

# Master Community Fund Form

## Form Preview

### Instructions for Applicants

#### 2024 Clements Gap Sustainable Community Fund

The **2024 Clements Gap Sustainable Community Fund** is now open for applications **until Friday 2 August 2024**.

Eligible community groups and not-for-profit organisations from

- Clements Gap
- Crystal Brook
- Fisherman Bay
- Merriton
- Mundoora
- Port Broughton
- Red Hill
- Wandearah East
- Wandearah West

are encouraged to apply for project funding up to **\$10,000\* per project** from a pool of \$55,000\*.

Projects must benefit the community in one or more of the following areas:

- Health and Welfare
- Sport and Recreation
- Education and Training
- Culture and Arts
- Aboriginal & Torres Strait Islander Health and Wellbeing
- Environment

The fund is a part of [Pacific Blue's Community Benefit Sharing Program](#), which has provided more than \$5 million to over 1000 projects across Australia since 2005.

*\* amounts are excluding GST*

### Tips

Below are some tips to think about when applying for the **Clements Gap Sustainable Community Fund**:

- Read the updated [Fund Guidelines](#) to ensure your project meets all requirements, project is feasible, and can be delivered by your organisation.
  - Please keep a copy of our Fund Guidelines available as you complete your application, as you will need to refer back to it
- Clearly state the project's objectives, ensuring they are Specific, Measurable, Achievable, Realistic and Timely (SMART)
  - Outline how the project will be delivered
  - Demonstrate what resources are required for success, including explaining how funding will be used
  - Explain how you will measure success"

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- For more information, please visit our [website](#) or email [communityfund@pacificblue.com.au](mailto:communityfund@pacificblue.com.au)
- If you have received funding previously, please ensure you have submitted the fund report back form along with receipts and photos prior to submitting an application.

Applications close, **5pm on Friday 2 August 2024.**

## Eligibility

\* indicates a required field

### Key Criteria

To be eligible, any proposed project or initiative must:

- Meet the Community Benefit Fund Program's [aims and objectives](#) (as outlined in Section 1.1).
- Directly benefit at least one of the [local communities served](#) (as outlined in the table in Section 1.2).
- Not be for the private gain of particular individuals.
- Have the support of the community (demonstrated by endorsement from prominent members of the community).
- Have necessary approvals and permissions in place prior to applying, such as planning or other council approvals (if required), or endorsement by a parent organisation (e.g. endorsing specific type of equipment for use by a local brigade).

### Applicants: please note

Before completing this application form, you should have read the [Community Benefit Fund Program Guidelines](#).

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

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial 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 regard to these eligibility criteria, please contact [communityfund@pacificblue.com.au](mailto:communityfund@pacificblue.com.au)

### Determining Eligibility

**The project will directly benefit at least one of the local communities in the relevant Fund Area. Note: Organisations and projects do not necessarily need to be based in the fund area, but the proposed projects must operate in, and provide benefit to these communities to be eligible. \***

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- Crystal Brook
- Fisherman Bay
- Merriton
- Mundoora
- Port Broughton
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- Wandearah East
- Wandearah West

**Does the project have the necessary approvals and permissions (if required) \***

- Yes
- No

Note: this may include approval or permission from the building owner, council planning approval, or endorsement by a parent organisation (e.g. endorsing specific type of equipment for use by a local brigade).

**If Yes, please share evidence of approval**

Attach a file:

**If your organisation has received a Pacific Blue Sustainable Community Fund grant previously, have all of the reporting back obligations been met? \***

- Yes
- No
- Not Applicable

**Is the project the sole responsibility of a federal, state or local government department or agency? \***

- Yes
- No

**The organisation is a not-for-profit (NFP) organisation (Incorp Association, Company Limited by Guarantee, or Co-operative ,or, if not incorporated, must have ABN and demonstrate non-profit status.) \***

- Yes
- No

**The project can be completed within 12 months of the recipient being advised of its successful application \***

- Yes
- No

### Confirmation of Eligibility

- has read and understands the [Community Benefit Fund Program Guidelines](#)
- is able to demonstrate alignment between their project and the aims of this program
- is a not-for-profit organisation
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- does not owe any report back form to Pacific Blue as a result of previous funding or grants

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- has the appropriate type and level of insurance for the activities that are the subject of this grant
- 

**Please select below: \***

Yes  No

You must confirm that all statements above are true and correct.

