| Eligibility | |
|---|--|
| * indicates a required field | |
| Incomplete applications and/or application be considered. | ations received after the closing date will |
| Before completing this application form, yo Council Annual Grants Guidelines. | ou should have read the Wagga Wagga City |
| The following section MUST be completed by | by the Applicant: |
| Have you discussed your project with Heritage Grant Officers? * ○ Yes | Bikash Pokharel or Emma Molloy, Local |
| Can you provide two (2) quotes for the Yes | e goods/service? * O No |
| Can you contribute at least 50% of the Yes | e total project costs? * O No |
| | nave any questions in regards to this please Illoy, Local Heritage Grant Officers on 1300 |
| Contact Details | |
| * indicates a required field | |
| Applicant Organisation Details | |
| Applicant Name: (Organisation or Indi Organisation Name | vidual) * |
| Applicant Address: * Address | |
| | |
| Suburb State Postcode | |

| Postal A Address | ddress: | (if differ | ent fr | om abov | e) | | |
|----------------------------|------------|------------|---------|------------|-------|----|--|
| | | | | | | | |
| Suburb | State | Postcode | 9 | | | | |
| Primary | Contact | Person | Name | • * | | | |
| Title | First Nar | | Last N | | | | |
| Position | held in | Organisa | ation: | (if applic | able) | | |
| Primary | Contact | Person | Phone | e Number | * | | |
| Primary | Contact | Person | Mobil | e Phone I | Numbe | r: | |
| Primary | Contact | Person | Email | * | | | |
| Project | t Detail | S | | | | | |
| * indicate | es a requi | red field | | | | | |
| Project | Name: * | | | | | | |
| Project : | Start Dat | te: * | | | | | |
| Project | End Date | e: * | | | | | |
| Project mu | ust be com | pleted by | 30 June | 2024 | | | |
| Brief pro | oject des | cription | * | | | | |
| (Maximum | n 200 word | s) | | | | | |

| Date of discussion with Bikash Pokharel or Emma Molloy, Local Heritage Grant Officers? |
|---|
| It is recommended that you discuss your project with the Grants Officer specific to your category prior to beginning your application. |
| Please tick if your application requires any of the following Council Approvals: Development Application Plumbing or Construction Approvals Works on Council Owned Facilities Use of Council Owned Facilities Traffic Management Plan Not Applicable |
| Which Guiding Principle does your project relate to? Thriving Innovative Connected Inclusive Please refer to page 5 of the Community Strategic Plan 2040 Visit https://wagga.nsw.gov.au/the-council/planning-and-reporting/community-planning/current-community-plans/community-strategic-plan or speak to your Grants Officer |
| What is the aim of your project and how will it benefit the community? * |
| Word count: Please use the Local Heritage Annual Grants Program Guidelines Category Eligibility Requirements as a guide when answering this question. (Maximum 200 words) |
| Who will be involved in your project? * |
| |
| (Maximum 200 words) |
| How will you acknowledge Wagga Wagga City Council's contribution toward this project? * |
| |
| Word count: (Maximum 200 words) |
| Financial Information |
| * indicates a required field |

Page 3 of 8

New Section

| Total Amount Requested: * |
|---|
| \$ What is the total amount of \$ you are requesting in this grant application? |
| |
| Total Project Cost: * \$ |
| What is the total budget of your project? (income + in-kind \$ amount = total project cost) |
| If you/your organisation is offered an amount less than the amount you have requested, would you still be able to proceed with your project? * ○ Yes ○ No |
| Budget |
| Outline your project budget by completing the Income, In-kind and Expenditure tables. Please do not add commas to figures, eg. write \$1000 not as \$1,000 All figures are GST exclusive |
| The budget MUST balance TOTAL INCOME & IN-KIND = TOTAL EXPENDITURE |
| HERE IS AN EXAMPLE BUDGET TO ASSIST YOU WITH THE TYPE OF INFORMATION REQUIRED: |
| INCOME |
| \$ |
| Grant funds requested amount |
| 2000 |
| TOTAL INCOME |
| \$2000 |
| IN-KIND |
| \$ |
| Financial contribution from applicant/group 1000 |
| In-kind labour from local landscaping business x 4 hours 200 |
| In-kind labour from volunteers x 4 hours |
| 100 |
| In-kind contribution – plants from local nursery business |
| 100 |
| TOTAL IN-KIND |
| \$1400 |
| TOTAL INCOME + IN-KIND = |
| \$3400 |
| EXPENDITURE |

