



APPLICATION FORM

The New Acland Community Investment Fund (*the Fund*) aims to support sustainable community initiatives in the local area surrounding the New Acland Coal Mine. Please refer to the associated New Acland Community Investment Fund Application Guidelines prior to completing this application to ensure that you are eligible to apply under the Fund.

Please complete all sections of this Application Form and attach supporting documentation as required. Incomplete applications cannot be assessed.

Please note: Unless you have the full commercial version of Adobe Acrobat, you can not save an interactive PDF with your editions, in this case please print out and post. Applications can be submitted via:

Email (preferred) community@newhopegroup.com.au

Post New Acland Community Investment Fund, New Hope Group, PO Box 47, Ipswich, QLD 4305

In person New Hope Group Community Information Centre, Shop 90/88 Campbell Street, Oakey, QLD 4401

1. ORGANISATION DETAILS

The organisation is the legal entity applying for funding and responsible for the proposed project or activity.

Organisation Name:

What organisation
are you sponsoring?
(if relevant):

Street Address:

Postal Address:

Type of Legal Entity:

☐

Incorporated Association

☐

Company

☐

Cooperative

Other – please describe:





Is your organisation
registered for GST?:

☐ Yes

☐ No

ABN:

Has your organisation been
granted Deductible Gift
Recipient (DGR) Status?:

☐ Yes

☐ No

Web Address
(if applicable):

Social Media Links
(if applicable):

Local Council Area:

☐ Toowoomba Regional Council

Provide an overview of
your organisation and its
objectives (300 words max):



2. CONTACT DETAILS

The person to contact regarding this application (the legally authorised representative of the organisation).

First Name:

Surname:

Position:

Phone:

Fax:

Email:

3. INITIATIVE DESCRIPTION

Please provide information about the initiative you are seeking to fund.

a) Describe the initiative you are seeking to fund (300 words max):

b) Who is the project manager for this initiative?

First Name:

Surname:

Phone:

Email:





c) What are the main objectives of the initiative? How will these objectives be achieved? (300 words max):

d) Which New Hope priority does your initiative most align to?:

- | | |
|---|---|
| <input type="checkbox"/> Education, training, capacity building and youth support | <input type="checkbox"/> Community safety, health and welfare |
| <input type="checkbox"/> Sport and recreation | <input type="checkbox"/> Arts, entertainment and culture |
| <input type="checkbox"/> Environment and sustainability | <input type="checkbox"/> History and cultural heritage |
-

e) How does your initiative align to this priority? (300 words max):

f) Who will benefit from this initiative?



g) Are you collaborating with other groups in the community on this project? If so, please detail. (300 words max):

h) How will you ensure the sustainability of the initiative into the future? For example, how will you maintain assets, provide staffing and cover ongoing costs? (300 words max):

i) How will the success of this initiative be measured? (300 words max):



4. RISK MANAGEMENT

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

RISK IDENTIFIED	PROBABLY OF RISK OCCURRING?*	OUTCOME IF RISK OCCURS E.G. DELAY, LOSS, INJURY	HOW DO YOU PLAN TO MANAGE THE RISK OR MINIMISE THE CONSEQUENCES?

**1 = very unlikely, 2 = unlikely, 3 = possible, 4 = probable, 5 = certain*





5. INITIATIVE TIMING

PROJECT MILESTONE	START DATE	COMPLETION DATE



6. BUDGET ITEMS

Please attach a quote for items over \$1,000 that you are seeking funding for.

1: \$

2: \$

3: \$

Total Project Cost: \$

Value of in-kind items: \$

Less organisation's financial contribution: \$

Less organisation's in-kind contribution (such as volunteer time): \$

Less funds already raised (Please provide detail in Section 7): \$

Less funds to be raised elsewhere (Please provide detail in Section 7): \$

Total funding to be sought from the New Acland Community Investment Fund: \$

Details of volunteer/labour time you are seeking:



7. OTHER FUNDING

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

Have you received funding from any other sources?

☐ Yes

☐ No

Have you made an application for support from any other sources?

☐ Yes

☐ No

Do you intend to make an application for support from any other sources?

☐ Yes

☐ 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 these details in Section 6.

8. RECURRENT FUNDING

Will your initiative require funding over subsequent years?

Will your initiative require funding in subsequent years?

☐ Yes

☐ No

If yes, please provide details of how the organisation plans to meet the recurrent funding requirements at the end of any funding or support from New Hope Group.



9. INITIATIVE PROMOTION

How will New Hope Group be recognised if your application is successful?

How do you plan to promote your initiative and acknowledge New Hope Group's contribution?

Are acknowledgement costs considered in the project budget?

☐ Yes

☐ No

OTHER RELEVANT INFORMATION

Is there any further information that you wish to share?

If yes, please provide any other information relevant to your application or attach to this application.





CERTIFICATION

This application should be signed by an authorised person.

We certify that the information given in this application is true and correct.

We understand a Funding Agreement will be developed and signed should we be successful in obtaining funding.

We have a minimum Public Liability insurance coverage of \$10 million.

Signed:

Name:

Position in Organisation:

Date:



APPLICATION CHECKLIST

Please ensure that you:

-
- ☐ read the New Acland Community Investment Fund Application Guidelines
 - ☐ recognise and understand the New Hope Group's application eligibility requirements
 - ☐ have completed all sections of this application form
 - ☐ have the application form signed by an authorised person
 - ☐ include all necessary supporting documentation including quotes for items over \$1,000
 - ☐ include evidence of your organisation legal entity
 - ☐ provide a copy of Deductible Gift Recipient (DGR) Status (if applicable)
 - ☐ provide a copy of certificates of currency
 - ☐ provide additional information attached as required

OFFICE USE ONLY

Application received:

☐ First Review:

☐ Letter Sent:

