

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	sponsor your ap documents)	ution equire an organisatio plication or provide o	on with legal status to ther supporting
Registered for GST?	Yes	No	
ABN			
Brief Description Of Activities You or Your Organisation Undertakes			

OFFICE USE ONLY Responsible Officer to sign and date each step			
Date Application Received:			
Acknowledgment Letter sent:			
Notification Letter:			
Tax Invoice / Invoice / Statement by a Supplier (circle) Received:			
Chq Req Form Completed:			

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?

What is your objective, what do you think you will achieve?

Who will be involved in your project?

How will	you	promote	your	pro	ject?
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How will you acknowledge Council's contribution toward this project?

SECTION 3 – PROJECT DELIVERY

 Project Timeline – write down every step 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

 Image: Order materials
 September – October 2012
 President / Secretary

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 President / Secretary

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

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 Other 	 Phoned Councils Customer Service Attended Grants Information Workshop Councils Website Spoke to a Council Officer 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 <u>www.ato.gov.au</u>. 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.

INVOICE Please complete if you are not registered for GST					
Invoice To:	Wagga Wagga City Council PO Box 20 WAGGA WAGGA NSW 2650		Date:		
Claimants Name:					
Claimants Address:					
ABN:					
Description of Goods or Service:	Wagga Wagga City	Council Annu	al Grants Program 2012/13		
Project Name/Title:					
Amount (Excluding GST):					
Payment Method (please tick):	Cheque	Account Name:			
	Direct Deposit	Bank:			
		BSB			
		Acc No:			

Recipient created TAX INVOICE							
Please complete if you are registered for GST							
Invoice To:	Wagga Wagga City PO Box 20 WAGGA WAGGA		Date:				
		2000					
Claimants Name:							
Claimants Address:							
ABN:							
Description of Goods or Service:	Wagga Wagga City	Council Annua	al 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:					

Australian Government



Australian Taxation Office

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.

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Place $|\mathcal{X}|$ in ALL applicable boxes.

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Section B: Declaration

Under pay as you go (PAYG) legislation and guidelines administered by the Tax Office, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)											
Signature of supplier (or authorised person)	Daytime phone number										
	Date										
	Day Month Year										
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.