BODANGORA WIND FARM COMMUNITY BENEFIT FUND 2025

* indicates a required field

The Bodangora Wind Farm Community Benefit Fund has been created from Development Contributions arising from the Planning Agreement between Dubbo Regional Council and Bodangora Wind Farm Pty Ltd which remains a wholly owned subsidiary of Iberdrola Australia Ltd.

This grant provides funding to not-for-profit community organisations to support projects that deliver social, economic or environmental outcomes to local communities of the Wellington and villages district which are part of the Dubbo Regional Council Local Government Area.

Up to \$20,000 (GST inclusive) is available per application.

Please read the <u>Bodangora Wind Farm Community Benefit Fund Guidelines</u> carefully before commencing and submitting this application.

Please note that most fields in this form are mandatory and if not completed your form will not be able to be submitted. An error message will highlight which questions require completion.

ELIGIBILITY

- 1.Applicants must be an incorporated not-for-profit organisation. (Projects may be auspiced through incorporated not-for-profit organisations. If the grant will be managed through an auspice arrangement, then relevant information must be submitted with the application and detailed within the funding application.)
- 2.Organisations must be based within the Dubbo Regional Council local government area.
- 3. The project must be undertaken within the Wellington and villages district.
- 4.Only one application per organisation, per round.

PLEASE NOTE

Applicants with an overdue acquittal or who have failed to appropriately acquit a previous Council grant are not eligible for consideration.

• An Acquittal Report is required within two (2) months of the completion of each project, as per the date listed on each application.

Applicants with outstanding projects due to extension or have not expended their prior funding within the allocated twelve (12) months of provision are not eligible for consideration.

Applicants can not apply for funding via the Bodangora Wind Farm Community Benefit Fund if funding has already been provided by another funding stream within Dubbo Regional Council for the same project in the same financial year.

ELIGIBILITY

| I have read and understand the Bodangora Wind Farm Community Benefit Fund Guidelines * O Yes |
|--|
| No - Please read the Guidelines prior to starting an application. |
| Is the organisation an incorporated not-for-profit? * O Yes O No |
| Proof of not-for-profit status * Attach a file: |
| E.g. certificate of incorporation or constitution. |
| Is the organisation based in the Dubbo Regional Council Local Government Area? $\ensuremath{\ast}$ |
| YesNo |
| Will the project be undertaken within the Wellington and villages district? * ○ Yes ○ No |
| If your organisation has received a previous Council grant, has it been successfully acquitted? * O Yes O No O N/A - not a previous grant recipient |
| APPLICANT DETAILS |
| Organisation * Organisation Name |
| Please supply organisation name as registered with your banking institution. |
| Address * Address |
| |
| Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia and address must be within the Dubbo LGA. |
| Contact Number * |
| Must be an Australian phone number. |

Email *

| | n email address. ion emails preferred | d. | | |
|----------------------|--|----------------------|------------------------|--|
| Website | | | | |
| website |) | | | |
| Must be a | URL. | | | |
| | | | | |
| Contact Title | Name * First Name | Last Name | | |
| | | | | |
| | | | | |
| Position | in Organisation | 1 * | | |
| | | | | |
| Please r | rovide a staten | ent of your orga | nisations purpose * | • |
| i icase p | novide a staten | iche or your orge | misacions parpose | |
| Must be n | o more than 50 wor | ds. | | |
| A D N I | | | | |
| ABN | | | | |
| The ABN | provided will be u | ised to look up the | following information. | . Click Lookup above to |
| | | ed the ABN correct | | |
| Informati | on from the Austral | ian Business Registe | ſ | 7 |
| ABN | | | | |
| Entity na | me | | | |
| ABN statu | us | | | |
| Entity typ | pe | | | |
| Goods & | Services Tax (GST) | | | |
| DGR End | orsed | | | |
| ATO Char | rity Type | More inform | <u>ation</u> | |
| ACNC Re | gistration | | | |
| Tax Conc | essions | | | |
| Main bus | iness location | | | |
| Must be a | n ABN. | | | |
| Is your 4 | organisation rec | jistered for GST? | * | |
| ○ Yes | | | ○ No | |
| | | | | or have an ABN to receive a organisation be registered for |

Current Public Liability Insurance Certificate * Attach a file:

GST and/or hold an ABN, please complete the above information.

