

Annual Grants Program 2024/2025 - Recreational & Community Facilities

Form Preview

Eligibility

* 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? *

☐ Yes ☐ No

For more information regarding the definition of a legally incorporated entity, please visit www.fairtrading.nsw.gov.au/ftw/Cooperatives_and_associations/Incorporating_an_association

I confirm that I have spoken with Joshua Walsh, Recreational & Community Facilities Grants Officer, and have been advised that Council will consider my application as a not-for-profit entity and if successful any grant monies issued will need to be acquitted through audited statements/purchase receipts as per the grant contract. *

☐ Yes ☐ No

Does your organisation operate in the Wagga Wagga Local Government Area or are you able to demonstrate that the program will benefit residents in the Wagga Wagga Local Government Area? *

☐ Yes ☐ 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 Joshua Walsh, Recreational & Community Facilities Grants Officer on 1300 292 442.

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Name: (Organisation or Individual) *

Organisation Name

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Applicant Address: *

Address

Suburb State Postcode

Postal Address: (if different from above)

Address

Suburb State Postcode

Applicant Website:

Primary Contact Person Name: *

Title First Name Last Name

Position held in Organisation: (if applicable)

Primary Contact Person Phone Number: *

Primary Contact Person Mobile Phone Number:

Primary Contact Person Email: *

Brief description of activities you or your organisation undertakes: *

Word count:

Must be no more than 250 words

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Organisation Status: *

☐ Incorporated Entity ☐ Other

Incorporated Association or Australian Corporation Number:

Does your Organisation have an ABN?

☐ Yes ☐ No

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 | |

Auspice Organisation Details

Auspice Organisation Name: *

Organisation Name

Auspice Organisation Address: *

Address

Suburb State Postcode

Must be an Australian post code

Auspice Organisation Contact: *

Title First Name Last Name

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Auspice Organisation Contact Position: *

Auspice Organisation Contact Phone Number: *

Auspice Organisation Contact Email: *

Auspice Organisation Incorporated Association or Australian Corporation Number: *

Please attach signed letter of support by Auspice Organisation: *

Attach a file:

Max 25mb

Does the Auspice Organisation have an ABN Number? *

☐ 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 | |
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Must be an ABN

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Project Details

* indicates a required field

Date of discussion with Joshua Walsh Recreational & Community Facilities Grants Officer: *

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: *

Word count:

Must be no more than 200 words

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

Please discuss any of these requirements with Kadison Hofert, Recreational & Community Facilities Grants Officer

Will your project / program target 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 targets 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 292 422

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 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)

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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? *

☐ 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

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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.

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Income

| Items | \$ Amount |
|--|-----------|
| List all income for the project ie. Council grant, cash, other funding and the amount for each funding source. | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

In-kind

| Items | \$ Value Amount |
|---|-----------------|
| List any in-kind contributions ie. a donation, free of charge labour or goods and the financial value of the contribution | |
| | |
| | |
| | |
| | |
| | |

Expenditure

| Items | \$ Amount |
|--|-----------|
| List all goods and services required to deliver the project. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Total Project Costs:

(TOTAL INCOME & IN-KIND + EXPENDITURE).

All figures are GST exclusive.

TOTAL INCOME & IN-KIND *

\$

Total Income = Income + In-Kind table totals

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TOTAL EXPENDITURE: *

\$

Total Expenditure = Expenditure table total

Please attach quote for each item in the expenditure section *

Attach a file:

Maximum 25mb

To demonstrate financial viability, please attach a copy of your organisation's/ your auspicing organisation's most recent Annual Report or a copy of a current financial statement *

Attach a file:

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.
- 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.

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- 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.

I agree *

☐ Yes

☐ No

1. Name of primary contact person *

Title

First Name

Last Name

Position (if applicable)

Date *

Must be a date

Privacy Notice

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 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.

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 any feedback you may have regarding our online grants application process.

Please indicate how you found the online application process:

☐ Very easy

☐ Easy

☐ Neither

☐ Difficult

☐ Very difficult

Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:

No more than 100 words.