

# 2024 BGPH Community Benefit Fund Form Preview

## Welcome

Neoen Australia, owner of Bulgana Green Power Hub (BGPH), is committed to contributing to the Northern Grampians Shire community by providing financial support to community groups and organisations to build capacity and grow the region. Each year, the BGPH Community Benefit Fund will commit \$120,000 through an open and competitive grant process administered by the Northern Grampians Shire Council.

The Community Benefit Fund enables organisations/groups to provide opportunities in the following Growth Focus Areas:

- **Energy Efficiency and Environment** Installation of solar panels or batteries and supporting conservation of the local environment & biodiversity.
- **Health and Wellbeing** Supporting projects that cater to improved mental health, physical fitness & well-being of community members.
- **First Nations** Heritage conservation & self determined initiatives for First Nations communities.
- **Disaster Relief and Emergency Services** Supporting communities impacted by natural disasters or initiatives to better equip local emergency services.
- **Arts, Culture and Events** Supporting arts, music & local tourism initiatives aimed at connecting the communities & celebrating regional culture.
- **Education and Training** Addressing local skills development and funding educational programs, with a focus on encouraging Women & Girls in STEM.
- **Sport and recreation** Increasing participation in sports and recreational activities.

Grants over \$5,000 are required to match the funding amount dollar for dollar.

Incomplete applications and/or applications received after the closing date will not be considered.

Please read all the questions carefully. If you have any queries please contact the grant administrator on 03 5358 0512 or [community@ngshire.vic.gov.au](mailto:community@ngshire.vic.gov.au).

We wish you all the best with your application.

## Eligibility

\* indicates a required field

### Program

This field is read only.

### Applicants: please note

Before completing this application form, please read the [program guidelines](#)

The guidelines outline eligibility, the Growth Focus Areas, the grant application process, and the funding conditions.

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This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Rachel Whittaker at 5058 0512 or [communtiy@ngshire.vic.gov.au](mailto:communtiy@ngshire.vic.gov.au)**

If you do contact us throughout the application process, please quote the application number below.

## Application Number

This field is read only.

## Confirmation of Eligibility

### Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you can demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- your organisation is incorporated or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in the Northern Grampians Shire
- your organisation can demonstrate financial viability
- your organisation does not owe any reports or money to **the BGPH Community Benefit Fund** as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant.

**You must confirm that all statements above are true and correct to continue. \***

Yes

### Please upload evidence of your liability insurance if relevant.

Attach a file:

## Organisation/group details

\* indicates a required field

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, go to [NGSC Privacy Policy](#)

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## Name of your organisation/group?

## In 50 words describe the purpose of your organisation/group. \*

Word count:

## What type of not-for-profit organisation are you? \*

- Educational institution (includes pre-schools, schools, universities & higher education providers)
  - Religious or faith-based institution
  - Peak body
  - Professional association
  - Healthcare not-for-profit
  - Community group
  - General not-for-profit (i.e. none of the sub-types listed above)
  - Cooperative
- Please choose the option that best applies to your organisation.

## What is your organisation's annual revenue? \*

- Less than \$10,000
- Less than \$20,000
- Less than \$50,000
- \$50,000 or more, but less than \$100,000
- \$100,000 or more, but less than \$500,000
- \$500,000 or more but less than \$1 million
- \$1 million or more, but less than \$10 million

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: <https://www.acnc.gov.au/tools/topic-guides/revenue>

## 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
- Social Enterprise
- Unknown

If your organisation is unincorporated. it must have an auspice organisation

## Does your organisation have an ABN? \*

- Yes
- No

## Applicant ABN \*

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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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

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 website](#).

## **Please upload completed Statement of Supplier Form. \***

Attach a file:

Max 25mb per file uploaded

## **What is your incorporation number? \***

Incorporated Association or Australian Company Number

## Contact Details

\* indicates a required field

### Applicant Details

#### **Applicant name \***

Title      First Name      Last Name

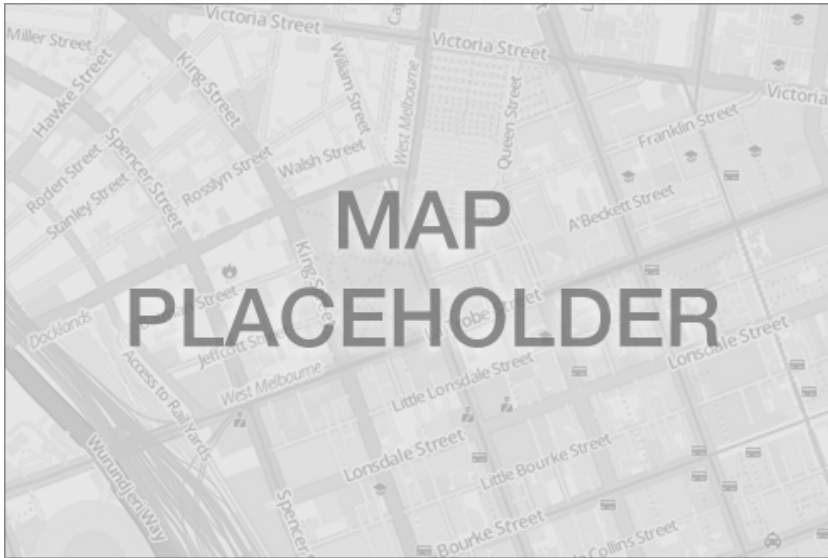
<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### **Position held in organisation/committee?**

#### **Applicant primary phone number \***



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## Auspice postal address

Address

## Auspice primary phone number \*

Must be an Australian phone number.

## Auspice email address \*

Must be an email address.

## Auspice website

Must be a URL.

## Primary contact person at auspice organisation \*

Title      First Name      Last Name

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

## Position held in organisation \*

e.g., Manager, Board Member or Fundraising Coordinator.

## Auspice primary contact primary phone number \*

Must be an Australian phone number.

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## Auspice primary contact email address \*

Must be an email address

## Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. \*

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

## Does the auspice organisation have an ABN? \*

Yes  No

## 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

As the auspice 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 [the ATO website](#).

## Please upload completed Statement of Supplier Form: \*

Attach a file:

Max 25mb per file uploaded

## Project/initiative summary

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\* indicates a required field

Which funding stream are you applying for?

\*

- Small grant of \$5000 and under
- Large grant over \$5000

Project/initiative details

**How much funding are you requesting?**

Must be a number.

**Project title \***

Provide a name for your project/program/initiative. Your title should be short but descriptive

**Start Date**

Must be a date.

**End Date**

Must be a date.

Project description

**In less than a 100 words please provide a short summary of your project (describe what you want to do with the funding). \***

Word count:

Project Alignment

**Please choose the Growth Focus Area that most closely aligns with your project.**

- Energy Efficiency and Environment: Installation of solar panels or batteries and supporting conservation of the local environment & biodiversity.
- Health and Wellbeing: Supporting projects that cater to improved mental health, physical fitness & well-being of community members.
- First Nations: Heritage conservation & self determined initiatives for First Nations communities.
- Disaster Relief and Emergency Services: Supporting communities impacted by natural disasters or initiatives to better equip local emergency services.
- Arts, Culture and Events: Supporting arts, music & local tourism initiatives aimed at connecting the communities & celebrating regional culture.



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- Education and Training: Addressing local skills development and funding educational programs, with a focus on encouraging Women & Girls in STEM.
  - Sport and Recreation: Increasing participation in sports and recreational activities.
- Choose the Growth Focus Area which strongly aligns with your project. Please do not select more than one.

**Please explain why the project/initiative aligns with the selected Community Growth Focus Area you have selected. \***

Word count:

Please keep your response to less than 150 words. Include the projects connection and relevance to the Growth Focus Area. For example; How will conservation be inspired, participation in a sporting group increase, or First Nations peoples ability to self direct initiatives be enabled. .

Need the project/initiative is addressing.

**What is the local opportunity, need or challenge the project is looking to address.**

Word count:

Must be no more than 150 words.

Tell us why your initiative is needed. Provide statistics/evidence (where available) of the need. .

Need and community support for the project.

**What is the local opportunity, need or challenge the project is looking to address.**

\*

Word count:

Please keep your response to less than 200 words. Tell us why your initiative is needed. Provide statistics/evidence (where available) of the need.

**What evidence do you have that this project/initiative has community support? \***

Word count:

Please keep your response to 150 words.

**Please upload letters of support (if available/relevant)**

Attach a file:

A maximum of 5 files can be attached

Benefits of the project

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

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

**How many people do you estimate will benefit from your project / initiative**

Must be a number.

## Expected results (outputs) and project plan

### Expected results (outputs)

**What are the immediate results you hope to see at the end of your project/ initiative?**

Examples:

- 20 parents of children under 10 will attend a training course over six weeks.
- 1000 trees will be planted on three properties.
- 70 volunteers will attend a celebration event.

Who or what is being impacted	How many	Service/product/activity
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e.g. trees, parents, volunteers	approximate number (leave blank if you cannot be sure).	e.g. planting on three properties, six week parenting course, a celebration event

### Project Plan

**What are the major steps/stages/actions (i.e., milestones) are involved in delivering your project/initiative?** (What do you need to do to make your project/initiative happen)?