| Bank Ac | | | | |
|-----------------|--|-----------------------|-----------------------------|----------------------------|
| Account | Nume | | | |
| BSB Num | ber Account | Number | | |
| | | | | |
| Previous f | valid Australian bar unding provided or t nder the current rou | the successful subm | ission of an application do | oes not necessarily warran |
| Are you | being auspiced | by an incorpora | ted not-for-profit org | ganisation? * |
| O Yes | ase complete the au | ıspice organisation d | O No | |
| ii yes, pied | ase complete the au | ispice organisation d | etalis below. | |
| AUSPIC | E ORGANISAT | TON DETAILS | | |
| U ava va | u discussed you | r application wit | h the neminated au | spicing organisation |
| | | spice your grant | | spicing organisation |
| ○ Yes | | | ○ No | |
| Attach o | | er from auspicin | g organisation. | |
| | | | | |
| | | | | |
| | Organisation Nation Nation Name | ame | | |
| Organisa | tion name | | | |
| | | | | |
| Contact | | | | |
| Title | First Name | Last Name | | |
| | | | | |
| Position | of Contact Pers | on | | |
| . osicion | or contact i cis | | | |
| | | | | |
| | Address | | | |
| Address | | | | |
| | | | | |
| | | | | |
| Address L | ine 1, Suburb/Town, | State/Province, and | Postcode are required. | |
| Auspice | Phone Number | | | |
| _ | | | | |
| Must be a | n Australian phone r | number. | | |

| Auspice Email | |
|---|--|
| | |
| Must be an email address. | |
| Website | |
| | |
| Must be a URL. | |
| ABN | |
| ABIT | |
| The ABN provided will be used check that you have entered | d to look up the following information. Click Lookup above to 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. | |
| | |
| PROJECT DETAILS | |
| * indicates a required field | |
| | |
| | |
| Title * | |
| | Word count: Must be no more than 5 words. |
| Location * | Address |
| | |
| | |
| | Address Line 1, Suburb/Town, State/Province, Postcode, and |
| | Country are required. Country must be Australia and address must be within the Wellington and villages distric area. PO boxes are not valid. |

| Estimated Start Date * | |
|---|--|
| | Must be a date and no earlier than 15/4/2025. |
| Estimated Finish Date * | |
| | Must be a date and no later than 31/1/2026. |
| Please provide an overview of the project. | |
| | Word count: Must be no more than 200 words. What is the purpose of your project? Why have you chosen this project? What do you hope to achieve? What components will the project require? Is the project free and accessible to all? |
| What is the identified community need that the project will be addressing? * | |
| | Word count: Must be no more than 150 words. Is there a genuine community need for the project. Reference any data, media or documentation identifying the community need. |
| Community Outcomes * | □ Social □ Economic □ Environmental At least 1 choice must be selected. |
| What social, economic or environmental outcomes will this project achieve and how will LGA residents benefit? * | |
| residents benefit | Word count: Must be no more than 150 words. Does your project enhance the quality of life for the residents of the LGA? Does it celebrate community traditions? How will the project achieve the desired outcomes? |
| Demonstrate your experience and ability to plan, manage and deliver the project. * | Maral country |
| | Word count: Must be no more than 200 words. How are you planning to facilitate and complete the proposed project. Provide a list of projects that the organisation has |

completed in the past. Detail any experience that members of the organisation may have in previous roles. Are you aware

of any environment, conservation or heritage issues that may impact your project? If yes, what are they?

SUPPORTING DOCUMENTS

It is expected that all projects supported by Dubbo Regional Council are covered by appropriate approvals, permits, licences and insurances.

Applicants should consider conducting a risk assessment process for their proposed project to address any necessary insurance implications. Organisations should check their current insurance arrangements to determine if any extra cover is required. Applicants should ensure that all staff and volunteers associated with the project have the appropriate mandatory clearances.

If you are proposing to undertake works on a site, asset owner approval will be required. Depending on the typo of works proposed, a development approval may also be required.

