***Office use only***

**Date received**

**1. Project Summary**

Project Name:

|  |
| --- |
|  |

Describe your project in 100 words or less: *You may attach additional information if required.*

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|  |

Name of applicant:

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| --- |
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|  |
| --- |
| $ |

Amount requested:

**2. Contact Information**

|  |
| --- |
|  |

Your name:

|  |
| --- |
|  |

Your position:

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|  |

Phone number:

|  |
| --- |
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Mobile:

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Email:

**3. Project Details**

**Project Relevance**

Describe how your project has relevance for the Waverley Local Government Area.

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**Project Objectives/ Goals**

What benefit do you hope your project will achieve for the Waverley community or specific target groups within the community?

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**Waverley Community Strategic Plan and Social Justice Principles**

Describe how your project aligns with the goals described in the Waverley Community Strategic Plan, and accords with social justice principles of equity, access, rights, and participation for everyone in the community.

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**Project Partners**

If implementation of your project relies on project partners (such as a school, or youth service), please provide the name, position and contact details of your prospective partners, and their response to your proposal to date.

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**Project Venue**

Where do you plan to run the project from? If you plan to use a Council facility, what has Council Venue Hire advised about the suitability and availability of your preferred venue, and the cost of venue hire for your proposed project.

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**Project Evaluation**

How will you measure whether your project has met its goals and achieved its desired benefit?

For example:

* Number of participants/ attendees/ ticket sales
* Evaluation by participants
* Evidence of outcomes for participants

*Your final report should include these results*

|  |
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**Project Implementation Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who** | **What** | **When** | **Expected Outcome** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Project Completion Date** |  |

**Future Maintenance**

If this project will continue after the grant has finished, describe your plan for maintaining and funding it in the future.

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**Project Budget**

Please provide a breakdown showing anticipated sources of income for your project, and the expenditure required to implement your project.

Anticipated income may include: this small grant, grants from other sources, sponsorships, fees charged to participants, in kind contributions such as volunteer labour (no dollar value is required).

The costs associated with implementing your project may include: venue hire, service providers, equipment/ materials, purchase of materials, program or production costs/ documentation and promotion, etc.

|  |  |
| --- | --- |
| **Anticipated Income** | **Anticipated Expenditure** |
| **Description** | **Amount** | **Description** | **Amount** |
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**4. Current Level of Support**

Has your organisation received a Council subsidy, grant or donation in the last 3 years? 🗆 Yes 🗆 No

|  |  |  |
| --- | --- | --- |
| **Year** | **For** | **Acquitted** |
|  |  | 🗆 Yes 🗆 No |

If you received a grant under the Small Grants Program last round, will you be able to spend the funds and acquit that grant by the submission date for this application? 🗆 Yes 🗆 No

**If No please explain:**

|  |
| --- |
|  |

**5. Payee Details**

Successful applicants will be paid by cheque. Please ensure that the payee details and address you provide will enable delivery of a cheque by post.

|  |
| --- |
| **Individual** |
| 1. Payee Name
 |  |
| 1. Postal Address
 |  |
| **Community Group/ Community Service/ Club/ Association** |
| 1. Payee Name
 |  |
| 1. Postal Address
 |  |
| 1. Evidence of incorporation if applicable:
* Incorporation number
* Date of incorporation
 |  |
| 1. ABN if applicable
 |  |
| 1. Web address if applicable
 |  |
| **School/ OOSH/ OOSC** |
| 1. Payee Name
 |  |
| 1. Postal Address
 |  |
| 1. Evidence of incorporation if applicable:
	* Incorporation number
	* Date of incorporation
 |  |
| 1. ABN if applicable
 |  |
| 1. Web address if applicable
 |  |
| **Sole Trader/ Small Business/ Social Enterprise** |
| 1. Payee Name
 |  |
| 1. Trading Name
 |  |
| 1. Postal Address
 |  |
| 1. ABN
 |  |
| 1. Describe your trade
 |  |
| 1. Web address if applicable
 |  |
| **Other** |
| 1. Payee Name
 |  |
| 1. Postal Address
 |  |
| 1. ABN if applicable
 |  |
| 1. Describe your organisation
 |  |
| 1. Web address if applicable
 |  |

**6. Declaration**

The information provided in this application is true and correct to the best of my knowledge.

I understand and accept that the information provided in this application will be published in summary form as part of a report to Waverley Council.

**Should this application be successful, I agree to:**

1. Use the funding for the purpose stated in my application within 12 months, or make an application for a variation and/ or extension
2. Accept Council’s general terms and conditions, and any special conditions that may be specified in my letter of offer
3. Appropriately acknowledge Council’s support in promotional material and other information relating to the project
4. Submit Council’s acquittal form and provide a short evaluation report immediately following project completion, including:
* A financial statement with evidence of expenditure
* A brief project summary outlining what the project achieved, and a photo that Council may use to promote awareness of community achievements under the Small Grants Program
1. Return any unspent funds exceeding $100 to Council.

**Individual Applicant:**

Name……………………………………… Signature …………………………….... Date……………………

**Organisational Applicant:**

Name……………………………………… Position …………………………………. Signature …………………………….... Date……………………

*Office bearer / Manager / CEO*

**7. Submission Details**

**BY POST OR IN PERSON**

Julie Jenkinson

Community Programs
Waverley Council
Level 1, Cnr Paul St & Bondi Rd
Bondi Junction NSW 1355

**BY EMAIL**

**smallgrants@waverley.nsw.gov.au**