

Annual Assistance Program Application Form

INFORMATION ABOUT THE PROGRAM

The Annual Financial Assistance Program provides funding to support community events and programs that Council recognise as having significant benefit to Tourism, Education, Economy and the Wollondilly Community that are conducted on an annual basis.

ELIGIBILITY

To be eligible for funding an organisation must:

- Be not for profit
- Be an incorporated body or be auspiced (sponsored) by an incorporated body
- Be a local Primary or Secondary School (Citizenship Award)
- Provide significant benefit to the Wollondilly LGA
- Offer an annual event or project in the Wollondilly LGA, and
- Have no outstanding debts to Council
- Be identified by Council for annual funding allocation

Applicants must demonstrate linkages to the Community Strategic Plan Outcomes and Strategies

RECIPIENTS

Recipients are identified and recommended annually based on completion of successful event or activity in the previous year.

The annual assistance program is considered by Council each year as part of the annual budget process.

Council will consider funding allocations in line with its operational plan objectives and annual budget. Funding is provided on the merit of the activity and projected outcomes.

Funding will be paid to a nominated bank account inclusive of GST via EFT (Electronic Funds Transfer)

GRANT CATEGORY

- Carols by Candlelight**

ACQUITTAL

Recipients of Annual Assistance shall undertake an acquittal process each year and provide Council with:

- Information on how the financial assistance was spent
- Membership / Participation rates
- An evaluation of the event or activity
- Copies of any promotional material and media material.
- Copies of photographs of Mayor or Councilor involvement in the event or activity
- Provide details of Council's acknowledgement

INSTRUCTIONS

You must submit this Application electronically by completing the application online and sending it to Council by email to: council@wollondilly.nsw.gov.au

Contact Council's Community Project & Events Team Leader for any assistance in completing your application on 4677 9611 or rob.moran@wollondilly.nsw.gov.au

APPLICANT DETAILS

Please provide the following information

APPLICANT DETAILS	
Organisation Name	
Street Address	
Postal Address	
Australian Business Number (ABN)	
Is your organisation registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organisation hold current Public Liability Insurance?	<input type="checkbox"/> Yes – please attach copy <input type="checkbox"/> No

CONTACT DETAILS

Contact Name	
Phone	(02)
Mobile	
Fax	(02)
Email	

BANK ACCOUNT DETAILS

ACCOUNT NAME:	
BSB:	
ACCOUNT NUMBER:	
BANK NAME:	

ANNUAL FINANCIAL ASSISTANCE SPECIFICATIONS

Please complete the following

DETAILS OF EVENT / PROGRAM	
Name of event / program	
Purpose of the Annual Assistance	

<p>Linkage to Council's Community Strategic Plan</p> <ul style="list-style-type: none"> • Tick one box only • Refer to Council's Community Strategic Plan 2033 for details 	<ul style="list-style-type: none"> <input type="checkbox"/> Looking after the Community <input type="checkbox"/> Caring for the Environment <input type="checkbox"/> Building a stronger economy <input type="checkbox"/> Management and provision of infrastructure
<p>How will your application address the strategies of the Community Strategic Plan?</p> <ul style="list-style-type: none"> • Tick relevant boxes • Refer to Council's Community Strategic Plan 2033 for details 	<ul style="list-style-type: none"> <input type="checkbox"/> Access to a range of activities services and facilities <input type="checkbox"/> A connected and supported community <input type="checkbox"/> Our local environment that is valued and supported <input type="checkbox"/> A community that interacts with, and cares for their environment <input type="checkbox"/> A strong local economy providing employment and other opportunities <input type="checkbox"/> Safe, maintained and effective infrastructure <input type="checkbox"/> Access to a range of transport options
<p>Key Date/s</p>	<p>Event Date:</p>

BUDGET BREAKDOWN

Please provide details of the total income for the event / program

INCOME	
Income from Fees / Ticket Sales	\$
Support Income – donations / sponsorship / other sources	\$
Other Contributions	\$
Contribution by your organisation / partner organisations	\$
TOTAL INCOME (A)	\$

Please provide details of the total expenditure for the event / program

EXPENDITURE	
Materials / Equipment	\$
Labour	\$
Other	\$
Total cost of event / program (B)	\$
TOTAL GRANT SOUGHT FROM COUNCIL (C)	\$
A – B = C	

DECLARATION

I acknowledge I have read and understood the information on the Wollondilly Annual Assistance Program, including the eligibility criteria and to my best of my knowledge, the information provided in this application is true and correct.

NAME: _____

SIGNATURE: _____

DATE: _____

SUBMITTING YOUR APPLICATION

Please save this form to your computer and e-mail it to: council@wollondilly.nsw.gov.au

Office Use Only	
Date Received	
Application Number	