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?
I confirm that I have spoken with Luke Fitzgerald, Rural Halls 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 Luke Fitzgerald, Rural Halls 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 Addres	5S: *					
Suburb	State	Postcode	2				
Postal A Address	Address: ((if differ	ent fro	om above)		
Suburb	State	Postcode	2				
Applica	nt Websit	te:					
Title	Contact First Nar	ne	Last N	ame			
				(if applica			
Primary	Contact	Person	Mobile	Phone N	umber:		
Primary	Contact	Person	Email:	*			
Brief de	scription	of activ	ities y	ou or you	ır organis	ation unde	rtakes: *
Word cou Must be n	unt: o more tha	n 250 wor	ds				
	ation Sta oorated En				○ Other		

Incorporated Association or A	ustralian Corporation Number:
Does your Organisation have Yes	an ABN? O 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 <u>More information</u>
	ACNC Registration
	Tax Concessions
	Main business location
Auspice Organisation Deta	ails
Auspice Organisation Name: *	•

Auspice Organisat	Organis tion Name		ıme: *		
Auspice Address	Organisa	ation Ad	ldress	*	
Suburb	State	Postcode	e		
Must be an	n Australia	n post cod	de		
Auspice Title	_		ntact: Last N		

Auspice Organisation Contact Position: *

Auspice Organisation Co	ntact Phone Number: *	
Must be an Australian phone n	umhor	
Must be all Australian phone in	uniber	
Auspice Organisation Co	ntact Email: *	
Auspice Organisation Ind *	orporated Association or	Australian Corporation Number:
Please attach signed let Attach a file:	ter of support by Auspice	Organisation: *
Max 25mb		
O Yes	○ No	
Auspice ABN: *		
		be used to look up the following cup above to check that you have ctly.
	Information from the Au	stralian Business Register
	ABN	
	Entity name	
	ABN status	
	Entity type	
	Goods & Services Tax (G	ST)
	DGR Endorsed	
	ATO Charity Type	More information
	ACNC Registration	
	Tax Concessions	
	Main business location	

Must be an ABN

Project Details

* indicates a required field

Date of discussion with Luke Fitzgerald, Rural Halls Grants Officer: *
Project Name: *
Location: *
What rural village or district in the Wagga Wagga Local Government Area will your project occur? Fexample Collingullie, Currawarna, Galore, Humula, Ladysmith, Mangoplah, Oura, Tarcutta, Uranqui
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: 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 Luke Fitzgerald, Rural Halls 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 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 organisation for example 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 292 442
Which Guiding Principle does your project relate to the Community Strategic Plan 2040? * 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)
How will you promote your project? *
Word count:

Must be	no	more	than	200	words
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200

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 an amount of funding 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:
IN COLUMN
INCOME
\$
\$
\$ Grant funds requested amount
\$ Grant funds requested amount 2000
\$ Grant funds requested amount 2000 TOTAL INCOME
\$ Grant funds requested amount 2000 TOTAL INCOME \$2000

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.
- 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

List all income for the project ie. Council grant,	
cash, other funding and the amount for each	
funding source.	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
In-kind Items List any in-kind contributions ie. a donation, free or	\$ Value Amount
charge labour or goods and the finanical value of the contribution	
List all goods and services required to deliver the project.	\$ Amount
	\$ Amount
List all goods and services required to deliver the	\$ Amount
List all goods and services required to deliver the	\$ Amount
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List all goods and services required to deliver the	\$ Amount
List all goods and services required to deliver the	\$ Amount
List all goods and services required to deliver the project.	
List all goods and services required to deliver the project. Total Project Costs:	
List all goods and services required to deliver the project. Total Project Costs: (TOTAL INCOME & IN-KIND + EXPENDITU	

expenditure section *
e attach a copy of your organisation's/ nt Annual Report or a copy of a current

Supporting Documentation

Attach a file:	imentation
Eq. Support letters, quotes for goods and services	(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.
- 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 <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.				
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 foun ○ Very easy ○ Easy	d the onl			ery difficult
Please provide us with any in process/form that you think we have a second control of the contro			ions to the app	ication