Shade sail, poles, footings and installation

1400

Bench seats x 3

1600

In-kind labour from local landscaping business x 4 hours

200

In-kind labour from volunteers x 4 hours

100

In-kind contribution – plants from local nursery business

100

TOTAL EXPENDITURE =

\$3400

BUDGET TIPS:

- In-kind contribution/donation: This includes goods provided at no cost to the applicant group.
- In-kind labour This includes labour provided toward the project at no fee for the applicant group. If a quote/hourly rate cannot be obtained from the service provider it is suggested that unskilled labour (ie. general volunteer labour) be calculated at \$25 per hour and skilled labour at \$50 per hour.
- Please note that any monetary contributions from applicant and other external parties should be included as income.

Income

| Items | \$ Amount |
|---|-----------|
| Outline how you have received all incoming funds for the project ie. Council grant, cash, other funding opportunities and the amount for each funding source. | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

In-kind

Items \$ Value Amount

| Outline any in-kind contributions ie. a donation, | |
|---|--|
| free of charge labour or material and the finanical value of the contribution | |
| value of the contribution | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ \$ |
| | <u> </u> |
| | \$ |
| Expenditure | \$ Amount |
| Outline all goods and services required to execute | Amount |
| the project. | |
| | \$ \$ |
| | \$ \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ \$ |
| | <u> </u> |
| Total Project Costs: | |
| | |
| $(TOTAL\ EXPENDITURE = TOTAL\ INCOME).$ | |
| All figures are GST exclusive. | |
| Š | |
| TOTAL EXPENDITURE: * | |
| | |
| Total Expenditure = Expenditure table | |
| TOTAL INCOME. | |
| TOTAL INCOME: * | |
| | |
| Total Income = Income + In-Kind table | |
| | |
| Supporting Documentation | |
| Supporting Documentation | |
| * indicates a required field | |
| | |
| | |
| Please attach two (2) x itemised quotes f | for goods and services: * |
| Attach a file: | |
| | |

| Maximum 25mb | | | | | |
|---|-------------|--------------------|---------------------|--------------|--|
| Please attach a maximum of five (5) photos of project site and location: * Attach a file: | | | | | |
| Maximum 25mb | | | | | |
| | | | | | |
| Declaration, Review and | d Subm | it | | | |
| * indicates a required field | | | | | |
| Declaration: | | | | | |
| This MUST be completed by the a | applicant/c | organisation. | | | |
| In applying for funds under Wagg | ga Wagga (| City Council's Ann | ual Grants Prograr | n, I: | |
| Certify to the best of my kn true and correct. | owledge th | nat the statements | s made in this app | lication are | |
| Have read the Annual Grant | ts Program | Guidelines and a | gree to abide by tl | hem. | |
| Understand that neither my application form nor any supporting material will be returned to me. | | | | | |
| If successful, agree to recognise Wagga Wagga City Council as a project sponsor in all media coverage and publicity and in all publications relating to the successful project. | | | | | |
| Consider all risk associated with the project and will implement appropriate management strategies. | | | | | |
| State that no other funding for the project/program has been provided from Wagga Wagga City Council in the relevant financial year. | | | | | |
| l agree * | ○ Yes | | ○ No | | |
| 1. Name of primary | Title | First Name | Last Name | | |
| contact person * | | | | | |
| Position (if applicable) | | | | | |
| Date * | | | | | |
| Privacy Notice | | | | | |
| | | 4 . 2222 (1) | | | |

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in Wagga Wagga City Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles Wagga Wagga City

| | | rmation will only b or authorised by la | e disclosed to third aw. | parties with your | |
|--|---------------|--|-----------------------------|------------------------------------|--|
| You are now coming to the end of your application process and before you REVIEW and click the SUBMIT button please take a few moments to provide some feedback you may have regarding our online grants application process. | | | | | |
| Please indicate | how you found | the online applic | cation process: | | |
| | ○ Easy | | ○ Difficult | Very difficult | |
| | | rovements and/o | or additions to ther: | e application | |
| | | | | | |
| No more than 100 | words. | | | | |