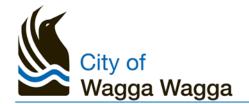


ABN 56 044 159 537 Ph 1300 292 442 Fax 02 6926 9199 council@wagga.nsw.gov.au www.wagga.nsw.gov.au



ANNUAL GRANTS PROGRAM 2012/2013 APPLICATION FORM

SECTION 1 – APPLICANT DETAILS

Name (Organisation / Individual)			
Postal Address			
Contact Person			
Contact Numbers	Phone	Fax	Mobile
Email Address			
Organisation Status	tity ution equire an organisation plication or provide oth		
Registered for GST?	Yes	No	
ABN			
Brief Description Of Activities You or Your Organisation Undertakes			
Date Application Received:	Supplier (circle) Received:	and date each step	

SECTION 2 - PROJECT DETAILS

Grant Category														
Select only one	Arts, Culture & Heritage													
,	Arts and Cultural													
	Local Heritage													
	Community Health & Wellbeing													
	Sporting & Cultural Facilities													
	Community Programs & Projects													
	Connected Rural & Urban Communities													
	Rural Halls													
	Neighbourhood & Rural Village													
	Tourism Event Attraction & Marketing													
	Sustainable Environments													
	Developing Personal Excellence													
Project Name														
Brief Project Description														
What are you going to do?														
When are you going to do it?														
Where are you going to do it?														
Start Date	Finish Date													
Amount of Grant Requested	\$ Total Project Cost \$													

How does your project address the Vision 2030 Future Directions and the Funding Priorities for your selected grant category? Each category has specific purpose and funding priorities. Refer to the
2012/13 Grant Guidelines.
Who will benefit from your project?
and the state of the state of
What is your shipstive what do you think you will sahious?
What is your objective, what do you think you will achieve?
Who will be involved in your project?

How will you promote your project?		
How will you acknowledge Council's	contribution toward this proje	ct?
SECTION 3 – PROJECT DELIVERY		
SECTION 3 - PROJECT BELIVERT		
Project Timeline – write down every ste	ep that needs to happen, when it	should happen, and who will
make it happen.		
 Task	Time	Person Responsible
Example: Order materials	September – October 2012	President / Secretary

Write up final report/ acquittal (to be done within 8 weeks after the project is completed)

Council Approvals Does your project require/involve?	Development Application Plumbing or Construction Approvals Works on Council owned Facilities Use of Council owned Facilities Traffic Management Plan Other
Details of Discussion with Council Staff	
Name of Officer/s Date of Contact	

SECTION 4 - THE PROJECT BUDGET

Please detail the estimated income and expenditure of each item needed to complete your project. **ALL Amounts to Include GST** Amount Income Do not include your Council Grant request in this section Your own financial contribution \$ Other (please provide detail eg: other sponsorship/grant funding) \$ \$ \$ **Total Income Total Cost Grant Requested From Expenses** Council List the total cost for each component and how it will be funded (attach quotes if available) \$3000.00 \$1500.00 Example: Advertising **Total Expenses** \$ \$ In- Kind In-Kind Contribution / Volunteer Staff What it would cost you to (please provide detail eg: number of staff x hourly rate x pay someone else to do number of hours) the job \$

SECTION 5 - DECLARATION

Checklist Please tick to confirm that you have either attached or completed all of the following:	Incorporation documents, documents verifying the organisation or a letter from a sponsoring organisation (If applicable) Tax invoice / invoice / statement by a supplier form (whichever is applicable to your organisation) You have completed any outstanding acquittals from previous rounds of Council grants Have cleared your project with relevant Council divisions
Declaration	In applying for funds under Councils 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 guidelines and agree to abide by them. Understand that neither my application form nor any supporting material will be returned to me. Agree to have Wagga Wagga City Council's logo clearly displayed on all promotional material including newspaper advertisements and television advertisements. Agree to acknowledge Wagga Wagga City Council's financial contribution in all speeches at openings etc and interviews with the media. Name:

FEEDBACK TO US	
How did you hear about the Annual Grants	If you needed assistance with your application, where
Program?	did you find it?
 □ Newspaper Advertisement □ Article in Newspaper □ Radio □ Word of Mouth □ Council Newsletter □ Council Website 	 □ Phoned Councils Customer Service □ Attended Grants Information Workshop □ Councils Website □ Spoke to a Council Officer □ Other
☐ Other	
OTHER COMMENTS	

HOW TO RECEIVE YOUR PAYMENT

In order for Council to pay your organisation any grant awarded, it is a requirement that an invoice or tax invoice is submitted to Council. The Australian Taxation Office can be contacted for further advice regarding your tax status on 132866 or via their website www.ato.gov.au. The following outlines what needs to be considered when completing either an invoice or tax invoice:

1. Australian Business Number (ABN) and Registered for GST

If your organisation has an ABN and is registered for GST you will need to provide a tax invoice and include GST on top of the amount of grant allocated. For example - if your grant is for \$3000 then your tax invoice would be for \$3000 plus \$300 GST, totaling \$3300. Please quote your ABN on the tax invoice.

2. ABN and Not Registered for GST

If your organisation has an ABN but not registered for GST you will need to provide an invoice for the grant amount (excluding GST), quoting your ABN.

3. No ABN and Not Registered for GST

Council expects that all organizations that receive grant funding to supply an ABN. If your organisation does not have an ABN you will need to provide an invoice for the grant amount (excluding GST) and a completed statement by supplier form.

Please note the invoice/tax invoice must be in the name of your organization - not in the name of the supplier of the goods/services you are purchasing. It will be your responsibility to manage the grant funds and make payment to any suppliers that may be used.

Р	INVOIC lease complete if you are no		ST									
Invoice To:	Wagga Wagga City PO Box 20 WAGGA WAGGA N		Date:									
Claimants Name:												
Claimants Address:												
ABN:												
Description of Goods or Service:	Wagga Wagga City Council Annual Grants Program 2012/13											
Project Name/Title:												
Amount (Excluding GST):												
Payment Method (please tick):	☐ Cheque	Account Name:										
	☐ Direct Deposit	Bank:										
		BSB										
		Acc No:										

	Recipient cr											
	TAX INV Please complete if you are r	_										
Invoice To:	Wagga Wagga City PO Box 20 WAGGA WAGGA N	Date:										
Claimants Name:												
Claimants Address:												
ABN:												
Description of Goods or Service:	Wagga Wagga City Council Annual Grants Program 2012/13											
Project Name/Title:												
Amount (Excluding GST):												
GST:												
Total Amount:												
Payment Method (please tick):	☐ Cheque	Account Name:										
	☐ Direct Deposit	Bank:										
		BSB										
		Acc No:										



Statement by a supplier

Complete this statement if you:

- are an individual or a business
- have supplied goods or services to an other enterprise (the payer), and
- are not required to quote an Australia business number (ABN).

Payers must withhold 46.5% of the total payment it makes to you for a supply that you make as part of your enterprise you carry on in Australia, unless an ABN has been quoted or there is no need to quote an ABN.

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Use BLOCK LETTERS and print one character in each box.

 \blacksquare Place |X| in ALL applicable boxes.

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3	Your reason/s for not quoting an ABN? Place \(\frac{\psi}{\psi} \) in the appropriate box/es. The payer is not making the payment in the course of carrying on an enterprise in Australia.																																												
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Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to the Tax Office.

Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for 5 years.

Payers can check ABN records of suppliers by visiting www.abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.