***Office use only***

**Date received**

**1. Project Summary**

Project Name:

|  |
| --- |
|  |

Describe your project in 100 words or less. Include what it is about, who it is for, who will deliver it, and how it will support environmental sustainability in Waverley. Refer to guidelines to help you answer this.

*You may attach more information if required.*

|  |
| --- |
|  |

Name of applicant:

|  |
| --- |
|  |

|  |
| --- |
| $ |

Amount requested:

Are you willing to accept partial funding for your project? 🗆 Yes 🗆 No

**2. Contact Information**

|  |
| --- |
|  |

Your name:

|  |
| --- |
|  |

Your position:

|  |
| --- |
|  |

Phone number:

|  |
| --- |
|  |

Mobile:

|  |
| --- |
|  |

Email:

**3. Project Details**

**Need/ Opportunity**

What is the need for this project or the opportunity it creates? How was it identified? (eg through an environmental management plan, audit etc.)

|  |
| --- |
|  |

**EAP Targets**

What Waverley Council Environmental Action Plan (EAP) targets will this project help deliver?

Tick all that apply:

* Waste avoidance, reduction, recycling and reuse
* Water conservation and water quality
* Planning and responding to climate change
* Energy and/or Greenhouse gas emission reductions
* Biodiversity support and protection

See the [Environmental Action Plan (EAP)](https://www.waverley.nsw.gov.au/__data/assets/pdf_file/0020/163343/D18_48321_Environmental_Action_Plan_2018-2030.pdf)

**Project Objectives/ Goals**

What environmental benefit/ improvement does this project create?

|  |
| --- |
|  |

**Project Partners**

If implementation of your project relies on project partners, please describe who they are and what role they will have in the project. (Provide a letter of support from partners where possible)

|  |  |
| --- | --- |
| Partner’s name | Role in project |
|  |  |

**Project Site or Venue**

Where do you plan to implement the project? Do you have permission to use this location?

|  |
| --- |
|  |

If your project is an event or program, and you plan to use a Council facility indoors or outdoors, what have Council’s venue hire and/ or events teams advised about the suitability and availability of your preferred venue, and the cost of venue hire for your proposed project? See:

<https://www.waverley.nsw.gov.au/recreation/venue_hire>

If your project is a street, verge, or shared garden, do you have approval from Council/ the property owner for implementation? Please provide details.

|  |
| --- |
|  |

**Community Awareness**

How will you promote and communicate this project to the community?

Example: newsletters, project partners, media.

|  |
| --- |
|  |

**Project Evaluation**

How will you measure whether your project’s effectiveness and ensure it achieves its desired benefit?

*For example:*

* *Waste reduction projects – pre and post waste audits*
* *Environmental Educational projects – pre and post awareness surveys*
* *Biodiversity projects - bird counts*

*Council will ask for these results as part of your grant acquittal. Please provide details on your evaluation approach here*

|  |
| --- |
|  |

**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.

|  |
| --- |
|  |

**Project Budget**

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

Anticipated income may include: this 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 & ‘In kind’ Contributions** | | **Anticipated Expenditure** | |
| **Description** | **Amount** | **Description** | **Amount** |
| Example: Community Building partnership grant | 5000 | Example: Bondi Pavilionhire | 600 |
| Example: Working bee | - | Example: classroom recycle bins | 545 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  | **Total** |  |

**4. Previous Support**

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

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

Preference will be given to applicants that have not received grant funding in the previous 3 years. Any previously received grants should be acquitted before a new application can be submitted.

**5. Payee Details**

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

|  |  |
| --- | --- |
| **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 / Early education centre** | |
| 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/ Micro 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 case study outlining project results, who was involved, achieved project measures and photos or videos that Council may use to promote awareness of community achievements under the Small Grants Program

1. Return any unspent funds exceeding $100 to Council.

**Organisational Applicant:**

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

*Office bearer / Manager / CEO*

**Schools only:**

Principal’s Name……………………………………… Signature …………………………….... Date……………………

**7. Submission Details**

**BY POST OR IN PERSON**

Julie Jenkinson

Community Programs   
Waverley Council   
Cnr Paul Street & Bondi Rd   
Bondi Junction NSW 1355

**BY EMAIL**

[**smallgrants@waverley.nsw.gov.au**](mailto:smallgrants@waverley.nsw.gov.au)