

FNF - Part A - Application Form

Form Preview

About the grant

* indicates a required field

Instructions for Applicants

Before completing this application form, you should have read the [First Nations Fund \(FNF\) Guidelines](#) and have them handy for reference

Please note the important information below regarding your application:

- Your application is not officially submitted for consideration until you click 'Review and Submit' at the end of the form. Once submitted, your form cannot be varied without contacting the team on the details below to have it reopened.
- Allow enough time to complete your application, consider the time to upload files.
- Ensure you save your application regularly to avoid losing any information. The save button is located at the top and bottom of each page.
- If you are unsure or unclear about any part of the application form, **please contact us prior to submitting** on 1300 679 673 from 8.30am to 4.30pm or email energyco@regional.nsw.gov.au and quote your Application Number.

To help you prepare your application, additional information and resources are available on the [EnergyCo webpage](#), including how to access local application support, relevant application templates, and frequently asked questions.

Application Number

This field is read only.

Program Details

The NSW Government has committed \$10 million to the Central-West Orana Renewable Energy Zone (REZ) **First Nations Fund** (the FNF). The purpose of the FNF is to build capacity of Aboriginal organisations through the delivery of programs, services, infrastructure or future planning activities that are designed to reflect local needs and provide enduring benefit for local Aboriginal communities within the Central-West Orana REZ.

The opportunity is an open, non-competitive grant round, being delivered in two streams. The application process is identical for both streams.

The First Nations Fund application form has been split into 2 parts so that DRNSW and EnergyCo can work with prospective applicants to confirm eligibility and then provide applicant support to assist with the completion of the application process.

Part A (this application) requires applicants to answer a series of questions in relation to eligibility.

Part B will be provided once eligibility has been confirmed and covers the more detailed aspects of the application. Local, independent grant writing assistance is available (free of charge) should applicants require assistance to complete Part B.

Grant Program Name

FNF - Part A - Application Form

Form Preview

This field is read only.
The program this submission is in.

Program Key Dates

Please refer to the EnergyCo [website](#) for up-to-date information on the FNF.

Applications open

9am, Monday 15 July 2024

Applications close*

4pm, Tuesday 14 July 2026

Application outcomes date

From October 2024

*Applications may close sooner if funding committed exceeds 80% and / or applications under assessment reach the total funding available. Any applicants with applications in progress at this point will be notified should this occur.

Applicants are encouraged to submit applications as early as possible as applications may close sooner if funding committed reaches the total funding available.

Eligibility Confirmation

Declare this application meets the Program eligibility criteria:

- The application is being submitted by an eligible applicant;
- The project will deliver community benefits to the local community in the geographic area that forms the Central-West Orana REZ;
- The project can commence within 3 months of execution of the Funding Agreement and be completed by 31 December 2028;
- The project can be operated and maintained beyond the funding period (if applicable); and
- I will notify DRNSW if grant funding is secured from another source, as soon as practicable.

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Grant Guidelines *

☐ Yes

Contact Details

* indicates a required field

Eligible Applicants

Only Organisations are eligible to apply for the First Nations Fund. Individuals are **not** eligible to apply for funding.

FNF - Part A - Application Form

Form Preview

Please refer to section **7.1 Eligible Applicants** in the [FNF Grant Guidelines](#) to confirm your organisation is eligible.

Select "Organisation" below and enter your organisation's details.

Applicant Details

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

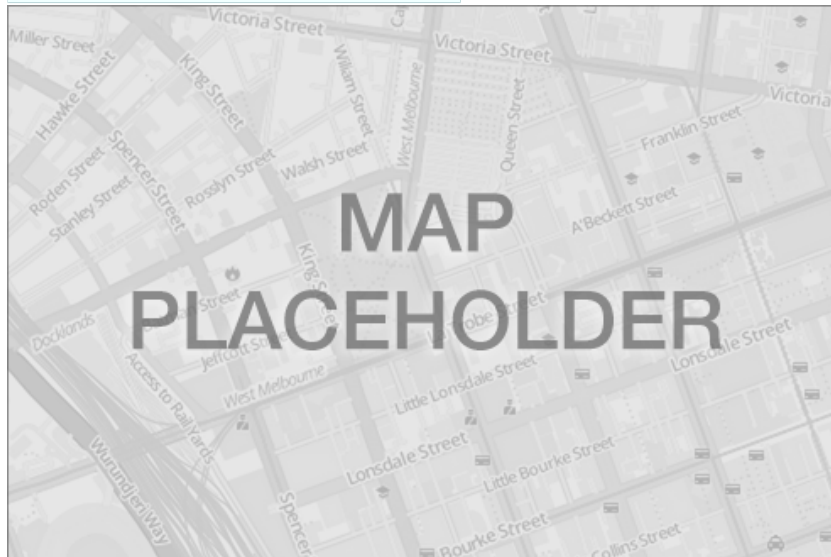
<input type="text"/>	<input type="text"/>	<input type="text"/>
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For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address

Address

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



<input type="text"/>	<input type="text"/>
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Applicant Postal Address

Address

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

Applicant Primary Phone Number *

FNF - Part A - Application Form

Form Preview

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Applicant Email Address *

Must be an email address.

