### Eligibility

\* indicates a required field

<ul><li>Yes</li><li>No - you are no</li></ul>		r this funding. Please do	o NOT submit an application u are in a team you still need to
		plicant live in? (you o	can look this up by clicking
on the link below  Div. 1  Div. 2  Div. 3	v)) *	□ Div. 7 □ Div. 8	□ Div. 9 □ Div. 10
		ves in? Find out on the and type in the addres	
	a, (ie living in one	nt resident of the Sur of the divisions liste	nshine Coast Local d above) for at least the
O No - you are no	ust have been a perma		NOT submit an application nine Coast region for at least the
•	ms (with membe rea) attending t	ers from Sunshine he same event	Coast Local
Sunshine Coast ○ No - there are Government Area	Local Government no other members of please continue	team that has other in the attending the solution the team from the Sunshire team from the	ame event *

#### **Team Contact**

#### Why is a Team Contact Needed?

The total amount of funding to members of a group or team attending the same event cannot exceed \$2,000. Therefore, we need to know how many eligible individuals will be

Area - note that all eligible members of the same team from the Sunshine Coast Local Government Area (who wish to apply) must submit their application within the same

\*Assessment periods end January, March, May, July, September and November of each year.

assessment period.\* This is to be coordinated by a Team Contact.

applying for funding for the same activity/event. As assessment periods are every two months, we need all applications for an event to be submitted in the same two month period. The Team Contact will be responsible for coordinating this.

#### Important notes:

- Any team member who wishes to apply, must submit their own application. Team applications will not be accepted.
- All questions in this section must be answered by the applicant (not the Team Contact)
- The Grants Team will contact the Team Contact (via email in the first instance) for a list of all team members who reside in the Sunshine Coast Local Government Area.

<ul> <li>For further information phone the Grants Team on 5420 8616.</li> </ul>				
Who is your Team Co	ontact? * Last Name			
THE INGINE	Last Name			
This must already be agr the same information her		oers. All team memers wh	ho fill in a form should have	
The Grants Team wi reside in the Sunshi			all team members who	
Email address of Tea	am Contact *			
Must be an email address	5.			
Phone Number of Te	eam Contact *			
Must be an Australian ph	one number.			
Type of Event				
What type of activity O Sporting Other	y are you requesting	funding for?		
Sporting Event				
Is the event recognithe Australian Sport  Not sure - Please rebelow.  Yes - event is eligible  No - event is not el	s Commission? efer to Australian Sport ble	s Directory for eligible	that is endorsed by organisations. Link is	
Australian Sports Di	rectory <u>link</u>			
Is the applicant com	peting at a National	or International cor	npetition? *	

Yes - National (ie you are representing the state). Please continue.
 Yes - International (ie you are representing Australia). Please continue.

<ul> <li>No - State (ie you are representing your region, eg Sunshine Coast) - Not eligible. Do</li> <li>NOT submit an application. Refer to link below for State or Federal grant opportunities</li> <li>No - Regional (ie you are representing your club/team) - Not eligible. Do NOT submit an application. Refer to link below for State or Federal grant opportunities</li> </ul>
Other funding opportunities  Your activity may be eligible for a State or Federal Government grant. Please refer to the links below regarding eligibility and submission of an application.  State Government Sporting Grants - Emerging Athlete Pathways  Federal Government Sporting Grants - Australian Sports Commission - Grants and Funding  Other Activities
Is the applicant performing, competing or presenting at a National or International competition, conference or event?  O Yes - National O Yes - International O No - not eligible. Please do NOT submit an application  Please note that individuals are eligible to receive funding for one national and
one international competition, conference or event per calendar year only.  Have you already received funding for the same type of event (national OR international) this calendar year?  O Yes - please do not apply again. You need to wait until next year  No - please continue
Has the applicant been selected to attend by a governing body? *  Yes - attach evidence of your selection below - You will not be eligible for funding if you do not supply this evidence  No - you are not eligible to apply for this funding. Please do NOT submit an application
The letter of selection MUST include the following information: *  Be on official letterhead of the governing body Applicant name Event title Event date/s Event location Please check each box to confirm your letter includes ALL required information. If the letter doesn't include this information you may not be eligible for funding.
Attach the official letter of selection from a governing body Attach a file:

If you are unable to attach, please post or email this evidence to <a href="mailto:grants@sunshinecoast.qld.gov.au">grants@sunshinecoast.qld.gov.au</a> with your Grant ID number.

## **Activity Description**

\* indicates a required field

Activity Title *
Name of competition, conference or event. e.g. U19 National Netball Championships or Delivering paper at Acme national conference. (10 words maximum)
Has the activity already commenced? *  ○ No  ○ Yes - you cannot apply for funding. Do NOT proceed with application.
Activity start date (must not have already started) *
Must be a date. Activities starting before the application is submitted are not eligible
Activity finish date *
Must be a date.
Describe the activity and your level of participation *
Word count: Must be no more than 110 words. Provide a short description (100 words recommended) of your project - what are you out to do?
Where will your activity take place? (City & State or County if overseas)
Where will your competition, conference or event take place?
How will your participation in the activity benefit your local community? *
Previous Funding
Lower priority is given to applicants who have been funded in the previous 12 months
Has the applicant received funding from council in the previous 12 months? *  ○ Yes  ○ No

