its operation and not-for-profit status). Applies its income and assets solely for the purpose for which it was established.</p> <p>If No, your organisation doesn't meet the eligibility criteria for this application. *ACEN reserves its right to request supporting material from the applicant regarding its self-assessment.</p> |

PART 3 – Details of the request

| | | | |
|---|---|-----------------------------------|----|
| Requested funding amount | \$ | Total cost of the activity | \$ |
| If you are seeking an in-kind donation of goods or services, please list the details | | | |
| Have you secured contributions from other donors/sources (financial and in-kind) to support your activities? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below. | | |
| Company/organisation | Confirmed support (financial or in-kind) | | |
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| | | | |
| Name of your activity | | | |
| Briefly describe the organisation and the programs or services provided: | | | |
| | | | |
| Provide a summary of your activity that you are seeking funding for: | | | |
| | | | |
| Describe the outcomes your activity will achieve and the benefits provided to the community: | | | |
| | | | |

| | | | | | |
|--|---|--|--|---|-------------------------------------|
| Project timeline: (✓) Over what period of time will the project/activities be undertaken. | 1-3 months <input type="checkbox"/> | 3-6 months <input type="checkbox"/> | 6-9 months <input type="checkbox"/> | 9-12 months <input type="checkbox"/> | +1 year <input type="checkbox"/> |
| Please outline how the funds will be used, including quotes or other supporting documentation: | | | | | |
| Description | Cost (\$) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Have you secured contributions from other donors/sources (financial and in-kind) to support your activities? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below. | | | | |
| Company/organisation | Confirmed support (financial or in-kind) | | | | |
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| | | | | | |
| If not, describe how additional funding will be obtained (and if a third party is involved, information regarding their involvement and funding): | | | | | |
| | | | | | |
| Is your activity reliant on any approvals or other external factors? If yes, please detail this information: | | | | | |
| | | | | | |

For activities that require ongoing financial support, how will this be secured to ensure it is self-sustaining?

Additional information

List here any other information you would like to add to support your application:

Submission checklist

- | | |
|--|--------------------------|
| I have read the Social Investment Program Guidelines | <input type="checkbox"/> |
| I have checked that my organisation is eligible for assistance | <input type="checkbox"/> |
| I have completed the application form and attached any other relevant additional information | <input type="checkbox"/> |

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