## **Applicant Details**

\* indicates a required field

Please ensure that you have checked the <u>Australian Sports Directory</u> 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 <u>Funding Guidelines</u> thoroughly before completing this form.

| Applicant Name *                         | Title         | First Name                  | Last Name                |
|--|---------------|-----------------------------|--------------------------|
|  |               |                             |                          |
|  |               |                             |                          |
| Please specify age                       | O Under 1     | 8 years                     |                          |
| category *                               | Over 18       |                             |                          |
|  |               |                             |                          |
| Parent or Guardian                       | Title         | First Name                  | Last Name                |
| name                                     |               |                             |                          |
|  |               | nt is under 18, please prov | ide the name of a parent |
|  | or guardian   |                             |                          |
| Home Address *                           | Address       |                             |                          |
| Home Address                             | Address       |                             |                          |
|  |               |                             |                          |
|  |               |                             |                          |
|  | Suburb St     | ate Postcode                |                          |
|  |               |                             |                          |
|  | This must be  | a resident address with Pa  | irramatta Local          |
|  | Government    |                             |                          |
|  |               |                             |                          |
| Postal Address (if different from above) | Address       |                             |                          |
| different from above)                    |               |                             |                          |
|  |               |                             |                          |
|  | Suburb St     | ate Postcode                |                          |
|  |               |                             |                          |
|  |               |                             |                          |
| Mobile Number *                          |               |                             |                          |
| Proble Humber                            |               |                             |                          |
|  |               |                             |                          |
| E-mail Address *                         |               |                             |                          |
|  | Must be an e  | mail 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<br>Institution Attending (If |   |  |  |  |
| Applicable)  | This is used for data collection only-it has no impact on the application.  |  |  |  |
| Local Ward *                                       |   |  |  |  |
| Please specify if clicked<br>'Other'               |   |  |  |  |
| Bank account details                               |   |  |  |  |
| The bank account into which a F                    | Representative Sport Grant will be paid, if successful.   |  |  |  |
| Account name *                                     |   |  |  |  |
| Account BSB *                                      |   |  |  |  |
| Account number *                                   |   |  |  |  |
| Bank Name  |   |  |  |  |
| 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

Before submitting an application, we encourage all applicants to read our Community Grants Guidelines. This will ensure that all required documents and information required have been submitted accordingly. Please contact our Community Grants Officer should you have any questions.

Stephanie Railege

grants@cityofparramatta.nsw.gov.au

**Community Grants Program Guidelines** 

## 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 *  |   |
|---|---|
| Type of Sport   |   |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |
| Sporting organisation represented *   |   |
| represented   | The National Sporting Organisation must be recognised by Sport Australia. Check here: <a href="https://www.sportaus.gov.au/australian_sports_directory">https://www.sportaus.gov.au/australian_sports_directory</a> |
| Competition start date *  |   |
|   | Applicants must apply at least 4 weeks in advance of the competition. Please contact the Community Grants Officer (9806-5110) if you did not receive enough notice from the Sporting Body to meet this.             |
| Competition end date *  |   |
|   | Must be a date  |
| Brief Competition Description *   |   |
|   | Must be no more than 100 words. Briefly describe the competition and where it will be held.   |
| Brief Description of your involvement *   |   |
|   | Must be no more than 100 words. Briefly describe what your participation in the event will be.  |
| Your eligibility for this program requires a  | Attach a file:  |
| letter of selection from<br>one of the relevant state<br>or national sporting<br>body * | Please upload file here   |
| Type of competition *   | <ul><li>□ National / International (up to \$1000)</li><li>□ State (up to \$500)</li></ul>   |

## Application Form: 2024 Representative Sports Grant

| Total costs of participation *           | \$ Must be a dollar amount. Please do not put cents in.                                      |
|--|--|
| Please upload file detailing competition | Attach a file:   |
| costs *                                  | (registration fees, travel costs, accommodation, uniform/ equipment should be included here) |

### Agreement and 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 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.

#### Statement by Supplier

Successful recipients of the Representative Sports Grant are required to complete a Statement by a Supplier form. The form can be downloaded from <a href="https://example.com/here">here</a>.

| Please upload completed and signed for Attach a file: | m ³ |
|---|-----|
|   |     |

## **Funding Conditions**

- (i) Grants provided by City of Parramatta are for the purpose listed in the application and must be expended during the 2020-2021 financial year.
- (ii) Must be participating in an amateur competition with no appearance fees.

(iii) Be participating as an athlete, coach, umpire or referee in:

- an official state championships endorsed by the relevant Australian Sports Commission (ASC) recognised national sporting organisation (NSO), or
- an official state school sport championship endorsed by a School Sport Australia member body, or
- an official national championships endorsed by the relevant ASC recognised NSO, or
- a national school sport championships endorsed by School Sport Australia
- an international competition as a member of an official Australian team, endorsed by an ASC recognised NSO or School Sport Australia
- (iv) Successful applicants must be a resident of Parramatta Local Government Area for twelve months or more.
- (v) Applicants must have a letter of endorsement from one of the relevant state or national sporting bodies or organisations listed above. The City of Parramatta assumes insurance coverage by the organising body. Where insurance is not covered by the organising body, Council requires evidence of insurance coverage to be supplied by the athlete.
- (vi) Applications must be received at least 4 weeks prior to the relevant championship commencing. Contact with the Community Grants Officer should be made if you did not receive enough notice for the competition and are unable to apply 4 weeks in advance.
- (v) For successful applicants who are notified after their competition date, payments will be conditional on proof of competition attendance.
- (vi) Proof of competition attendance is required as part of the acquittal process. Successful applicants are expected to acquit within 4 weeks of the competition.
- (vii) Applicants under the age of 18 years must have their applications for funding submitted by a parent or guardian.
- (viii) No more than three people will be funded to attend the same competition.
- (ix) Provide a sufficient report for previous Council funded activities.
- (x) If your circumstances change and/or you will no longer be participating in the activity stated in your application you must contact the Council immediately. Non attendance or participation may cause the Council to seek reimbursement of the funds if sufficient notice is not received.
- (xi) If the contact person for your project changes you must immediately notify Council and update the details for a new contact person and your Organisation details if necessary. If this is not done within 30 days of the change, Council will request return of any Grant funding.

If any of the General Funding Conditions listed above or any Special Funding Conditions listed in this agreement are not met, Council may request the return of funds.

#### 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/                | Title Firs                           | t Name | Last Name              |          |
| Guardian                            |                                      |        |                        |          |
|                                     | If the applicant is required to make |        | f age, a Parent or Gua | rdian is |
| 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.