

# Parramatta Representative Sports Grant Application Form

## Form Preview

### Applicant Details

\* indicates a required field

Please ensure that you have checked the [Australian Sports Directory](#) and located the sport you are wishing to represent. If you cannot find your sport in this directory, we will be **unable to fund your application**.

Please also read the [Funding Guidelines](#) thoroughly before completing this form.

#### Applicant Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

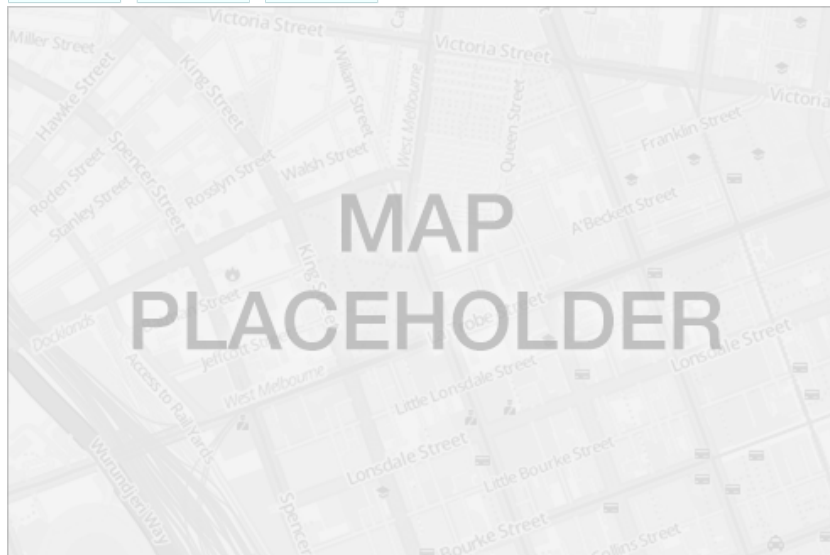
#### Parent or Guardian name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the applicant is under 18, please provide the name of a parent or guardian

#### Home Address \*

Address		
<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>



This must be a resident address with Parramatta Local Government Area

#### Postal Address (if different from above)

Address
<input type="text"/>
<input type="text"/>

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Suburb State Postcode

**Mobile Number \***

**E-mail Address \***

Must be an email address

**Evidence of residency \***

Attach a file:

Please provide a file that demonstrates residency at the above address of more than 12 months. This may be a rates notice, utilities bill, lease agreement, statutory declaration or other formal notice.

**School or Educational Institution Attending (If Applicable)**

This is used for data collection only-it has no impact on the application.

### Bank account details

The bank account into which a Representative Sport Grant will be paid, if successful.

**Account name \***

**Account BSB \***

**Account number \***

**Remittance e-mail \***

Must be an email address. This is where Council will send the receipt when the payment is made.

### Contacting a Council Officer

We encourage all applicants to have discussed their application with a relevant Council Officer from the Recreation Programs & Services team or the Community Capacity Building Team.

**Council Officer name**

**Date of contact**

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### Representative Sport Grant Objectives

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The objectives of this category are listed below. Please indicate which one of the objectives your application meets.

**Which of the below objectives does your application meet? \***

- ☐ OBJECTIVE 1: Support people who are excelling at sport and representing Parramatta at a state, national or international level.
- ☐ OBJECTIVE 2: Reduce the financial pressure on individuals and families presented by excelling in representative sport.
- ☐ OBJECTIVE 3: Role modelling active lifestyles and fair play to the Parramatta community.
- ☐ OBJECTIVE 4: Promote and develop athlete pathways.
- ☐ OBJECTIVE 5: Leverage off/disseminate knowledge and experience with other athletes.
- ☐ OBJECTIVE 6: Develop leaders to promote participation pathways in their chosen sport or recreation field.

No more than 3 choices may be selected.

**Briefly describe how your application meets the objectives you have indicated**

## Eligibility & Competition Details

\* indicates a required field

Your eligibility for this program requires a letter of selection from one of the relevant state or national sporting bodies or organisations. This letter should outline the details of the competition in addition to the total cost of expenses to the participant.

If the letter does not outline expenses then you will be required to provide proof of costs associated with participating in this competition.

If your sporting association does not provide insurance coverage for your participation, we require evidence of the insurance coverage you have taken out.

**Competition or  
Championship name \***

Please note the new funding limits where participant expenses will be funded up to a maximum of \$1,000 (ex GST) as per below, or 50% of competition costs, whichever is **LESSER**:

**Type of competition \***

- ☐ International (50% up to \$1000)
- ☐ National (50% up to \$500)
- ☐ State (50% up to \$200)

**Competition start date \***

Applicants must apply at least 4 weeks in advance of the competition. Please contact the Community Grants Officer

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(9806-5110) if you did not receive enough notice from the Sporting Body to meet this.

**Competition end date \***

Must be a date

**Brief application description \***

Must be no more than 40 words. Briefly describe the competition and sport in which you have achieved representative level and the nature of your involvement.

**Sporting organisation represented**

The National Sporting Organisation must be recognised by Sport Australia. Check here: <https://www.sportaus.gov.au/australiansportsdirectory>

**Your eligibility for this program requires a letter of selection from one of the relevant state or national sporting body \***

Attach a file:

Please upload file here

**Total costs of participation \***

Must be a dollar amount.

**Please upload file detailing competition costs**

Attach a file:

(registration fees, travel costs, accommodation, uniform/equipment can be included here)

## Declaration

\* indicates a required field

## Privacy & Personal Information Protection Notice

**Purpose of collection:** In order to assess grant applications received in the City of Parramatta Community Grants Program.

**Intended recipients:** City of Parramatta Council staff, contractors or consultants appointed for a particular task and City of Parramatta Councillors. Applicant information such as organisation name, project title and amount of project funding allocated by Council will be made publicly available if the applicant is successful in receiving funding.

**Supply:** A Grant Application is voluntary, however, a completed form is required for City of Parramatta staff, contractors or consultants and Councillors to assess grant applications for funding. Council reserves the right not to assess any application which does not provide

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sufficient information on an organisation or person's identity in order to sufficiently assess its eligibility for funding.

**Access/Correction:** Contact the City of Parramatta Council Governance Team to access or correct this information.

**Storage:** City of Parramatta Council, 126 Church Street, Parramatta NSW 2150. Secure servers of Our Community Pty Ltd, providers of SmartyGrants.

## Acknowledgement by Applicant or Parent/Guardian

By adding my name to this form, I declare that the information in this application is, to the best of my knowledge, true. I will notify City of Parramatta Council as soon as I become aware of any changes to this information or any circumstances that may affect this application.

I acknowledge that City of Parramatta Council may seek further information regarding this application if required.

I understand that this is an application only and may not necessarily result in funding.

**I agree to the above declaration. \***

☐ Agreed

**Applicant or Parent/  
Guardian**

Title

First Name

Last Name

If the applicant is under 18 years of age, a Parent or Guardian is required to make this declaration

**Email \***

Must be an email address

**Date of  
acknowledgement**

## Remember to SUBMIT your application

If you have completed all questions, click **NEXT PAGE** to review your application. Please remember to hit the **SUBMIT** button. SmartyGrants will alert you if there are compulsory questions that you have not completed.

When you hit submit you will receive a confirmation e-mail. If you do not receive this confirmation, you may not have submitted successfully.