

Bungaban Community Benefit Program

Form Preview

Contact Details

* indicates a required field

Before you begin

Please ensure you read and understand the [Community Benefit Program Guidelines](#), paying particular attention to the eligibility criteria. Applications that do not align with the criteria will not be considered for funding.

Applicant Contact Details

Name *

First Name

Last Name

Position *

**Contact number
(business hours): ***

**Contact number (out of
business hours)**

Email *

Organisation Details

Organisation Name *

Organisation's 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	More information
ACNC Registration	

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Tax Concessions

Main business location

Must be an ABN

Organisation Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

This information will be used if your application is successful

Postal Address

Address

Organisation Website

Head of Organisation

First Name

Last Name

If different to application contact

Head of Organisation Phone

Head of Organisation Email

Has your organisation previously received funding from Windlab? *

- Yes
 No
 Unsure

If yes, what was the name of the project?

If yes, what was the total amount funded?

Project Details

* indicates a required field

Project Name *

Project start date: *

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Must be a date

Project end date: *

Must be a date

Total Amount requested *

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Total project cost *

Must be a dollar amount.

Which communities will benefit from your project *

- Wandoan
- Taroom
- Miles
- Chinchilla
- Dalby
- Biloela
- Other:

Which of these key areas does your project fit into?

- Economic Development & Tourism
- Liveability
- Health & Wellness
- Coexistence with agriculture
- Education
- Renewable energy/recycling
- Other:

Project description and it's benefits to the community: *

Description of how the funds will be spent *

How will our contribution to your project be recognised?

E.g. naming rights, logo promotion, acknowledgement on printed materials or social media etc.

Project Sustainability and Evaluation

* indicates a required field

What does your organisation do? *

How will you monitor and evaluate the outcomes of your project?

Please describe any/all of your project risks and how you will mitigate these.

Supporting documentation

If applicable, please attach any other documentation to support your application.

Attach a file:

Declaration and Privacy Statement

* indicates a required field

Declaration and Privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I have read the accompanying [guidelines](#) for applicants provided with this application form.

Funding will be subject to Windlab's [Terms and Conditions](#).

I agree that I will contact Windlab immediately if any information provided in this application changes or is incorrect.

Windlab respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information

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collected from you is required for the delivery of the services in accordance with the Trustees'/Directors' powers, functions and purposes. It may also be used by the Trustees/ Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact the Community Team on 1800 846 980.

I understand that the information in this form will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I understand that Windlab may contact me to seek further information about my application if required.

I am authorised to complete this application and have read and understood the guidelines, declaration and privacy statement *

Yes

Authorised Person's Name *

First Name

Last Name

Position held *

Date of declaration *