Dubbo Regional Council will require copies of plans as part of its assessment of your application.

| Please indicate below approvals, permit to cover the project: * ☐ Development Approval | ☐ Additional Insuran | |
|--|--|--|
| ☐ Assest Owner's Approval | below. ☐ Other permits, approvals or licences Please specify below. ☐ Not Applicable | |
| ☐ Risk Management Plan Please upload a copy of all applicable | | |
| Details of Documents * | | |
| | | |
| Word count: Must be no more than 25 words. | | |
| Attach a file: | | |
| Maria di anciana da maria da m | | |
| More than one document may be attached. | | |
| Letters or Emails of Support Attach a file: | | |
| | | |
| More than one document may be attached. | | |
| FUNDING REQUEST | | |
| • | | |
| * indicates a required field | | |
| | | |
| Total Amount Requested * | | |
| \$ | | |

Must be a dollar amount and no more than 20000. What is the total financial support you are requesting in this application?

| | the organisation applied for any other funding for this project from Councinin the same financial year? $f*$ | I |
|---|--|---|
| 0 | | |

RELEVANT QUOTATIONS

Quotations for items or services are mandatory for all expenditure items. Failure to submit all relevant quotes may result in your application being deemed ineligible or unsuccessful. Quotes may be submitted as a catalogue item or quotes from a provider and must include the supplier's details, a clear description of the goods or service and the cost.

| * |
|---|
| Attach a file: |
| |
| |
| More than one document may be attached. |

BUDGET

Income

Please list all income contributions specifically related to the project (Include this grant request in the income budget table).

Income items may include:

- Council grant
- Grants from other organisations
- Cash contributions from your organisation
- Sponsorship, donations
- In-kind contributions (goods or services contributed by the applicant in lieu of providing funds)

Expenditure

Please list all expenditure costs related to the project. This may include hiring and equipment fees, equipment purchase, set up costs and materials.

Quotes are required for all listed goods and services.

| Income | \$ Expenditure | \$ |
|--|------------------------|----|
| E.g. grant requests, sponsorships, in-kind contributions | E.g. items or services | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

| \$ | \$ |
|----|----|
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |

BUDGET TOTALS

Total Income Amount (column 1) must be equal to Total Expenditure Amount (column 2). The Income - Expenditure (column 3) must equal \$0.

| Total Income Amount | Total Expenditure Amount | Income - Expenditure |
|-----------------------------------|-----------------------------------|-----------------------------------|
| \$ | \$ | \$ |
| This number/amount is calculated. | This number/amount is calculated. | This number/amount is calculated. |

FINANCIAL HISTORY

Has your organisation applied for financial assistance from Dubbo Regional Council or any other funding bodies over the past three (3) years? *

YesNo

If yes, please complete the following table:

| Funding Body | Date Lodged | Amount Requested | Amount Received | Did you submit an Acquittal? |
|--------------|-------------|---------------------|--------------------|------------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

ADDITIONAL INFORMATION

* indicates a required field

| lease any additional information you consider necessary | y - |
|---|------------|
| | |
| | |
| | |
| Vord count: | |
| lust be no more than 100 words. | |

Attach a file:

| Project / program timelines Cantt ch | arts or flow sh | aarts | | | |
|--|----------------------------------|------------|-----------|--|--|
| Project / program timelines, Gantt charts or flow charts. | | | | | |
| How did your organisation become aware of the Bodangora Wind Farm Community Benefit Fund? * | | | | | |
| | | | | | |
| | | | | | |
| DECLARATION AND PRIN | ECLARATION AND PRIVACY STATEMENT | | | | |
| * indicates a required field | | | | | |
| PRIVACY STATEMENT | | | | | |
| Dubbo Regional Council is bound by the provisions of the Privacy and Personal Information Action 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained. For further information, please refer to Council's Privacy Management Plan Policy located on Council's website www.dubbo.nsw.gov.au | | | | | |
| DECLARATION | | | | | |
| I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the committee of my organisation. | | | | | |
| I have read the accompanying guidelines provided. | | | | | |
| I agree that I will contact Dubbo Regional Council immediately if any information provided in this application changes or is incorrect. | | | | | |
| Dubbo Regional Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected is required for the delivery of the services in accordance with the Trustees'/Directors' powers, functions and purposes. It may also be used by the Trustees/ Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact the Community, Culture and Places Executive Support Team on 02 6801 4000. | | | | | |
| I understand that the information and declare that this information | | | | | |
| I am authorised to complete this application * | ○ Yes | | | | |
| Authorised Person's Name * | Title | First Name | Last Name | | |
| | | | | | |

Position Held *

| Date of Declaration * | |
|-----------------------|--|
| | |