

Athlete Development Grant - 2020 Application Form

Form Preview

Eligibility

* indicates a required field

Applicants - Please note the following:

Before completing this application form, you should have read the Town of Port Hedland - **Community Grants Program** and specifically the **Athlete Development Grant**. Please find Community Grants program Information booklet click here --> [APPLICANT MUST READ - Town of Port Hedland Community Information Booklet](#)

Incomplete applications and/or applications received after the closing date will not be considered.

The below section "**Confirmation of Eligibility**" of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying if you're proposed project initiative or idea unsuitable for this grant.

The Town's Community Engagement Team is ready to answer any questions you may have in relation to your application.

If you have any questions in regards to these eligibility criteria, please contact grants@porthedland.wa.gov.au.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands this grant's program [guidelines](#)
- is able to demonstrate alignment between their project and the aims of this program
- is participating in sporting events outside of the Town of Port Hedland or officiating training with their associated peak sporting body (or other relevant provider)
- is a resident of Port Hedland LGA or offering a project of demonstrable and significant benefit to the residents
- does not owe any reports or money to the Town of Port Hedland as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not seeking capital funding, funds for retrospective costs, undertaking profit making venture or initiative or representing a political party.

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

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Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to the [Town of Port Hedland Privacy Policy](#).

Individual or Group Application

How many individuals are applying for this grant? *

- ☐ 1 applicant
- ☐ 2 applicants
- ☐ 3 applicants
- ☐ 4 applicants
- ☐ More than 4 applicants

Applicant Details

Applicant name *

- ☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are you 18 or older? *

- ☐ Yes
☐ No

Parent/Guardian (if applicant under 18)

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Complete this section if applicant is under the age of 18

What is the age of the applicant for this Athlete Development Grant?

Must be a number.

Applicant Primary Address *

Address

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

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Postal Address *

Address

<input type="text"/>

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Primary contact person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant. This could be the applicant, the parent or guardian or the key contact when there are multiple applicants.

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Applicant 2 Details

Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number

Must be an Australian phone number.

Applicant 2 - Best Email Contact

Must be an email address.

Applicant 2 - What is the age of this applicant?

Must be a number.

Applicant 3 Details

Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number

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Must be an Australian phone number.

Applicant 3 - Best Email Contact

Must be an email address.

Applicant 3 - What is the age of this applicant?

Must be a number.

Applicant 4 Details

Name

Title

First Name

Last Name

Phone Number

Must be an Australian phone number.

Applicant 4 - Best Email Contact

Must be an email address.

Applicant 4 - What is the age of this applicant?

Must be a number.

More than 4 Applicants

Please list Full Names, Best contact details (Phone/Email) and age of all applicants in the space below:

Event / Activity Details

* indicates a required field

About your event or project

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The Athlete Development Grant provides assistance to individuals achieving their potential and excelling in their chosen sport.

The objectives of this grant include:

- Providing assistance to athletes, coaches and officials in achieving their potential and excelling in their chosen sport
- Recognising individual sporting achievements of Port Hedland residents.

Event, Activity or Project title: *

Provide a name for the event/activity/initiative. Your title should be short but descriptive

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Please provide a short summary of your activity and how this grant can support it: *

Word count:

Must be at least 10 words.

Be descriptive, but succinct. Include a brief summary of the exact event, project or activity including the location and number of participants, what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Alignment - How will this activity meet the objectives of this grant (see above) *

Word count:

Must be at least 5 words.

Please consult the program guidelines for more information.

Budget

* indicates a required field

Value of the Athlete Development Grant:

The maximum value of the grant for **individual** applications is deemed by the following:

- State Championship or Invitational Event: \$500
- State Team Selection or National Championships: \$750

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- National Team Selection or International Championships: \$1,000

If more than three individuals from the same organisation are attending the same event, they must apply as a **group** and the group can distribute the funding. Each organisation can apply once per year for each of the below categories.

The maximum value of the grant for **group** applications:

- State Championship or Invitational Event: \$1,000 per 12 month period
- State Team Selection or National Championships: \$1,500 per 12 month period
- National Team Selection or International Championships: \$2,000 per 12 month period

All must show proof of invitation.

