

# COMMUNITY PARTNERSHIPS PROGRAM

## Application Form

Important note to applicant: The following are mandatory questions. Please complete to ensure your application can be progressed.

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### ELIGIBILITY

- We are a not-for-profit organisation      Yes      No
- Our initiative provides a lasting or tangible benefit to the community      Yes      No
- Our initiative is seeking one-off funding from Transgrid      Yes      No
- Our initiative is within NSW or ACT      Yes      No
- Our organisation has a ABN      Yes      No

If you have answered 'NO' to any of the above questions please do not proceed with the rest of the application.

Organisation Name

Website:

Australian Business Number (ABN)

Australian Charities and Not-for-profits Commission (ACNC) Number

Business Type

Community group or service      Registered charity      Local Government      Not-for-profit organisation

Please provide a brief description of the services your organisation provides to the community

## PRIMARY CONTACT DETAILS

(This primary contact will receive notification about the progress of your application and all future correspondence about the Community Partnerships Program).

Name	Email
Position Held	Postal address
Telephone (business):	City/Town/Suburb
Telephone (mobile):	Postcode

## HEAD OF ORGANISATION CONTACT DETAILS

Name	Email
Position Held	Postal address
Telephone (business):	City/Town/Suburb
Telephone (mobile):	Postcode

## INFORMATION ABOUT YOUR INITIATIVE

Name of your initiative	Location of initiative
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Description of your initiative:

Description of your initiative (continued):

Amount requested for your initiative (including GST)

Are you partnering with another organisation who will have access to the grant funds? If so please provide details

Is this full or part funding for your initiative (including GST)?

Fulltime      Partime

Is this a new or existing initiative?

New      Existing

What is the expected commencement date for your initiative (if applicable)?

What is the expected completion date for your initiative?

**Important note to applicant: All questions are mandatory. Please complete to ensure your application can be progressed.**

## BENEFITS OF YOUR INITIATIVE

How will your initiative provide a lasting or tangible benefit to the community?

Please provide details on how your initiative would achieve at least one of the following outcomes for your local community:

> How will your initiative improve and/or promote public safety or wellbeing?

> How will your initiative improve and/or support health or education?

> How will your initiative improve and/or support the environment?

Please provide details of how your organisation will manage the initiative, including financial management (eg; staff skills).

What opportunities would be available for Transgrid promotion and/or staff involvement with the initiative?  
(eg; co-branding on initiative related communications, participation in events or social media etc)

Approximately how many people would benefit from this initiative?

### COSTS OF YOUR INITIATIVE

Please provide a breakdown of estimated costs and provide available quotes for your initiative.

Item

Cost

How did you find out about this program?

Please list other organisations who provide sponsorship or donations for this initiative.

**Thank you for your application.**

Transgrid's Community Partnerships Program aims to deliver lasting benefits to communities across New South Wales.

If you have any questions about this form or the funding application process, please contact one of Transgrid's Community Engagement Officers on 1800 222 537.

**Completed application forms can be submitted to:**

Transgrid's Community Partnerships Program  
Attn: Community Partnerships Manager  
PO Box A1000  
Sydney South NSW 1235  
or  
[community@Transgrid.com.au](mailto:community@Transgrid.com.au)

I confirm that the information provided in the application is correct to the best of my knowledge. On behalf of my organisation, I accept the conditions and rules for submitting an application for funding in Transgrid's Community Partnership Program.

Name

Position

Date