

Annual Allocation Program

Form Preview

About Your Organisation

* indicates a required field

Organisation Details

Organisation Name *

ABN

Optional if auspiced

Are you incorporated? *

Yes

No

Contact Person *

Position/Role *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Auspicing Details

Auspicing Organisation Name *

Auspicing Organisation ABN *

Eligibility

* indicates a required field

Eligibility Check

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Are you based in, or delivering the project within, Wingecarribee Shire *

- Yes
- No

You may not be eligible to apply if you are not based in, or delivering the project within, Wingecarribee Shire. Please review the guidelines.

Do you have any outstanding debts to Council? *

- Yes
- No

Organisations with outstanding debts are ineligible.

Prior Acquittals

Do you have any outstanding acquittals from any previous Council funding? *

- Yes
- No
- Not Applicable

Applications may be ineligible if acquittals are outstanding.

Funding Proposal

* indicates a required field

Project Overview

Project Title *

Start Date *

Must be a date.

End Date *

Must be a date.

Project Location *

Short project description *

Provide a short description (100 words recommended) of your project - what will you use funding for, what are you out to do?

Please upload letters supporting your project *

Attach a file:

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Please upload a business case to support your project *

Attach a file:

The business case should include reasons as to why you need funding and how the funding will be used.

Strategic Alignment

* indicates a required field

New Section

Which Wingecarribee 2035 goals or priorities does your project support? *

- Supporting Families & Young People
- Strengthening Partnerships & Collaboration
- Delivering Tangible Community Benefit
- Activating Community Spaces and Places
- Bringing Communities Together Through Vibrant Events
- Promoting Sustainability & Environmental Responsibility

Select all that apply.

Please explain how your project contributes to these priorities. *

Word count:

Must be no more than 200 words.

Community Benefit

* indicates a required field

Who will benefit from your project? *

- Young People
- Families
- Older Residents
- General Community
- Other:

Estimated number of people who will directly participate/benefit annually. *

Must be a whole number (no decimal place).

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How will you measure the success of your project? *

Word count:

Must be no more than 100 words.

Budget

* indicates a required field

Annual Project Budget (Expenditure)

Please outline your annual project expenses in the expenditure table below (GST inclusive). This should itemise how you propose to spend the funding annually.

If you propose to vary the way in which you use funding during the program (2026-29), please include the financial year in the "Notes" column.

Expenditure description	Expenditure amount (budgeted)	Notes
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.

Budget

Total Project Cost *

Must be a whole dollar amount (no cents).

Amount Requested Annually *

Must be a whole dollar amount (no cents) and no more than 20000.

Are you receiving funding for this project under any other programs? *

- Yes
 No

Other Contributions

Cash, in-kind, volunteer hours

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Upload your organisation's most recent income and expenditure statement. *

Attach a file:

Upload your quotes for goods or services.

Attach a file:

Other Funding Sources

Please list your other funding sources *

Acknowledgement of Council Support

* indicates a required field

Acknowledgement of Council Support

How will you acknowledge Council support? *

Other:

Acknowledgement of Council support is mandatory and will be subject to Council approval.

Declaration

* indicates a required field

I declare that the information provided in this application is true and correct to the best of my knowledge and ability. *

Yes

I understand that if anything in my application is not true or correct I may have to return any funding provided in its entirety and may be prohibited from applying in future funding rounds. *

Yes

I understand funding is not guaranteed and applications are competitive. In the event that my application is assessed as eligible and competitive it will be subject to a Council report and determined by the elected body. *

Yes