## Contact Details

\* indicates a required field

## Applicant Details

**Applicant \***

Individual  Organisation

Organisation Name

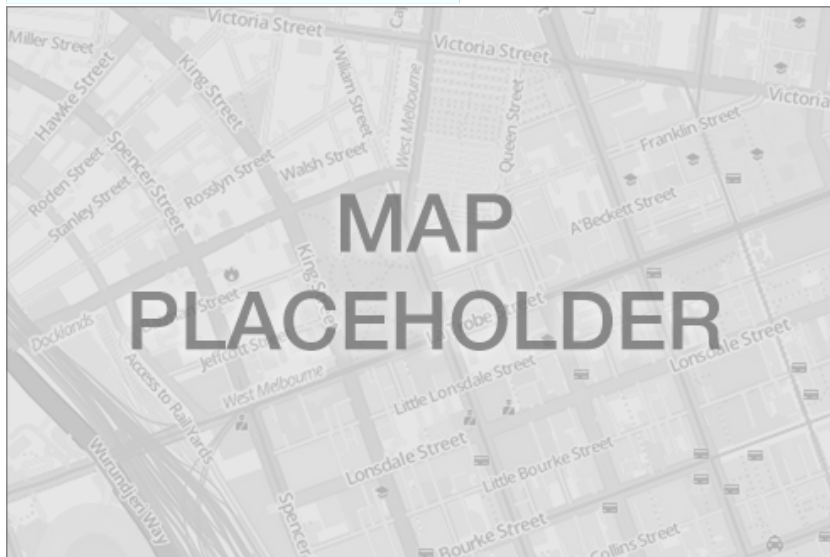
Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Applicant primary address**

Address

**Applicant postal address**

Address

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### Applicant primary phone number \*

Must be an Australian phone number.

### Applicant email address \*

Must be an email address.

### Applicant website

Must be a URL.

### Facebook page

Must be a URL.

## Primary Contact Details

### Primary contact \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant.

### Position held in organisation \*

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

### Primary contact main phone number \*

Must be an Australian phone number.

### Primary contact office phone number

Must be an Australian phone number.

### Primary contact email address \*

This is the address we will use to correspond with you about this grant.

## Organisation Details

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\* indicates a required field

**Tell us about your organisation - why you were established, what services you deliver to the community, and your core activities. \***

**Does your organisation have an ABN? \***

Yes

No

**Applicant 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	

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

**What is your organisation's legal structure? \***

Unincorporated association

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- Incorporated association
- Cooperative
- Company limited by guarantee
- Indigenous corporation, association or cooperative
- Organisation established through specific legislation
- Trust
- Unknown

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

## Auspice Information

\* indicates a required field

**Is your organisation auspiced by another organisation for the purpose of this grant? \***

- Yes  No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant. For further information please visit <https://www.vic.gov.au/multicultural-grants-auspice-arrangements>

## Auspice Organisation Details

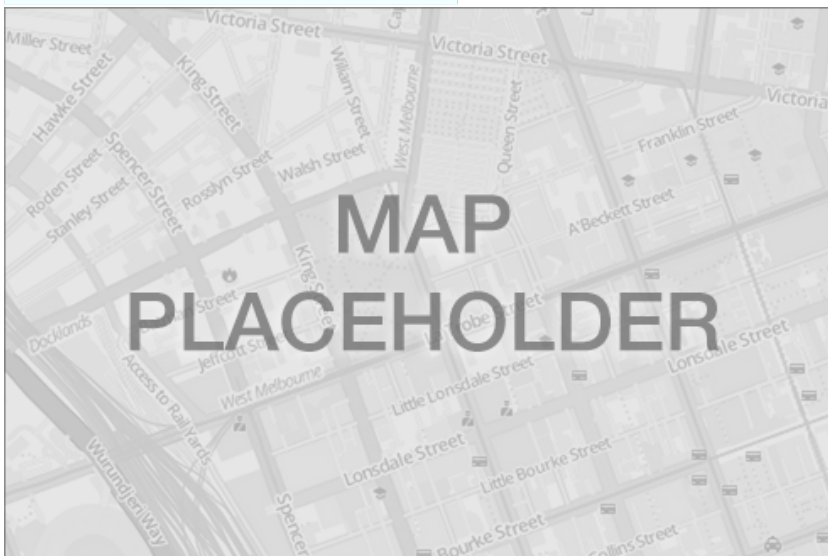
**Auspice organisation name \***

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Auspice primary address**

Address

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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.

### Auspice primary contact office phone number

Must be an Australian phone number.

