Form Preview

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* indicates a required field

Incomplete applications and/or applications received after the closing date will not be considered.

Before completing this application form, you should have read the Wagga Wagga City Council Annual Grants Program Guidelines.

The following section MUST be completed by the Applicant Organisation:

Is your organisation not-for-profit? * □ Yes □ No Are you a legally incorporated entity or auspiced by a legally incorporated entity? *					
For more information regardin	g the definition of a legally incorporated entity, please w/Cooperativesandassociations/Incorporatinganassocia				
Villages Grants Officer, a application as a not-for-	oken with Victoria Lowe, Neighbourhood and and have been advised that Council will consproise profit entity and if successful any grant more rough audited statements/purchase receipts	sider my nies issued will			
○ Yes	○ No				
	operate in the Wagga Wagga Local Governm rate that the program will benefit residents nt Area? *				
○ Yes	\cap No				

If you answered no to any of the above Eligibility questions you should not proceed with this application. If you have any questions in regards to this please speak to Victoria Lowe, Neighbourhood and Rural Villages Grants Officer, on 1300 292 442.

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Name: (Organisation or Individual) *Organisation Name

Applica Address	nt Addre	ss: *
Suburb	State	Postcode
Postal Address	Address:	(if differ
Suburb	State	Postcode
Applica	nt Websi	ite:
Primary	, Contact	: Person I
Title	First Na	
Position	n held in	Organisa
Primary	, Contact	: Person I
, ,		
Primary	Contact	: Person I
Primary	Contact	: Person I
Duint da		£ ! !
Brief de	escription	n of activ
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Organisation Status: * O Incorporated Entity		○ Other	
Incorporated Association or A	ustralian C	orporation Number	:
Does your Organisation have a Yes	an ABN?	○ No	
ABN:			
	information	ovided will be used to . Click Lookup above to ABN correctly.	look up the following to check that you have
	Information	from the Australian Busi	ness Register
	ABN		
	Entity name		
	ABN status		
	Entity type		
	Goods & Ser	vices Tax (GST)	
	DGR Endors	ed	
ATO Charity		Туре	More information
ACNC Registration			
	Tax Concess	sions	
	Main busine	ss location	
Auspice Organisation Deta	ails		

•	Organi ation Nan	sation Name: * ne	
Auspice Address	e Organi	sation Address: *	
Suburb	State	Postcode	
Must be a	an Australi	ian post code	
Auspice	Organi	sation Contact: *	

Auspice Organisation Contact	Position: *		
Auspice Organisation Contact	Phone Number: *		
Must be an Australian phone number			
Auspice Organisation Contact	Email: *		
Auspice Organisation Incorpor	rated Association or Australia	n Corporation Number:	
*			
Please attach signed letter of Attach a file:	support by Auspice Organisa	tion: *	
Account a me.			
Max 25mb			
Does the Auspice Organisation O Yes	n have an ABN Number? * O No		
Ausnica APN: *			
Auspice ABN: *	TI ADNI III III		
	The ABN provided will be used to information. Click Lookup above entered the ABN correctly.		
	Information from the Australian Bus	iness 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 he an ARN		

Project Details

* indicates a required field

Date of discussion with Victoria Lowe, Neighbourhood and Rural Villages Grants Officers: *
Project Name: *
Location: *
Please provide location details including venue and suburb/village eg. Webb Park, Ashmont
Project Start Date: *
Project End Date: *
Project must be completed by 30 June 2024
Brief project description: *
brief project description.
Word count: Must be no more than 200 words
Please tick if your application requires any of the following Council Approvals: * O Development Application O Plumbing or Construction Approvals O Works on Council Owned Facilities O Use of Council Owned Facilities O Traffic Management Plan O Not Applicable Please discuss any of these requirements with Victoria Lowe or Sarah Lehman, Neighbourhood and Rural Villages Grants Officers
Will your project / program include any of the following communities? (Only tick
 the relevant boxes) * Wiradjuri/First Nations Culturally & Linguistically diverse People living with a disability Women LGBTIQ+ Seniors / Community Members aged 50 years +
☐ Young People 12 -24 years