Total Amount Requested:

\$

Must be a dollar amount.
Please read the above value criteria for this grant.

Total Activity Cost:

\$

Must be a dollar amount.

Budget Breakdown

This grant will cover the following costs...

What **IS** covered by this grant:

- Travel, accommodation.
- Professional fees for courses, workshops, etc.
- Entry fees.

What this grant **WILL NOT** covered:

- Meals and incidentals
- Participation in commercial based events
- Participation in school or university events

How to complete this section:

Please outline all the costs for your event, activity or project. Examples of expenses could include 'equipment and materials', 'travel costs', 'freight costs'.

Use the 'Notes' column for any additional information you think we should be aware of.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

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For expense items over \$500, one written estimate, advertised price or written quote will need to be provided in the file upload area below the tables.

Two written quotes are required for items over \$5,000.

BUDGET - Expenditure Description

Please list all items you require this grant to cover in the table below:

Expenditure Description:	Expenditure Amount (\$)	Notes of item:
e.g - 2 nights x Hotel Accomodation in Perth	e.g \$420 Must be a dollar amount.	e.g - require 2 x night stay to attend this event
	\$	

Budget Totals

The Total Expenditure Amount must be equal to or greater than the amount you are requesting.

Total Amount Requested:

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Grant Payment Conditions

Applications must be lodged at least one week prior to event, competition or activity and if all eligibility criteria is met, conditional approval will be granted within two weeks of receiving the completed application.

Applicants requiring the grant prior to the event, competition or activity must apply four weeks before the event and provide evidence of expected costs.

Grants awarded will be paid after you have submitted your acquittal and receipts as evidence of your expenses. If your application is successful, are you happy to receive the grant after you have submitted your acquittal? *

- ☐ Yes, I'm happy to wait until after the event to receive the money.
- ☐ No, I would prefer to receive the money before the event.

Do you require the money before the event?

To receive the money before the event you need to provide evidence of expected costs. You will then need to provide corresponding receipts during the acquittal stage.

Quotes are required for:

Any of your expenses listed above that is valued over \$500 - 1 x form of written evidence (Formal Quote, Screenshot of shopping cart, etc.) is required.

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Please attach quotes/forms of written evidence for any expenditure (cost) items over {{ \$500 }} here:

Attach a file:

For expense items over \$500, one written estimate, advertised price or written quote will need to be provided for finance purposes. Two written quotes are required for cost items that are valued over \$5,000. Please note only 5 total attachments can be uploaded for this application.

EXTRA UPLOAD AREA: If you have more than 5 files or any other supportive evidence (Photo of your Sport, Event Poster, etc.) please upload here:

Attach a file:

Demonstrated Eligibility

* indicates a required field

Evidence of participation

Please attach any evidence in support of your application such as a letter of invitation, screenshot of an email, etc.

Upload document *

Attach a file:

Previous support

* indicates a required field

Previous support

Have you previously received a grant from the Town of Port Hedland? *

- ☐ Yes
☐ No

Details of Previous Support

What year did you last receive support? *

What was the name of the activity, event or project? *

Did you complete and submit the required acquittal form? *

- ☐ Yes

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- ☐ No
☐ I don't remember

Bank Details

* indicates a required field

Bank Details for Payment

I provide banking details for funds to be deposited into, should your application be successful.

Applicant Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Certification and Feedback

* indicates a required field

Certification

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

Successful applicants will be required to act as a Town of Port Hedland Ambassador at one event as selected by the recipient within 12 months of being awarded the grant. This could mean volunteering at a Town of Port Hedland event or activity. Our Community Engagement Team will work with successful applicants to find an appropriate opportunity.

The Town of Port Hedland will reimburse successful applicant on completion of the acquittal process when all receipts and evidence of participation have been supplied OR In the case of funds being provided prior to the event/activity, the applicant must complete the acquittal with corresponding receipts within 60 Days of event completion.

I agree *

☐ Yes

☐ No

**Name of applicant
(or parent/guardian if
applicant is under the
age of 18) ***

Title

First Name

Last Name

Contact phone number *

Must be an Australian phone number.

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We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.