Applicant Website

Must be a URL.

You have selected 'Individual' as your Applicant type.

Individuals are **NOT** eligible to apply for funding. Please select **Organisation** above and enter the Organisations details.

Primary Contact Details

Primary Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant.

Primary Contact Position *

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

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

FNF - Part A - Application Form

Form Preview

Does the applicant organisation have an Australian Business Number (ABN)? *

- ☐ Yes ☐ No

Applicant Organisation 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	
Tax Concessions	
Main business location	

Must be an ABN.

Are you a not-for-profit organisation? *

- ☐ Yes ☐ No

Applicant Organisation Australian Company Number (ACN)

Does the organisation have a NSW Fair Trading Incorporation Number? *

- ☐ Yes ☐ No

Refer to the following link to check <https://applications.fairtrading.nsw.gov.au/assocregister/default.aspx>

NSW Fair Trading Incorporation Number *

Must be a number.

Aboriginal Organisation Type

Please confirm the eligible applicant type: *

- ☐ Local Aboriginal Land Council

FNF - Part A - Application Form

Form Preview

- ☐ A not-for-profit, incorporated Aboriginal community organisations (i.e. initiated by, controlled and operated by Aboriginal people and/or governed by a board or committee of Aboriginal people)

Refer to section 7.1 Eligible Applicants in the FNF Grant Guidelines for further details.

Does the organisation have an Indigenous Corporation Number? *

- ☐ Yes ☐ No

Indigenous Corporation Number *

Must be a number.

If you have documentation confirming your organisation is initiated by, controlled and operated by Aboriginal people and/or governed by a board or committee of Aboriginal people, please attach them below.

Attach a file:

This can be; Evidence of registration under relevant legislation / Copy of the organisation's rule book or constitution. These documents may help confirm your eligibility.

Does your organisation operate for the benefit of the local Aboriginal community? *

- ☐ Yes ☐ No

Briefly describe how your organisation benefits Aboriginal people in the local community: *

Word count:

Public Liability Insurance

Eligible Applicants must have or be able and willing to purchase at least \$20 million public liability insurance.

Does the applicant organisation have at least \$20 million in public liability insurance? *

- ☐ Yes ☐ No, but willing to obtain

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

FNF - Part A - Application Form

Form Preview

Please provide a Certificate of Currency displaying the Public Liability Insurance held by your organisation. *

Attach a file:

Note that if Public Liability Insurance has expired before contracting commences, the organisation will be required to provide a current certificate.

If successful, you will need to provide evidence of \$20 million public liability insurance prior to entering into a Funding Deed with the Department. Confirm you are able to achieve this. *

☐ Yes

☐ No

Project Details

*** indicates a required field**

Funding Stream

The FNF will be administered through 2 funding streams.

Stream One: LALC Support

Eligible applicants include Local Aboriginal Land Councils (LALCs).

Stream Two: Aboriginal Outcomes

Eligible organisations are not-for-profit, incorporated Aboriginal community organisations (i.e. initiated by, controlled and operated by Aboriginal people and/or governed by a board or committee of Aboriginal people).

Which funding stream does your application relate to? *

☐ Stream One: LALC Support

☐ Stream Two: Aboriginal Outcomes

Project Details and Dates

Dates Instruction

Date must be recorded as **DD/MM/YYYY** and should reflect the anticipated project start date. Projects must not be retrospective and must commence within **3 months** of commencement of the funding deed. Projects must be completed by **December 2028**. Please estimate start and end dates if unsure - dates can be updated in Part B application.

Project Title Instruction

Provide a name for your project. Your title should be short but descriptive, noting the title will be published if successful. This will be used in correspondence and for publication requirements. Ensure it accurately describes the project activities you will be delivering.

Brief Description Instruction

FNF - Part A - Application Form

Form Preview

This should be a short description for publication purposes. It should not give background information about your project, only about the activities you are applying for.

Primary Location Instruction

This should be the main project or site location where activities will be delivered for your project.

Projects must be delivered within the Central-West Orana REZ geographic area (as defined [here](#)) and provide primary benefit to local communities within the Central-West Orana REZ. Applicants are strongly encouraged to consider delivery of projects and activities into villages and smaller communities most impacted by REZ activities.