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☐ Children 0 -12 years ☐ Rural & Remote ☐ Other:
Please describe how you will engage with the communities you have selected above: *
Does your current public liability insurance cover your volunteers at the location of the project/event? Yes No Not Applicable
Please provide a letter of support from either Wagga Wagga Local Aboriginal Council or local First Nations Agencies ie Mawang Gaway Aboriginal consultative group and/or Riverina Medical and Dental Aboriginal Corporation if your program/project is targeting the local First Nations community. Attach a file:
For further information please contact Bernard Higgins, Aboriginal Community Development Officer,
Wagga Wagga City Council on 1300 292 442
If holding an event, please provide examples of how you are planning to manage and reduce waste at your event:
Which Guiding Principle does your project relate to? * Thriving Innovative Connected
O 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 Category Eligibility Requirements as a guide when answering this question. (Maximum 200 words)

Who will be involved in your project? *

Word count: Eg. List local business suppliers and services. (Maximum 200 words)
How will you promote your project? *
Word count: Must be no more than 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
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 your organisation is offered a grant less than the amount you have requested, would you be able to proceed with your project? * O 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 IA AN EXAMPLE BUDGET TO ASSIST YOU WITH THE TYPE OF INFORMATION REQUIRED:
INCOME .
\$

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Grant funds requested amount

2000

TOTAL INCOME

\$2000

IN-KIND

\$

Financial contribution from applicant/group

200

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

\$600

TOTAL INCOME + IN-KIND =

\$2600

EXPENDITURE

\$

Shade sail, poles, footings and installation

1000

Bench seats x 3

1200

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 =

\$2600

BUDGET TIPS:

 In-kind contribution/donation: This includes goods provided at no cost to the applicant group.

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- 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.

\$ Amount

Income

List all income for the project ie. Council grant, cash, other funding and the amount for each

Items

funding source.	
lunding source.	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	<u></u>
In-kind	
Itawa	d Value Amount
Items	\$ Value Amount
List any in-kind contributions ie. a donation, free of	
charge labour or goods and the finanical value of the contribution	
the contribution	
Expenditure	
Items	\$ Amount
List all goods and services required to deliver the	Amount
project.	
project.	

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Total Project Costs:

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(TOTAL INCOME & IN-KIND + EXPENDITUR	E).
All figures are GST exclusive.	
TOTAL INCOME & IN-KIND *	
\$	
Total Income = Income + In-Kind table totals	
TOTAL EXPENDITURE: *	
\$	
Total Expenditure = Expenditure table total	
Please attach quote for each item in the a	expenditure section *
Accuent a me.	
Accept a me.	
Maximum 25mb	
Maximum 25mb To demonstrate financial viability, please your auspicing organisation's most recentinancial statement *	

Supporting Documentation

Please attach any other supporting documentation Attach a file:

Eg. Support letters (Maximum 25mb per file attachment)

Declaration, Review and Submit

* indicates a required field

Declaration:

This MUST be completed by the applicant/organisation.

In applying for funds under Wagga Wagga City Council Annual Grants Program, I:

- Certify to the best of my knowledge that the statements made in this application are true and correct.
- Have read the Annual Grants Program Guidelines and agree to abide by them.
- Understand that neither my application form nor any supporting material will be returned to me.

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- If successful, agree to recognise Wagga Wagga City Council as a sponsor of the
 organisation, project and/or activity by placing the City of Wagga Wagga's logo on all
 promotional/advertising materials, by mentioning Wagga Wagga City Council's support
 in all media coverage and publicity and in all publications relating to the successful
 project.
- Agree that all promotional and advertising materials must be approved by Wagga Wagga City Council before distribution.
- 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.
- Am required to state any fundraising that will occur, what charity the fundraising will go towards, and the estimated amount.

l agree *	○ Yes		○ No		
1. Name of primary contact person *	Title	First Name	Last Nam	e	
Position (if applicable)					
Date *	Must be a	date			
Privacy Notice					
In compliance with the <i>Information Privacy Act 2009</i> (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 Council's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.					
click the SUBMIT button please take a few moments to provide any feedback you may have regarding our online grants application process.					
Please indicate how you foun ○ Very easy ○ Easy	d the onl		process: Difficult	Very difficult	
Please provide us with any in process/form that you think w			litions to tl	ne application	

No more than 100 words.