

Application Form

The New Acland Coal (NAC) Community Investment Fund (CIF) aims to support sustainable community initiatives in the local area surrounding the New Acland Coal Mine.

Please refer to the New Acland Coal Community Investment Fund Application Guidelines prior to completing this application to ensure that you are eligible to apply under the CIF.

1. Group/Organisation Details

The Group/Organisation is the legal entity applying for funding and responsible for the proposed initiative.

| Group/Organisation Name: | | | | |
|--|--|--|--|--|
| What Group/Organisation are you sponsoring? (If applicable) | | | | |
| Street Address: | | | | |
| Postal Address: (if different from above) | | | | |
| Type of Legal Entity: Incorporated Charity Cooperative Other (please specify) | | | | |
| Public Liability Insurance (minimum of \$10 million) Yes No | | | | |
| Is your Group/Organisation registered for GST? | | | | |
| Has your Group/Organisation been granted Deductible Gift Recipient (DGR) Status? Yes No | | | | |
| Web Address: (if applicable) | | | | |
| Social Media Links: (if applicable) | | | | |

| Provide an overview of your Group/Or | rganisation and its Benefits/Focus: (300 words max): |
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| organisation) | nis application (the legally authorised representative of the |
| Contact Details | |
| First Name: | Surname: |
| Position: | |
| Daytime phone number: | Mobile: |
| Email address: | |
| | |
| Initiative Description | |
| | |
| a) Describe the initiative you are seek | king to fund: (300 words max) |
| a) Describe the initiative you are seen | king to fund. (500 words max) |
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| rst Name: S | Gurname : |
|---|--------------------------------------|
| aytime phone number: | Mobile: |
| mail: | |
| | |
| Which NAC priority does your initiative most align to? | |
| Education, training, capacity building and youth suppo | ort Sport and recreation |
| Environmental and sustainability | Community safety, health and welfare |
| Arts, entertainment, and culture | History and cultural heritage |
| Tell us how your initiative aligns with the NAC priority? | ? (300 words max) |
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| How will the community benefit from this initiative?(300 | 0 words max) |
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| f) Are you collaborating with other groups in the community on this initiative? If yes, please provide details of the collaboration. (300 words max) |
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| g) Will your initiative require funding in subsequent years? Ores Ores Ores Ores Ores Ores Ores Ores |
| h) How will the success of this initiative be measured? (300 words max) |

| R | isk M | lanac | eme | ent |
|---------------------|-------|-------|-----|-----|
|---------------------|-------|-------|-----|-----|

This section is to support the effective management of health, safety, security and environment issues related to funded initiatives.

If you require any assistance in filling in this section, please feel free to contact the Community Team.

| Risk Identified e.g., Crowd Management, Staff and Volunteer Safety, Medical Assistance Requirements, Unpredictable Weather, Supplier Cancellation | Probability of Risk occurring? * | Outcome if risk occurs? e.g., delay, loss, increased costs | How do you plan to manage the risk or minimise the consequence? e.g., Maintain a Risk Log, regularly review Project Risks, Monitoring |
|---|-------------------------------------|--|---|
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| *1=very likely, 2=unlikely, 3: | = possible, 4=probab | ole, 5= certain | |

5. Other Funding

Please provide information on support you may be seeking from others.

| Have you received funding from any other sources? | O Yes | O No |
|--|-------|-------------|
| Have you made an application for support from any other sources? | O Yes | O No |
| Do you intend to make an application for support from any other sources? | O Yes | O No |

If yes, please provide details of other sources of funding that you have applied for, or intend to apply for including program name, source and amount of funding required or requested. (Please include value in Section 9)

| low do you plan to promote your initiative and acknowledge NAC's | contribution? (300 | words max) |
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| re acknowledgement costs considered in the initiative budget? | O Yes | ○No |
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| Other Relevant Information | | |
| | | O |
| you require any in-kind support or items? | | O No |
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| ease provide any other information relevant to your application. (At | achments welcom | re) |
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8. Budget Items

| Please atta | ach quotes | for items | that you | ı are seekin | g funding | for. |
|-------------|------------|-----------|----------|--------------|-----------|------|
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| 1. | | \$ | | |
|-------|--|------------------------------|--|--|
| 2. | | \$ | | |
| 3. | | \$ | | |
| Tota | al Project Cost: | \$ | | |
| Valu | ue of in-kind items: | \$ | | |
| Less | organisation's in-kind contribution: (such as volunteer time) | \$ | | |
| | s organisation's financial contribution: (please provide financial ement) | \$ | | |
| Less | s other funding: (refer to Section 5) | \$ | | |
| Ackı | nowledgement costs: (refer to Section 6) | \$ | | |
| Tota | al funding sought from the New Acland Coal CIF: | \$ | | |
| Cer | tification | | | |
| This | application should be signed by an authorised person. | | | |
| | We certify that the information given in this application is true a | nd correct. | | |
| | We understand a Funding Agreement will be developed and signuccessful in obtaining funding. | gned should we be | | |
| | We have a minimum Public Liability coverage of \$10 million. | | | |
| Sign | ned: | | | |
| Nam | ne: Position in Organis | sation: | | |
| Date | e: | | | |
| Prior | ication Checklist to lodging this form, please ensure that your application is ready the New Acland Coal Community Investment Fund Application | | | |
| | Recognise and understand the NAC Community Investment Fu | and eligibility requirements | | |
| | Have completed all sections of this application form. | | | |
| | Have the application form certified and signed by an authorised person. | | | |
| | ☐ Include all necessary supporting documentation including quotes. | | | |
| | Include evidence of your organisation legal entity. | | | |
| | Provide a copy of Deductible Gift Recipient (DGR) Status (if applica | ble) | | |
| | Provide a copy of certificates of currency. | NH | | |
| | Provide additional information attached as required. | NEW HOPE | | |

