

Form | 250.2018.454.5

Application Form - Boco Rock Community Enhancement Fund

This form is provided for applications to the Boco Rock Community Enhancement Fund. The fund was created following State Government approval of the Boco Rock Wind Farm project to offset any potential residual amenity impacts associated with the project, and is administered by Snowy Monaro Regional Council (SMRC). Please visit the [SMRC website](#) for more information.

APPLICATION REQUIREMENTS

All fields in this form must be completed. Applications submitted after the closing date will not be considered.

- 'Project' in this application refers to a project, event or item as described in the guidelines.
- Funding is available to the Snowy Monaro local government areas per the condition of the development approval.
- Applications must include a bank statement.
- Quotes must be supplied per the guidelines.
- Applications must include a simple budget. For applications over \$5,000 a detailed budget is to be provided.
- For projects over \$5,000 a project plan must be attached. And include a scope of works or event details and identify key dates.
- An application for a single item purchase does not require a project plan.
- Projects that extend beyond 12 months must provide annual updates to the committee.
- Every successful applicant must provide an acquittal, including copies of receipts and photos of the completed project. Please note, invoices are not an acceptable substitute for receipts.

SUBMISSION REQUIREMENTS

Ensure you read the application checklist and include all of the required information and documents before submitting your application. When submitting your application, follow the naming conventions for all documents shown in the guidelines and on council's website.

When submitting your application by hand or by email the subject/ title must be written as; "**Boco Rock Application – [Organisation Name]**"

Submit your application via:

E-mail: council@snowymonaro.nsw.gov.au / **Post:** PO Box 714, Cooma NSW 2630 / **In person** at a council office

For any further information contact the governance department on 1300 345 345.

APPLICATION CHECKLIST:

To support your application, please indicate which documents have been attached/submitted with this application form.

If required information is not attached, you will be contacted once to provide the information. Incomplete applications may not be approved by the committee.

*A copy of the group / organisations most recent bank statement or treasurer's report for the past financial year.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Project budget, detailing expenditure, and other grant funding etc.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Project plan <i>(Required for projects over \$5,000)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
A copy of the group / organisation's public liability insurance.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
*Where a group / organisation intend to purchase equipment, or undertake works, a copy of the required amount of quotes must be attached, please see guide (right) and select how many quotes you have attached. <i>Applicants without the appropriate no. of quotes will not be considered.</i>	\$ Value (incl. GST)	Attached	
	Up to \$5,000	1 Written Quote <input type="checkbox"/>	
	\$5,001 to \$15,000	2 Written Quotes <input type="checkbox"/>	
	Over \$15,001	3 Written Quotes <input type="checkbox"/>	
Facilities implication form <i>(refer to section 5)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Events form <i>(refer to section 6)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Applications submitted to Council on: Date _____			

ORGANISATION DETAILS**Section 1**

Name of Organisation:			Phone:		
Address:		Suburb:		State:	Postcode:
Is the organisation registered for GST? (Please tick one);		YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Your GST status has no bearing on the assessment of your submission)	

ORGANISATION REPRESENTATIVE DETAILS / INDIVIDUAL APPLICANT DETAILS:**Section 2**

First Name:		Surname:	
Position:		Phone:	
Email:			

Please ensure the above information is correct. If there is an error in your contact details, we may not be able to make contact with you.

PROJECT / EVENT DETAILS:**SECTION 3**

Project title:			
Project location:			
Is the project on council land?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If the project is on council land you must complete section 5</i>
Description of the project: <i>For example include information such as: What is the objective?</i>			
Anticipated Start Date:		Anticipated Finish Date:	

Explain how your project delivers improvements to the community *(required)*:

Explain how the project will support local economic development *(if applicable)*:

Explain how the project will support local tourism development *(if applicable)*:

Identify your capacity to deliver this project/event *(required)*:

(E.g. background of applicant / organisation – size, prior experience, Who will do the work? Who will oversee and track progress of the project/event?)

PROJECT COST:**SECTION 4**

What is the total amount of your project: \$

What is the total amount of Boco Rock funding you are applying for:

Amount (exclusive of GST): \$

GST: \$

Total: \$

NOTE: If you are successful in securing funding and are registered for GST the total amount paid will be exclusive of GST.

If the committee approve less than the full amount requested, will your project still be viable?

YES

NO

Are you receiving funding from anywhere else for this project

Total: \$
Provided by:

NO

Has the funding from all other sources been secured?

YES

NO

Comments (e.g. when funding was secured; or when will it be):

Has your organisation committed funds to this project?

Total: \$

NO

If your project is co-funded, you must identify in your budget the items covered by Boco Rock funds and include the detail in the acquittal process.

Has your project been formally costed? (e.g. quoted, overheads, labour etc.)
This should be reflected in a budget.

YES

NO

FACILITY INFORMATION:**Section 5**

This section is only to be completed if you answered yes in section 3 to the project being on council managed land, including crown land.

*Please note, if your project is to be undertaken on council managed land you **must** attach a written recommendation from the relevant council officer along with a completed facility implications form, **your application will not be considered without these.***

Is the proposed project on council land?

If you selected "NO", go to Section 7, Applicant Checklist

YES

NO

Will the project require future maintenance?

YES

NO

If yes, who do you propose undertakes the maintenance?

Council

Other

Has council been consulted about the project? Yes

If "yes" please record the name of the council officer here:

NO

EVENT INFORMATION**Section 6**

If your application is to hold an event, you are required to complete a [Notice of Intention to Organise an Event](#) form submitted to the Tourism, Promotion and Events Officer. A copy of the completed form must be attached to this application.

Has council been advised of the event? Yes

If "yes" please record the name of the council officer below:
Date:

NO

DECLARATION AND SIGNATURE OF APPLICANT**Section 7**

- I confirm that the information contained in the application form and supporting documents is true and correct.
- I confirm that this application has been submitted with the full knowledge and support of the applicant/organisation.
- I declare that should this application be successful the funding will be expended as outlined in the above documentation.
- I acknowledge the grant funding acquittal requirements.

Privacy Statement: The information on this form is being collected by council for the purposes associated with processing the application. Access to this information is limited to relevant council officers and members of the committee. The information will be stored securely in council's systems.

Once an application has been approved and funding issued, the recipient, project, amount funded and fiscal year will be a matter of public record.

Applicant Name:

Applicant Signature:

Date:

OFFICE USE ONLY

Officer Name:		Application Reference No.		
Date application received:		Amount requested: \$		
Action		If no, contact date:		Date Completed
Application form is complete, signed and all pages have been submitted.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
A copy of the bank statement and budget is attached.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If applicable, a copy of the public liability insurance is attached.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Required number of quotes are attached.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If applicable project plan is attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If applicable, facility implications form has been attached, with staff recommendations	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Does the project align with a council master plan or asset management plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Plan identified:	
Action	Date Completed		Notes/ Comments	
Acknowledgement email sent				
Application provided to committee:			YES <input type="checkbox"/>	NO <input type="checkbox"/>