Steps/stages/actions	Start date	Notes
For example; hold planning meetings, confirm quotes for consultant, develop a media plan, organise an add in the paper, create social media posts, select venue, send out initial information to parents about the course, debrief after each session, develop surveys to measure outcomes/impact, acquit funding.	Must be a date.	Add explanatory notes if required

## Project Outcomes

### Project Outcomes

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**Please tell us about the outcomes you expect to see from your project/initiative.**

Outcomes are the **changes you expect** to occur for the people who will benefit from your project/ initiative. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- **Skills, knowledge, confidence, aspiration, motivation**, (these are generally **immediate** or short-term outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month)

- **Actions, behavior, change in policy** (these are usually **intermediate** or medium-term outcomes)

Intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years);

- **Social, financial, environmental, and physical conditions** (these are generally considered longer-term impacts).

Long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

We are interested in understanding how you will know whether your anticipated outcomes have been achieved - what you will measure (indicators) and how you will measure.

If you need more help understanding what outcomes are, read the materials at: <https://ourcommunity.com.au/evaluation>

**List your project/initiative's main anticipated outcome, what you will measure (indicator), and how you plan to measure it.** Leave blank any fields that do not apply to your initiative.

(if you would like to include more than one outcome please add another row).

<b>Anticipated outcome (what you hope the change will be)</b>	<b>Timeframe</b>	<b>Indicator</b>	<b>Method used to gather the evidence.</b>
Outcomes are the changes that you expect to occur as a result of your project/initiative. For example; increase in parents confidence; decrease in parents yelling at their children.	See description above.	What will you use to measure this outcome. For example; parents confidence and parents ability to use new methods of communicating with their children.	e.g. survey; interviews; home visit.
	Immediate Intermediate Long term		

### Project Outcomes

**Please tell us about the outcomes you expect to see from your project/initiative.**

Outcomes are the **changes you expect** to occur for the people who will benefit from your project/ initiative. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

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- **Skills, knowledge, confidence, aspiration, motivation**, (these are generally **immediate** or short-term outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month)

- **Actions, behavior, change in policy** (these are usually **intermediate** or medium-term outcomes)

Intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years);

- **Social, financial, environmental, and physical conditions** (these are generally considered longer-term impacts).

Long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

We are interested in understanding how you will know whether your anticipated outcomes have been achieved - what you will measure (indicators) and how you will measure.

If you need more help understanding what outcomes are, read the materials at: <https://ourcommunity.com.au/evaluation>

**Please list at least two of your project/initiative's anticipated outcomes (one per row), what you will measure (indicator), and how you plan to measure it.** Leave blank any fields that do not apply to your initiative.

<b>Anticipated Outcomes (what you hope the change will be)</b>	<b>Timeframe</b>	<b>Indicator</b>	<b>Method used to gather the evidence.</b>
Outcomes are the changes that you expect to occur as a result of your project/initiative. For example: Increase in parents confidence; decrease in parents yelling at their children.	See description above	What will you use to measure this outcome. For example; parents confidence and parents ability to use new methods of communicating with their children.	e.g. survey; interviews; home visit.
	Immediate Intermediate Long-term		
	Immediate Intermediate Long-term		
	Immediate Intermediate Long-term		

## Project Budget

\* indicates a required field

**Total Amount Requested \***  
\$

**Total Project/Initiative Cost \***  
\$

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What is the total financial support you are requesting in this application?

What is the total budgeted cost (dollars) of your project?

### Budget (GST exclusive)

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. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'sponsorship'.

Examples of expenses could include 'Consultant', 'electricition', 'office supplies', 'solar panels', 'website development', and 'musicians'.

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).

Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount	Notes
			\$	

Expenditure Description (include all items that have a cost and require funding)	Expenditure Amount	Notes
	\$	

### 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.

### Quotes

**Please attach quotes for those expenditure (cost) items over \$500**

Attach a file:

{{ Grantmakers: Add your own hint to reflect your policy on obtaining quotes }}

### Non-financial inputs

**What other inputs will you need in order to successfully carry out this project/initiative?**

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### Input

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.

## Applicant Capacity

\* indicates a required field

### Group/organisation ability

**Now that we know about your project/initiative 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 100 words.

### Group/organisation ability

**Now that we know about your project/initiative 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.

You could include your organisations/groups experience in managing projects, how you plan to collaborate with others and the level of experience in your organisation/group

**Please upload a bank statement providing evidence of funds to match the funding request. \***

Attach a file:

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

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**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 grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree \***

Yes

**Name of authorised person \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, trustee 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