acquitted? *
<ul> <li>Yes</li> <li>No - you cannot receive further funding. Please complete your acquittal as soon as</li> </ul>
possible.
<ul> <li>Not applicable - no previous funding</li> </ul>
Funding amounts
* indicates a required field
What items are eligible for funding?
Funding will <b>only</b> assist with expenses incurred in attending an activity - travel costs, accommodation costs, entry fees and registration fees. <b>Applicant must keep a record of expenditure, plus copies of invoices or receipts, in order to acquit your project</b> . The maximum amount of funding available is \$500. Groups or teams attending the same activity can apply for a group total of up to \$2000.
Please tick the region where activity will take place. Please note the maximum amount of funding available for each region. *  International activity, overseas - beyond Australasia/Oceania - \$500 International activity, overseas - within Australasia/Oceania - \$450 International activity, within Australia, excluding Queensland - \$400 International activity, within Queensland - \$350 National activity, interstate - beyond NSW & ACT - \$300 National activity, interstate - NSW & ACT - \$250 National activity, within Qld - beyond S.E. Qld - \$250 National activity, within S.E. Qld (Including Bundaberg) - \$200
Based on the region you selected above, what is the amount you are seeking from council? $^{\color{red}\star}$
\$ Must be a dollar amount.
What items are you seeking funding for? * □ Travel costs
Accommodations costs
<ul><li>□ Entry fees</li><li>□ Registration fees</li></ul>
You may choose more then one
What is the estimated total cost for the applicant to participate in the activity? *
\$ Must be a dollar amount

What is the total budgeted cost (dollars) of your project?

## **Applicant Details**

\* indicates a required field

$\Lambda$ nn	licant	Dotai	۱۰
App	licalic	Detai	12

Individua Title	al Applicant (Na First Name	me of person pa	articipating in activity) *
Title	Thise Name	Last Name	
			ddress doesn't appear automatically, enter manually) * *
			Postcode are required. I Government Area to be eligible for funding in this
○ No ○ Yes - I	ant under 18 ye olease provide nar parent/guardiar	ne of parent/guar	
Title	First Name	Last Name	
Phone N	umber *		
Must be ar	n Australian phone n	umber.	
Mobile P	hone Number		
Must be ar	n Australian phone n	umber.	
Email Ad	ldress *		
Must be ar	n email address.		

### **Payment Details**

\* indicates a required field

Once funding recommendations are approved by council, notification letters are emailed to all applicants. Payments are made via electronic funds transfer to the bank account

nominated below. Applicants under 18 must include the bank account details of a parent/guardian.

Name of your bank *	•
Bank BSB Number *	
Name on Bank Accou	ınt *
Bank Account Numb	er *
Email address for pa	yment queries *
Must be an email address	

You will receive an automated email notification to the above email address when funds have been transferred into your account.

It is your responsibility to ensure that all details are correct. Payment will be made to the above account if the application is successful. Any errors will result in a delayed payment.

#### Statement By Supplier \*

O I confirm that this funding will be used for an activity that is a private recreational pursuit or hobby and so is exempt from withholding tax

### **Privacy & Certification**

\* indicates a required field

### Privacy

Council will use any personal information provided for the purpose of processing your grant application and for remaining in contact with you. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other local government acts. Your personal information is only accessed by persons authorised to do so.

Please note the information provided on your grant application and in any related documentation/discussions may be provided to members of the assessment panel in order to assist council in processing your grant application.

By submitting an application you consent to council publishing your name, activity description and amount funded on our website, this information may also be used for promoting council's grant program.

Your personal information is dealt with in accordance with council's Privacy Policy

agree to the privacy statement above *  Yes
Certification
<ul> <li>the statements made in this application are true</li> <li>the applicant has been a permanent resident in the Sunshine Coast Local Government Area for at least the preceding 12 months</li> <li>if successful, I will be required to accept the terms of the grant in accordance with council requirements</li> <li>council does not accept any liability or responsibility for the project</li> <li>if successful, I will ensure that acquittal requirements are met within 8 weeks of the nominated project completion date</li> <li>if successful, I will ensure that funds are claimed within three months of notification</li> <li>if successful I will complete the project within twelve months of receiving council funding</li> </ul>
agree to the above *  Yes
Authorised person's name * Title First Name Last Name
or applicants under 18 years of age, this must be a parent or legal guardian
Authorised person's position
f the authorised person is a parent or guardian, please indicate here. If authorised person is the applicant, please leave blank.
Authorised person's phone number *
Must be an Australian phone number.

### Additional Support - Contact Details

If you require extra support, please contact us by:

- Phone (07) 5420 8616 during business hours 8.30am to 4.30pm
- Email grants@sunshinecoast.qld.gov.au
- Post to Grants Officer, Sunshine Coast Council, Locked Bag 72, Sunshine Coast Mail Centre, Qld 4560.

If emailing or posting documents, please quote your application number. Please do not email or post any documents that you have already attached to this application.

Ha	ve you	posted	supporting	documents?	۴
0	Yes				
$\cap$	No				

### Submit

You are now ready to submit. Read and acknowledge message below, then click on "Next page" to review, then Submit. \*

☐ You will receive a confirmation email when your application has been submitted. If you do not receive this email then your application has NOT been submitted. Please ensure all questions have been answered and try again. (Check box here to acknowledge that you understand this.)