### 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? \*



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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 Details

\* indicates a required field

### Project Name \*

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

## Project Aims & Objectives

**How does the project align with the Community Benefit Program's aims and objectives? \***

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**How did you identify this local need in your community? \***

**Who will your project benefit? Please select all that apply. \***

- Aboriginal & Torres Strait Islander people
- Seniors
- Youth
- People with a disability
- Women
- Men
- Multicultural communities
- Jobseekers
- Other:

**Which of the following best describes the project's main focus area(s)? Please select all that apply. \***

- Health and Welfare
- Sport and Recreation
- Education and Training
- Culture and Arts
- Aboriginal & Torres Strait Islander health and wellbeing
- Environment
- Other:

**How will your project contribute to the long-term social well-being of your community? \***

**How will your project benefit the local economy? ie will it attract tourists, encourage visitors, support local business. \***

**How will your project benefit the local environment? ie will it help reduce carbon emissions, support or rehabilitate the local environment, help to reduce environmental impacts. \***

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**Please provide a project timeline outlining key milestones and how long it will take to deliver each part, as well as the project overall. \***

**Who will oversee and manage the delivery of the project? \***

### Innovation

**How does the project propose an innovative or original solution to meet a community need? \***

**How will your organisation collaborate with the broader community in delivering the project? \***

### Project Evaluation

**How will the organisation evaluate the project's success and effectiveness at meeting the community need? \***

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

What makes this project different, innovative, and/or an original solution?

## Project Funding

\* indicates a required field

### 2024 Clements Gap Community Fund - Funding Required

Please outline your project budget/costs in the expenditure table below.

Provide clear details for each item in the 'Item Description' column, examples could include cost of equipment, cost of trades etc

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Use the **'Notes'** column for any additional information you think we should be aware of.

A minimum of **2** quotations or catalogue prices for goods and/or services required by the project funding. For example two quotes for fridges, two quotes for electrical work.

Additional Funding outside of the 2024 Clements Gap Community Fund will be noted in the "Additional Funding for the Project" section.

Item Description	Amount (\$)	Notes	Attach 2 quotes
	\$		
			A minimum of 2 files must be attached.

### Total Amount of Project Funding Requested from Pacific Blue

#### Total Amount Requested

\$

This number/amount is calculated.

This total is automatically calculated from the funding provided in the table. It can't exceed over \$10,000.

#### Will the funding requested from Pacific Blue fully fund the whole project? \*

- Yes
- No

### Additional Funding for the project

If additional funding is required outside of the Pacific Blue Sustainable Community Fund, please advise how you will raise the rest of the money to deliver the project?

For example, additional money already raised, other successful grant application, pledged donations from other businesses or individuals, fund raising activities.

**Note:** It is important that you are able to demonstrate you will successfully raise the additional funds to ensure the completion of the project.

Expenditure Description	Amount (\$)	Notes
	\$	
	\$	
	\$	
	\$	

### Total Additional Funding

\$

This number/amount is calculated.

### Bank Statement

**A copy of your organisation's or group's most recent main operating account bank statement**

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\*

Attach a file:

A minimum of 1 file must be attached.

## Project Support

### Referee

Please provide referee details as evidence of support for the project in the community.

You can provide details of as many referees in support of your project. Use the "Add More" button at the bottom of this page for additional references.

#### Name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Position

#### Email

Must be an email address.

#### Phone Number

Must be an Australian phone number.

#### Attach letter of support

Attach a file:

## Declaration

\* indicates a required field

The following conditions apply to the Pacific Blue Sustainable Community Fund:

1. Pacific Hydro Pty Ltd t/a Pacific Blue Australia (ABN 31 057 279 508) ("Pacific Blue") (or its related bodies corporate) will provide the successful applicant(s) (the Recipient') with funding for a one off period in the amount determined by Pacific Blue in its sole and absolute discretion. Pacific Blue shall not be required to provide reasons for refusal.
2. The funding amount must be used and applied solely for the purpose of the project stated in the Community Grant Agreement and Letter of Offer agreed to be granted.

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- 3.The Recipient is required to sign and return the Community Grant Agreement before funds are distributed.
- 4.Expenditure of the funds so granted shall be completed within twelve months of grant, unless otherwise arranged with Pacific Blue.
- 5.The Recipient will keep and maintain adequate insurance (including public liability insurance) for the activities carried out by the Recipient in relation to this project, against any claims for loss or damage to property and injury or death to persons. At any time before or after determining the application, Pacific Blue is entitled to request verification of the Recipient's insurance and the Recipient must comply with such a request. If the Recipient does not have or maintain adequate insurance, Pacific Blue reserves the right to refuse the application, terminate the project and/or require the Recipient to return the grant monies in full, at its discretion.
- 6.All advertising, signage, media releases and other promotional material that contains the Pacific Blue logo must be submitted to and approved by Pacific Blue prior to its production and release.
- 7.These Terms and Conditions are to be read together with the Community Benefit Sharing Program Guidelines and the Letter of Offer and Community Grant Agreement from Pacific Blue. They will all form the terms of the agreement between yourself and Pacific Blue.
- 8.If the Recipient is registered for GST, the amount of the funding will be grossed up to include the GST amount, subject to a tax invoice being provided to Pacific Blue.

I declare that I am a member or representative of this organisation and I will not personally receive any commission or any part of any funding awarded as a result of this application. I agree, on behalf of the Organisation, to the Terms and Conditions outlined in this form.

**I agree \***

Yes

No

**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, board member 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