|  |  |  |
| --- | --- | --- |
|   |   | **Aboriginal Community Development Fund**Funding Application FormBefore completing this form, please read the ACDF Funding Guidelines, which give details of current funding priorities and The Vision for the Future developed by the Upper Hunter Aboriginal community. |

|  |
| --- |
| **PROJECT TITLE:** Click here to enter text. |

|  |
| --- |
| **SECTION 1: Applicant Details** |
| Registered name: | Click here to enter text. |
| ABN number (If applicable): Click here to enter text. |
| Postal address:  | Click here to enter text. |
| Telephone:  | Click here to enter text. | Email: Click here to enter text. |
| Contact person for your project: | Click here to enter text. |
| Telephone:  | Click here to enter text. | Mobile: Click here to enter text. |
| Email:  | Click here to enter text. | Website:  | Click here to enter text. |
| Evidence of Aboriginality is required for business plans and business start-up assistance and applications from individuals. |
| Evidence attached:  | [ ]  Yes | [ ]  No |
| How long has your organisation been established? | Click here to enter text. |
| How many members does your organisation have? | Click here to enter text. |
| What is the core purpose of your organisation? | Click here to enter text. |

|  |
| --- |
| **SECTION 2: Project Location**  |
| Where will your project be located? (Tick all that apply) |
| [ ]  Muswellbrook Council area  |  | [ ]  Singleton Council area  | [ ]  Upper Hunter Council area | [ ]  Other  |

|  |
| --- |
| **SECTION 3: Project focus**  |
| Which program category is most relevant to your initiative? |
| [ ]  Partnership  | [ ]  Partnership  |
| [ ]  Project | [ ]  Project |
| [ ]  Program | [ ]  Program |
| What is the principal focus of the project/proposal? (Tick all that apply) |
| [ ]  Education |  [ ]  Health (health activities or projects, research and sport) |
| [ ]  Community/cultural development |  [ ]  Economic development (business development and training employment) |

| **SECTION 4: Project details (Please answer all questions that are applicable)** |
| --- |
| Please provide some background and a brief description of the project or activityClick here to enter text. |
| What are the key objectives of your project/activity?  |
| Click here to enter text. |
| Outline the need for your project/activity and how this has been identified? |
| Click here to enter text. |
| Are there similar existing projects or businesses in the Upper Hunter Valley? |
|  [ ]  Yes |  [ ]  No |  [ ]  Don’t know |  [ ]  Not applicable |
| If yes, have you discussed your project or business with them? | [ ]  Yes | [ ]  No |
| If yes, how will your project or business differ from them?  |
| Click here to enter text. |
| Will you work with them or complement them? |
| Click here to enter text. |
| Who will manage the project/activity? Briefly describe their relevant past experience and / or qualifications? |
| Click here to enter text. |
| What outcomes will be achieved through your project/activity? Outcomes must be specific (and measurable where possible) |
| Click here to enter text. |
| Describe **in detail** what you will do to achieve these outcomes?  |
| Click here to enter text. |
| Who will benefit (directly and indirectly) from this project/activity?  |
| **Who?** | **Approximately how many?** | **How will they benefit?** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What are the possible risks to the success of your project /activity? |
| Click here to enter text. |
| How will you address these risks? |
| Click here to enter text. |
| Proposed start date:  | Click here to enter text. | Proposed end date: Click here to enter text. |
| Is this project / activity eligible for (or currently receiving) government funding? Yes [ ]  No [ ]  |
| If yes, provide details: Click here to enter text. |
| Has the community been engaged in the development of the application? If Yes, please outline what engagement has occurred? |
| Click here to enter text. |
| What community need is being addressed by this initiative? |
| Click here to enter text. |
| Is planning approval or other agency approval required for this project? |
| Click here to enter text. |