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

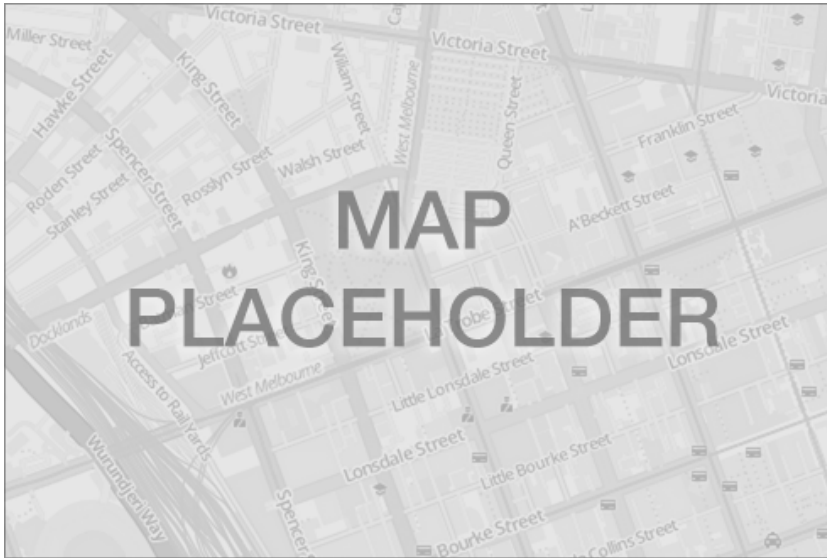
Anticipated end date *

Primary location of your initiative

Address

FNF - Part A - Application Form

Form Preview



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Any, but at least one field is required.

Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Will your project be delivered across more than one location? *

☐ Yes

☐ No

Additional project location details

How many additional locations will the program be delivered across? *

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Brief description of the activity at your Primary Location entered above. *

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Word count:

Must be no more than 25 words.

Project Location 2 *

Address

Brief description of the activity at Location 2 *

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Word count:

Must be no more than 25 words.

FNF - Part A - Application Form

Form Preview

Project Location 3 *

Address

Brief description of the activity at Location 3 *

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Word count:

Must be no more than 25 words.

Project Location 4 *

Address

Brief description of the activity at Location 4 *

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Word count:

Must be no more than 25 words.

Project Location 5 *

Address

Brief description of the activity at Location 5 *

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Word count:

Must be no more than 25 words.

Additional locations (if there are greater than 4)

Where will the additional activity occur? Brief description of the activity

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.	Must be no more than 25 words.

Project Type

Eligible project types for the FNF include services, programs or infrastructure for Aboriginal people, including future planning and capability activities.

FNF - Part A - Application Form

Form Preview

Refer to section **7.2 Eligible Projects** in the [FNF Grant Guidelines](#) for further details and examples of eligible projects and activities.

Select the type of project *

- ☐ Infrastructure (new or upgraded) ☐ Program or service ☐ Future planning

Funding

Funding applications must range from a minimum of **\$20,000** to a maximum amount of **\$1,000,000**.

When estimating the total project cost and total amount requested, applicants should refer to the [FNF Grant Guidelines](#) section **7.5 Eligible Project Costs** and section **7.6 Ineligible Project Costs**. A detailed budget will be required in Part B application.

Total Project Cost *

\$

What is the total budgeted cost (dollars) of your project?

Total Amount Requested *

\$

What is the total financial support you are requesting under this grant?

Application Support

Applicants assessed as eligible will be invited to complete the Part B application.

Part B of the application form covers the more detailed aspects of the project. Local, independent grant writing assistance is available should Applicants require assistance to develop Part B.

Should an Applicant not require assistance they can continue completion of the detailed component of the application at their own discretion.

If assessed eligible, will you require grant writing support to complete Part B of the application? *

- ☐ Yes ☐ No

Local, independent grant writing assistance is available at no expense to the applicant. If you change your mind about accessing support please email energyco@regional.nsw.gov.au and quote your Application Number.

Declaration and Authorisation

* indicates a required field

Declaration

FNF - Part A - Application Form

Form Preview

I declare this application meets the program's eligibility criteria: *

- ☐ Application has been prepared by and is being submitted by an eligible applicant
- ☐ Project is located in the Central-West Orana REZ geographic area or will provide primary benefit to local communities within the CWO REZ
- ☐ Project can commence within 3 months and be completed by December 2028
- ☐ Project can be operated and maintained beyond the funding period (if applicable)
- ☐ Applicant will notify the Department if grant funding is secured from another source

At least 5 choices must be selected.

Eligibility Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant; and
- I understand that any false declaration may render this application ineligible/invalid.

Yes, I confirm and declare this application meets the criteria outlined above *

☐ Yes

Disclaimer

The Applicant acknowledges and agrees that: (i) submission of this application does not guarantee funding will be granted for any project, and the NSW Government expressly reserves the right to accept or reject this application at its discretion; (ii) they must bear the costs of preparing and submitting this application and the NSW Government does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and (iii) they have read the FNF Grant Guidelines and has fully informed itself of the relevant program requirements.

FNF - Part A - Application Form

Form Preview

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that: (i) if this project application is successful, the relevant details of the project will be made public subject to the Privacy and Personal Information Protection Act 1998 (NSW), including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded; (ii) the NSW Government will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and (iii) in some circumstances the NSW Government may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that: (i) the NSW Government is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the NSW Government in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: www.dpc.nsw.gov.au/privacy); (ii) the information it provides to the NSW Government in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act; and (iii) they have taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the NSW Government and its agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title First Name Last Name

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

Position *

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

FNF - Part A - Application Form

Form Preview

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised
by the applicant organisation

Email *

Must be an email address.