

# Genex Kidston Hybrid 23 24

## Form Preview

### Eligibility

\* indicates a required field

#### Program

This field is read only.

#### Applicants: please note

This application is an internal Powerlink process to facilitate community investment funding through a hybrid application model.

By filling out this application, you should ensure that budget is available or has been allocated for the proposed event or initiative funding.

This budget can be either Project (capital expenditure) or Operational (departmental).

If you need assistance with any sections of this form, contact Sharon Hoops through MS Teams or 0418 831 147.

#### Assessment Criteria

##### Powerlink Project or Powerlink Department Funding Source \*

##### Who is the authorising Project Manager or Departmental Manager approving the funding source? \*

##### Aligns with Powerlink's Sponsorship Policy? \*

- Yes
- No
- Not applicable

##### Aligns with Powerlink's Community Engagement Strategy? \*

- Yes
- No
- Not Applicable

##### Aligns with Powerlink's Reconciliation Plan? \*

- Yes
- No
- Not Applicable

##### Align's with Powerlink's Community Investment Table? (the 3 pillars) \*

- Yes

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- No
  - Not applicable
- If this

**Does the investment aim to support sections of the community facing vulnerable circumstances? \***

- Yes
- No
- Not applicable

**Will the funding create a positive legacy in the local area? \***

- Yes
- No
- Not applicable

**Does the initiative have community involvement and participation? \***

- Yes
- No
- Not applicable

**Has Powerlink provided funding to the applicant before? \***

- Yes
- No
- Not applicable

## Contact Details of Funding Recipient

\* indicates a required field

### Applicant Details

**Applicant \***

- Individual
- Organisation

Organisation Name

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

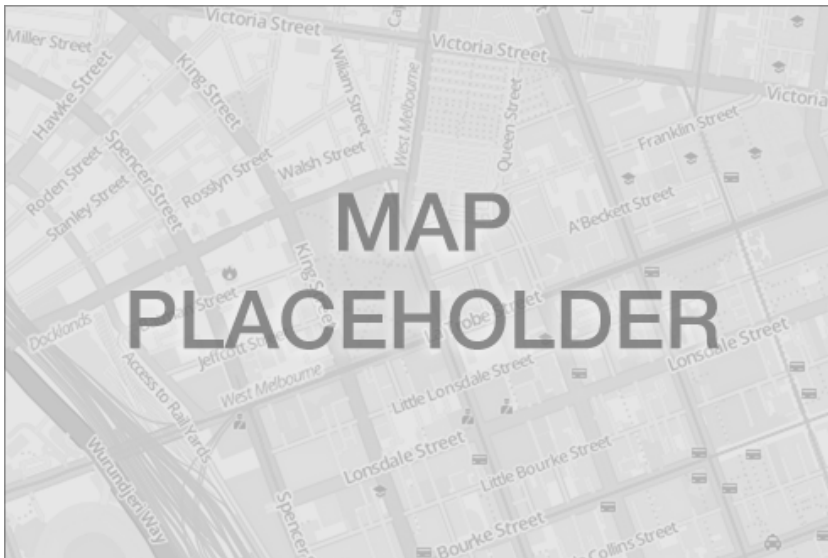
**Applicant primary address**

Address

<input type="text"/>
<input type="text"/>

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### Applicant postal address

Address

### Applicant primary phone number \*

Must be an Australian phone number.

### Applicant email address \*

Must be an email address.

### Applicant website

Must be a URL.

### 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)

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

## Project Details

\* indicates a required field

### Crucial Info

#### Project title:

Name for your project/program/initiative. Your title should be short but descriptive

#### What is the amount of funding requested (excluding GST)?

Must be a number.

#### Does GST need to be applied to the amount above?

- Yes  
 No

ie. is the funding recipient eligible to pay GST?

### Project Timing

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

### High level detail

#### Please provide a short summary the funding initiative \*

One or two sentences only

## Desired Outcomes

### Community Investment - The Three Pillars

This section will request information on how the funding request aligns with [Powerlink Community Investment Table](#)

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Pillar 1 - [Grants and Sponsorships](#)

Pillar 2 - [Community Benefits/Resilience Funds](#)

Pillar 3 - [Community Investment](#)

**Which pillar does this funding application align to?**

**Achieving Desired Outcomes**

**Explain how the desired outcomes listed in the table will be achieved by the funding recipient??**

**If the project aims to support sections of the community facing vulnerable circumstances, please provide non-identifying information to describe the current circumstances (ie. natural disasters, economic change, impact on access services etc)**

**Supporting Commentary - include proposed project outline, budget details, timeframes for delivery, local community benefits and how this will be measured.**

## Details of the Funding Recipient

\* indicates a required field

**Is your organisation auspiced by another organisation for the purpose of this grant? \***

Yes  No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

**Auspice Organisation Details**

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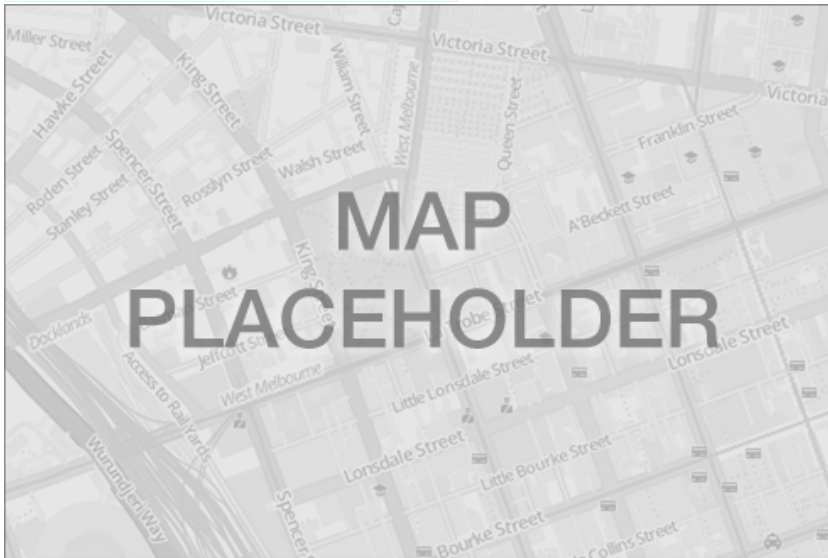
### **Auspice organisation name \***

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

### **Auspice primary address**

Address

### **Auspice postal address**

Address

### **Auspice primary phone number \***

Must be an Australian phone number.

### **Auspice email address \***

Must be an email address.

### **Auspice website**

Must be a URL.

### **Primary contact person at auspice organisation \***

Title      First Name      Last Name

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We may contact this person to verify that the auspice arrangement is valid and current.

### Position held in organisation \*

e.g., Manager, Board Member or Fundraising Coordinator.

### Auspice primary contact primary phone number \*

Must be an Australian phone number.

### Auspice primary contact office phone number

Must be an Australian phone number.

### Auspice primary contact email address \*

Must be an email address

### Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. \*

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

### Does the auspice organisation have an ABN? \*

Yes  No

### Auspice 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	

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Main business location

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

**Please upload completed Statement of Supplier Form: \***

Attach a file:

Max 25mb per file uploaded

## Endorsement and Approvals

\* indicates a required field

### Certification

**I certify that to the best of my knowledge the statements made within this application are true and correct.**

I understand that this application will now be sent to the following positions for endorsement and approval:

- the Project or Department Manager
- Team Leader Community Relations
- Team Leader Project Engagement

**I agree \***

Yes

No

**Name of Powerlink employee \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***



Must be a date