| **SECTION 5: Budget**  |
| --- |
| Budget summary: |
| • Total cost of the project/proposal | $ Click here to enter text. Click here to enter text. |
| • Own or the organisation’s financial or in-kind contribution to the project/proposal | $Click here to enter text. |
| • Other sources of funding you have obtained or will seek – Corporate, Federal, State and/or Local Government | $Click here to enter text. |
| • Community contribution (In kind or financial) | $Click here to enter text. |
| • ACDF funds sought (ex GST) | $Click here to enter text. |
| *(The $ sought from the ACDF should exclude GST however the amount of GST payable should be shown at the end of your budget breakdown)Note: If you list other funding that you have received for the proposal/project evidence of this funding must be attached.* |
| Have quotes been sought for the initial budget? If yes, please attach relevant quotes. |
| Click here to enter text. |
| Have contingencies been planned if quotes increase in price? |
| Click here to enter text. |
| **BUDGET DETAILS** |
| **Budget item** | **Details** | **Financial contributions**  ***(Own or organisation)***  | **In-kind contributions*****(Own or organisation)***  | **Other sources of funding** ***(You have or will apply for)*** | **ACDF - funds sought** |
| Program costs (provide detailed breakdown) | Click here to enter text. Click here to enter text. | Click here to enter text. Click here to enter text. | Click here to enter text. Click here to enter text. | Click here to enter text. Click here to enter text. | Click here to enter text. Click here to enter text. |
| Rent (will be considered as a minor component of a budget) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| General administration | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Minor capital equipment purchase (please attach details of at least 2 quotes) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Travel | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Salaries (only considered for temporary positions) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Audit (for projects $10,000 or over) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other (provide details) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| GST payable | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **FUNDING ALREADY APPROVED FROM OTHER SOURCES**Itemise other funding that has been approved in the table below |
| **Funding source** | **Description of item funded** | **Amount ($)** | **Proof of funding attached Y/N** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| **SECTION 6: Reporting and evaluation** |
| How will you report on your project/activity and evaluate if you have achieved the stated outcomes? |
| Click here to enter text. |
| Does your proposal include a budget component for an evaluation of your outcomes? (note: this cost should not exceed 10% of the total project cost) |
| Click here to enter text. |
| Would you be prepared to submit pictures or write a summary regarding the project/activity for MACH Energy to use?*Photos or summaries of the event may be displayed on MACH Energy Australia’s website or used in newsletters and reports.* |
| [ ]  Yes | [ ]  No |

|  |
| --- |
| **SECTION 7: Sustainability** |
| Is the project expected to continue beyond the ACDF funding period?  | [ ]  Yes | [ ]  No |
| If yes, please describe the sustainability plan in relation to funding and management of the project |
| Click here to enter text. |

|  |
| --- |
| **SECTION 8: Community support for your project** |
| Are there other groups or people in the community who support your proposal?  | [ ]  Yes | [ ]  No |
| If yes, please give contact details and attach relevant letter/s of support. |
| Organisation/s:  | Click here to enter text. |
| Contact details:  | Click here to enter text. |

|  |
| --- |
| **SECTION 9: Acknowledgment**  |
| If your application is successful, please indicate how you intend to acknowledge the support of the ACDF. |
| Click here to enter text. |

|  |
| --- |
| **SECTION 10: Declaration and Next Steps** |
| * I hereby state that the information contained in this application is correct and that I am duly authorised to make this application and this declaration.
* I have read and understood the ACDF Funding Guidelines and the eligibility criteria outlined in the Guideline.
 |
| Name of organisation (if applicable): Click here to enter text. |
| Contact name: | Click here to enter text. | Position:  | Click here to enter text. |
| Signature: | Click here to enter text. | Date :  | Click here to enter text. |

|  |
| --- |
| 1. Once your Application has been received it will be reviewed by the Committee at the first available Committee Meeting.
2. Please be aware that you or a representative from your organisation may be asked to present to the Committee at any stage of the Application or Review process.
 |

|  |
| --- |
| **Any further information you feel may support your application should be attached to this document.** |
| **Submit your completed application to info@machenergy.com.au**  |