#### Sport Achievement Funding Program Application Form

\* indicates a required field

#### Before you continue:

You will need to fully understand the guidelines for the Sport Achievement Funding Program to make sure your application is eligible for funding.

Please read the <u>Community Funding and Support Program Guidelines</u> before completing this application.

#### **Applicant Details**

Applicant Name *	Title	First Name		Last Nam	е		
Address *	Address						
	Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia						
Please provide proof of	Attach a file	e:					
residency *							
	E.g. rates notice, car registration, utility bill, etc. If the applicant is under 18 years proof of residency is be in the name of the parent/guardian.						
Phone *							
	Please include area code						
Email *							
	Must be an email address.						
Is the applicant under 18 years? *	<ul><li>Yes</li><li>No</li></ul>						
Parent/Guardian Details							
Parent/Guardian Name *	Title F	irst Name	Last Na	me			

Event Details	
Sport *	
Name of the Event/ Competition *	
Level of Competition *	<ul> <li>State Championship (representing a regional team)</li> <li>National Championship (representing Queensland)</li> <li>International Championship (representing Australia)</li> <li>Applicants selected in a club/association representative team are not eligible for the state championship funding. Athlete must be selected into a regional team e.g. Metropolitan West School Sport</li> </ul>
Event Start Date *	Applications can only be submitted after participation at the event. Applications must be submitted within 6 months of the event
Event End Date *	
Event Location *	
How did you qualify for this event? *	
Attach evidence of your selection *	Attach a file:  (Applicant must provide documentation clearly showing selection. All documentation must be clearly identified as being from the event organiser or selector. Multiple documents can be uploaded with e.g's being; a letter, Facebook post, email or website)
Attach supporting photos or videos	Attach a file:  (e.g. of athlete competing/training)
I confirm the applicant has competed at the event *	<ul> <li>Yes</li> <li>No</li> <li>Applications can only be submitted after participation at the event. Applications must be submitted no later than 6 months after the event start date.</li> </ul>
Budget	

**\$ Amount** 

Provide a description and cost of items you are seeking reimbursement for. Items covered under the grant include travel expenses e.g., flights, fuel, accommodation; and costs of competing e.g., compulsory uniforms and levies.

Copies of receipts are to be attached. Invoices are not accepted unless accompanied by proof of payment e.g., receipt or bank statement.

**Receipts** 

\$		
\$		
\$		
Budget Totals		
Total Expenditure Amount		
\$ This number/amount is calculated.		
Previous Applications		
Have you received Sport Achievement Funding during this financial year? *	<ul><li>Yes</li><li>No</li></ul>	
Application Number		
Sport		

#### **Direct Payment Section:**

**Expenditure Item** 

If you are successful in being awarded Sport Achievement Funding, Council will transfer the funds to your nominated bank account.

Bank Account Details *	Account Name				
	BSB Number	Account Number			
	Must be a valid A	ustralian bank account format.			

#### Certification

\* indicates a required field

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if my application is royed for this funding. I will be required to accept the term

the funding as outlined in the			the ten	ilis aliu C	onditions of
l agree *	○ Yes				
Applicant Name *	Title I	First Name	Last Na	ame	
Date *	Must be a d	ate.			
Parent/Guardian Name *	Title	First Name		Last Nam	e
Date *	Must be a d	ate			
Privacy Statement					
Ipswich City Council is collecting request for Sport Achievement Foutside of Council unless we are in order to perform the above fur to relevant Council Committees, minutes, which are accessible to	unding. We required by nctions, we which may be	will not disclose y law or you have may need to disc be recorded in m	your per given yo lose you eeting a	sonal info our conser ur persona igendas ar	rmation nt. However, I information nd formal

### your name, may be discussed at the meetings of Council and its committees which are open to the public. Please also note that, as per the Community Funding and Support Policy, applicants are required to give permission for Council to publish the name of the recipient and the funding amount in accordance with Council's requirements under the

Local Government Act 2009 and the Local Government Regulation 2012. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

#### Checklist and Feedback

\* indicates a required field

Have y	ou a	attached	d copies	of all	docume	nts a	s requi	red to	sup	port	your	applic	ation?
Incomp	olete	e applica	ations w	ill not	be cons	idere	d.						

Checklist *	Proof of Residency

☐ Evidence of Selection
Applicant Feedback
Council invites feedback from applicants to help us to improve future community funding programs and processes. Before you review your application and click the <b>SUBMIT</b> buttor please take a few moments to provide some feedback.
Out of 5, how would you rate completing this application form.
<b>1 = Very Difficult, 5 = Very Easy</b> ○ 1
Would you like to provide feedback about the application process, (including guidelines, timeframes, resources etc) to assist us to improve the application process and to inform future funding and support programs.
We thank you for your feedback