Form Preview

# GRANTS FOR THE COMMUNITY - INDIVIDUAL ATHLETE APPLICATION

Applications from individuals or athletes/sporting groups who are formally endorsed by their sport's governing body, a club or other incorporated body will be considered for funding under Council's Grants for the Community Program.

Individuals may receive up to **\$500** towards their involvement in their chosen sport or interest. Groups or teams attending the same event can apply for a group total of up to **\$2,000** (excl GST).

Applications should clearly demonstrate that the individual/group is unable to self-fund and that his/her personal circumstances indicate that additional assistance is required. *All information on the individual will be treated in confidence*. A recognised sports governing body, Club or other Incorporated body MUST agree to formally auspice the grant. Please note: Funds will NOT be given directly to an individual. The auspicing body will be required to manage all grant funds on behalf of the applicant.

Projects that do not fit into any of the above funding areas may still be considered. If you are uncertain as to whether your project meets the funding criteria, please contact the Community Projects Officer via grants@willoughby.nsw.gov.au or on 9777 7982 for assistance.

#### **WHO CAN APPLY**

- Permanent Residents of the Willoughby Local Government Area
- Applicants must be between the ages of 10 25 years.
- People who attend school within the Willoughby Local Government Area
- Members of clubs or associations etc. that are located within the Willoughby Local Government Area.
- Individuals must be selected by a recognised national governing body or equivalent and provide a letter of selection.

Representation may be in the form of:

- Performing
- Competing
- Presenting

Funding will assist with expenses incurred whilst attending an activity e.g. travel, accommodation, entry fee and registration.

#### WHO CANNOT APPLY

- Individuals/groups that are not auspiced by an incorporated body/club/association
- Individuals who were funded in any of the three previous grant rounds
- Applicants that are in a position to self fund their project
- Applicants who have failed to comply with previous funding requirements
- Applicants with considerable opportunity to access funding from other sources
- Council staff. Family members of Council staff can apply if they otherwise meet all of the criteria.

Form Preview

Individual/Sports grant from Willoughby City Council in the past 5

years? \*

### ABOUT THE ATHLETE/INDIVIDUAL

\* indicates a required field Name \* ○ Individual Organisation Organisation Name Title First Name Last Name Individual's - Date of **Birth** Residential Address \* Address Suburb State Postcode Is this your permanent O No home address? People who are not permanent residents within the Willoughby Local Government Area are NOT eligible to apply **Postal Address** Address Suburb State Postcode Only complete if different from the residential address supplied above Email Address \* **Phone Number \*** Please provide the best number Council could use to contact you. Have you or any ○ No Applicants who have received funding from Council for three (3) applicants received an

grant rounds for the same project are NOT eligible to re-apply.

If yes, to receiving a grant within the last 3 years please specify details and year the grant was received.				
If an organisation: please list applicants, their chosen sport and date of birth				
Name of Parents/ Guardians (if applicant is under 18 years)	Title	First Name	Last Name	
Name of Parents/ Guardians (if applicant is under 18 years)	Title	First Name	Last Name	
Name of Parents/ Guardians (if applicant is under 18 years)	Title	First Name	Last Name	
Name of Parents/ Guardians (if applicant is under 18 years)	Title	First Name	Last Name	
YOUR REQUEST				
* indicates a required field				
GRANTS FOR THE COMM	UNITY -	INDIVIDUAL A	THLETE APPLICATION	NC
What is the applicant/ s chosen sport or interest? *	The sport	:/interest for which fu	ınds are being sought	
Please provide information that demonstrates the applicant/s ability or level of interest in their chosen pursuit or interest *				
Please explain how you might contribute to COVID-19 recovery and if it aligns with Council's Community Strategic				

Plan (CSP) priorities: (hyperlink below)	View: https://www.willoughby.nsw.gov.au/Community/Planning- for-our-Future/Our-Future-Willoughby-2028			
At what level is the applicant/s involved in their sport/interest? *	<ul><li>Regional</li><li>State</li><li>National</li><li>International</li></ul>			
Does the applicant/ s actively support or encourage other people to participate in the relevent sport or interest? *	<ul> <li>Yes</li> <li>○ No</li> <li>e.g. by coaching, mentoring, community awareness building, guest talks etc.</li> </ul>			
If 'Yes', how does the applicant/s support and encourage the involvement of other people?				
For what specific purpose is funding currently being sought from Willoughby Council? *	What will grant funding be spent on? (e.g. equipment, fares, accommodation, uniforms, registration, enrolment)			
FINANCES				
What is the total cost of the applicant/s participation in the specific activity for which funds are sought?				
*				
What has the applicant/ s done to earn or raise funds to contribute to their participation in this event/activity?				
	e.g. part-time work, fund raising etc. If the applicant has sought funds from other grant programs please indicate \$ amounts and whether or not the funding has been approved. If waiting on an outcome please advise of timeframes.			
What \$ amount is being sought from Willoughby	Please indicate a specific & amount			
Council *	Please indicate a specific \$ amount			
Is the applicant/s willing to accept part-funding?	○ Yes ○ No			

Form Preview

Please provide a budget for the specific activity/event for which funds are sought

Income Description \$		Expenditure Description	<b>\$</b>	
SPECIAL CIRCUMSTANCE	ES			
Please indicate why you require financial assistance from Willoughby City Council. *				
Does the applicant/s live with a diagnosed or recognised special need (such as an intellectual or physical disability, an illness or a mobility issue)?	○ Yes	0	No	
Does the applicant/ s have an immediate background of social, cultural or economic disadvantage?	○ Yes	0	No	
Please attach any support documentation here.	Attach a file		strate a need for special	

### ABOUT THE AUSPICE ORGANISATION

### \* indicates a required field

### What is an Auspice Organisation?

An auspice is an organisation who manages grant funding on your behalf.

