Applicant Details

* indicates a required field

Organisation Details

Applications will be accepted from legally constitued, non-profit community groups or organisations. Unincorpoated organisations may apply for a donation or a grant if the application is auspiced by a legally constituted non-profit entity which would receive the funding onits behalf and be responsible to ensure funds are used as specified in the funding agreement.

Organisation Name *	
Are you a Wingecarribee Shire Council Section 355 Committee? *	○ Yes○ No
Are you an unincorporated organisation or group? *	YesNoIf yes, the auspicing organisation information must be completed

Applicant 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.

nformation 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				
Accept to a see ADM				

Must be an ABN

Application Contact Details

Name *	Title	First Name		Last Name	
Contact Position	Person who	will be respor	isible for adm	inistering the project	
Primary Address *	Address				
	Address Line Country are		own, State/Pro	ovince, Postcode, and	
Primary Phone Number *	Must be an A	Australian pho	one number.		
Other Phone Number	Must be an A	Australian pho	one number.		
Primary Website	Must be a UF	RL.			
Primary Email *	Must be an e	email address			
Auspicing Organisation					
If you are an unincorporated grou your application and administer y Auspicing Organisation Declaration	our funds. F	lease comp	lete the info		
Organisation Name *					
Name *	Title Auspicing or	First Name		Last Name	
Contact Position *		_			
Primary Phone Number *	Must be an A	Australian pho	one number.		
Primary Email *					

	Must be an email address.						
Auspice Primary Address	Address						
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 & Ser	vices Tax (GST)					
	DGR Endorse	ed					
	ATO Charity	-	More information				
	ACNC Registration						
	Tax Concessions						
	Main business location						
	Must be an A	BN.					
Organisation Details							
* indicates a required field							
Please provide a brief description of							
your organisation, its							
purpose and community objectives *							
Executive Positions							
Executive Positions							
President	Title	First Name	Last Name				
Canadam	Title	First Name	Last Nama				
Secretary	Title	First Name	Last Name				
Treasurer	Title	First Name	Last Name				

Project Essential Details	
* indicates a required field	
Project Category	
Which category best describes yo	our project?
*	Arts & CultureCommunity DevelopmentSport & Recreation
Donation or Grant	
Are you applying for a donation? (up to \$600) *	O Yes O No If Yes, Complete section 2 and 3 on this page and the checklist and certification on pages 6 and 7
Are you applying for a Grant? (up to \$7,000) *	YesNoIf Yes, All sections must be completed
Are you applying for a Environment and Sustainability grant? (up to \$2000) *	☐ Yes ☐ No
Project Essential Details	
Project Title *	
Short project description *	
	Provide a short description (100-200 words recommended) of your project - what are you planning to achieve and how?
Start *	
	Must be a date and between 1/7/2024 and 30/6/2025.
End Date *	
	Must be a date and between 1/7/2024 and 30/6/2025.
Total Amount Requested *	\$ Must be a dollar amount and no more than 7000.

Must be a dollar amount, no more than \$7000

Project Expanded Details

* indicates a required field

Community Strategic Plan - Wingecarribee 2031+

The <u>Wingecarribee Community Strategic Plan - Wingecarribee 2031+</u> was developed by the community as a plan for the future of the Shire.

It represents the vision, aspirations, goals, priorities and challenges for our community.

Wingecarribee 2031+ has created an opportunity for Council and the Community to work together to deliver outcomes that benefit everyone.

The Community Strategic Plan is divided into five main themes with goals and strategies identified for each theme.

How does your project relate to a specific goal or strategy in the Community Strategic Plan? *	
	Must be between 20 and 50 words
Goal and/or strategy identification number *	As listed in the Community Strategic Plan - Wingecarribee 2031+
Details of Project	
Why does this work need to be done? *	
	Describe the specific issue or need you want to address (200 words recommended)
What are the planned activities? *	
Who will benefit from	
the project? *	
What are the expected outcomes of the project?	

How will you know if these outcomes have been achieved? *			
Consents and Approvals			
Location			
Is approval required to undertake the project? *	YesNoUnsureDon't know		
What approvals/consent will be required for the project?			
For Section 355 Committees or projects involving council land or facilities	Attach a file:		
Applicant Financial Inform	ation		
Attach a copy of your organisations latest audited financial	Attach a file:		
statements or where not subject to audit requirements, a signed statement of income and expenditiure for the previous financial year			
Additional Information			
Please attach any further informa	tion that may be requ	ired to support you	ır application
Plans, specifications or supporting documents	Attach a file:		
Project Budget Details			
Budget			
Income \$	Expenditure	\$	Quotes/ estimates

\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

\$	\$
Sources of Project Fund	ing
Your organisations financial contribution to the project	\$
Total source of other financial contributions to project	List any other grant applications submitted or funding received towards this project
Value of other financial contributions	\$
n Kind contributions to the project	Please list i.e. office space, equipment, volunteers
Must be a dollar value	\$ Include cost of all In Kind contributions. A \$ value can be used for volunteer hours - \$36 x number of hours.
Total Project Cost	\$ What is the total budgeted cost (dollars) of your project?
Project Breakdown	
f Council is unable to provide to	the full amount of funding for your project part funding will be
Please identify your priorities for component of your project.	or funding and the amount of funding required to complete a
Priority 1	
Funding Request	\$
Priority 2	
Funding Request	\$

Priority 3		
-		
Funding Request	\$	
Checklist for Applicants		
* indicates a required field		
All Applicants - Donations	and Grants	
Have you read the		
guidelines? *		
Have you checked if		
your application is		
eligible? *		
Has the Application		
Form been fully completed? *		
Applications for Cross-		
Applications for Grants		
Have you reviewed the Community Strategic		
Plan - Wingecarribee		
2031+ and linked your project to a goal or		
strategy? *		
Have you made		
enquiries to check if your project requires		
approval or consent?		
Has this cost been considered in your		
project? *		
Have you provided		
written confirmation of support for this	For Council owned facilities	es
application from		
your Management Committtee? *		
Have you attached		
Have you attached plans, specifications or		

additional supporting documents if required? *	
Have you attached your quotes? *	
Have you provided your Financial Statements if required? *	

Privacy Statement and Certification

* indicates a required field

Privacy Statement

Privacy Statement

The personal information that you provide to Council when making this application may be 'personal information' as defined in the Privacy and Personal Information Protection Act 1998 (Act). Personal information will be collected, stored and used in accordance with Council's privacy guidelines which are set out in Council's Privacy Management Plan and Guidelines available on Council's website.

By supplying the information, you agree to its use by the Community Assistance Scheme Committee to effectively evaluate the merit of your application. Under the Act, you can make application for access or amendment to your personal information held by Council and, in certain circumstances, you can request that Council does not include your personal information in disclosures to the public. Council is the agency that holds the information for the purposes of the Act.

Certification - All applicants to complete

I hereby certify that:

- I have the authority from a least two office bearers of my organisaion, one of whom is either the President or Treasurer to submit this application
- I have read and understood the Community Assistance Guidelines 2023 /2024
- I have reviewed the checklist
- I understand the Privacy Statement
- To the best of my knowledge the information provided in this application is true

Name *	Title	First Name	Last Name	
Position *				
Phone Number *				

Certification - Auspicing Organisation

The organisation agrees to take responsibility for auspicing the donation or grant on behalf of the applicant.

Organisation Name *			
Name *	Title	First Name	Last Name
	Auspicing org	ganisation contact name	
Position *			
Phone Number *			