For the Athletic grant applications, a recognised sport's governing body, Club or other Incorporated body **MUST** agree to formally auspice the grant.

*Please note:* Funds will **NOT** be given directly to an individual. The auspicing body will be required to manage all grant funds on behalf of the applicant.

What is the name of the Auspice Organisation? *					
Please upload a copy of the Auspice	Attach a file:				
Body's Certificate of Incorporation. *					
Auspice's ABN					
-	The ABN provided will be used to look up the following				
	The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.				
	Information from the Australian Business Register				
	ABN				
	Entity name				
	ABN status				
	Entity type				
	Goods & Services Tax (GST)				
	DGR Endorsed				
	ATO Charity Type <u>More information</u>				
	ACNC Registration				
	Tax Concessions				
	Main business location				
	Must be an ABN.				
Is the Auspice Organisation registered for GST? *	○ Yes ○ NO				
Does the Auspice Organisation hold current Public Liability Insurance of \$10 million	O Yes O No You will need to provide a copy of the current Certificate of Insurance.				
*					
Please upload a	Attach a file:				
copy of the Auspice					
Organisation's Certificate of Currency (Insurance). *					
Please upload any	Attach a file:				
letters of endorsement					
of the applicant from the auspice organisation	ALL applicants MUST be endorsed by a recognised club/ association/authority/organisation that is relevent to their application.				

Financial or in Kind Suppo	ort from A	uspice Organ	iisation	1
Will the Auspice Organisation provide ANY financial or in-kind support to the applicant/ s for their involvement in the proposed event/ activity? *	○ Yes		○ No	
If 'Yes' please provide an overview of the support provided.				
Contact Points for Auspice	e Organis	ation		
What is the name of the Primary Contact person at the Auspice Organisation? *	Title	First Name		Last Name
Auspice Contact Phone No.	Please provid		contact fo	or Counci to contact the
Auspice Organisation's Postal Address *	Address Suburb St	ate Postcode		
Auspice's Contact Email *				
Auspice Organisation's Website	If relevant			
Please upload a letter of support from the Auspice organisation				rganisation stating they

### PERMISSION, CHECKLIST & DECLARATION

\* indicates a required field

Permission	
Please read and answer the follow	wing:
I give permission for Willough Grants for the Community Pro Yes No	nby City Council to send me emails regarding the ogram. *
I agree to participate in a yea Program. *      Yes     No	rly survey for the Grants for the Community
<ul><li>included in this application fo</li><li>○ Yes</li><li>○ No</li></ul>	aby City Council to use any project information orm. *  ect on our website and in newsletters).
Checklist	
I have read and understood the Small Grants Program Guidelines for Individual/Sports Applications *	○ Yes
I agree to the requirements outlined in the Small Grants Program Guidelines for Individual/Sports applicants. *	○ Yes
I have discussed this project with the relevant Council officer(s) and am confident that it complies with the Guidelines *	○ Yes
I have attached	<ul> <li>□ Letter of Endorsement from the auspice organisation</li> <li>□ A copy of the auspice organiation's Certificate of Currency (Public Liability Insurance)</li> <li>□ A copy of the auspice organisation's Certificate of Incorporation</li> <li>□ Other support documentation</li> <li>□ Other:</li> </ul>

Form Preview

It is ESSENTIAL that you provide this information. If you are unable to attach the documentation with the application please contact Council on 9777 7982 or email grants@willoughby.nsw.gov.au to discuss.

### Declaration

I declare that the information provided in this application is true and correct. I understand that Council has the right to reject this application if it is found to contain false or misleading information.

Note: Completion of the fields below is equivalent to supply of a Signature of Authorisation. If the grant is to be managed by an Auspice Organisation, the name and position provided in the Signatory box below MUST be those of an authorised representative of the Auspice Organisation.

Applicant / Organisation's Name	Title	First Name	Last Name
Signatory's Name *	Title	First Name	Last Name
Position in Auspice Organisation *			

Note to Applicants: After completing the Application you can review the fields before you hit the "SUBMIT" button.

To submit the application, you MUST click on the "SUBMIT" button located below or above on the top right hand side of the screen. A confirmation email indicating the application has been received will be sent to the email address you have nominated along with a PDF copy of your application. IF YOU DO NOT RECEIVE A CONFIRMATION EMAIL YOU HAVE NOT SUBMITTED YOUR APPLICATION. You will not be able to amend the contents of the application after you have properly submitted it to Council.