

# Sports Travel Assistance - New Draft

## Form Preview

### Eligibility

\* indicates a required field

#### Important Information

**Before completing this application form, please:**

- Read the [Sport Travel Assistance Program Guidelines](#);
- Preview the Application Form, so you can gather all information needed.

Incomplete applications will not be considered.

This section 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 for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **[grantfunding@fremantle.wa.gov.au](mailto:grantfunding@fremantle.wa.gov.au)**.

#### Eligibility Questions

**Are you a resident of the City of Fremantle? \***

☐ Yes ☐ No

If No, not eligible to apply.

**Will you be aged 25 or younger as of the competition date? \***

☐ Yes ☐ No

If No, you are not eligible to apply.

**Will you be travelling more than 100km outside the City of Fremantle? \***

☐ Yes ☐ No

If No, you are not eligible to apply.

**Have you been selected by a state or National Sporting body to represent Western Australia or Australia? \***

☐ Yes ☐ No

If No, you are not eligible to apply. A clear selection process entitling the person to represent the State or National body must be demonstrated. A letter of selection from that State or National body must accompany the application.

**Is there more than 15 workings days between your grant appication and the competition start date? \***

☐ Yes  
☐ No

If no, you are not eligible to apply.

#### Previous Funding

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### Have you previously received funding from the City of Fremantle? \*

☐ Yes, this financial year      ☐ Yes, in previous years      ☐ No

If you have received funding this financial year, contact the City on [grantfunding@fremantle.wa.gov.au](mailto:grantfunding@fremantle.wa.gov.au) to confirm your eligibility before proceeding with this application.

### Please provide details of your most recent successful application.

## Applicant Details

\* indicates a required field

For the person eligible for the Sports Travel Assistance Program.

### Applicant Details

#### Applicant Name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Date of Birth \*

Must be a date.

#### Is the Applicant aged 18 years of age or over? \*

☐ Yes      ☐ No

#### Applicant Residential Address \*

Address

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

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

#### Applicant Postal Address (if different from residential address) \*

Address

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

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

#### Applicant Email \*

Must be an email address.

#### Applicant Phone Number \*

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Must be an Australian phone number.

To be completed in response to question: 'Is the Applicant aged 18 years of age or over?'.

### Name of Contact Person

Title First Name Last Name

If applicant is under the age of 18.

### Relationship to Applicant

### Contact Person Phone Number

Must be an Australian phone number.

### Contact Person Email

Must be an email address.

## Sport and Competition Details

\* indicates a required field

Please indicate the sport, team and the age group you have been chosen to represent.

### Sport \*

### Club Name

The Club you are a member of

### Team Name

The team you are apart of

### Age Group \*

The age group you will be representing

### Name of State Sporting Association \*

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The name of the sporting body/association e.g. Tennis West

### Competition Details

#### Competition Title \*

The full proper title of the competition you will be attending

#### Competition Start Date \*

Must be a date.

Applications must be submitted a minimum of 30 working days prior to this date

#### Competition Location \*

Please include venue, suburb and State.

### Evidence of Selection and Support

#### How were you or your team selected for representation? \*

For example; Knockout competition, State Trials, Board of Selectors, accumulated competition points etc

#### Name of relevant State or National sporting association that coordinated the selection process. \*

#### Please upload a copy of the official notification of your selection from the organisation named above. \*

Attach a file:

### Competition Costs

\* indicates a required field

### Funding Request

#### What are the total travel expenses for competing in this event? \*

The total cost includes all the expenses associated with your activity or event including what you are paying for and what you are fundraising for.

#### What is the amount you are requesting from the City of Fremantle?

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What is the total financial support you are requesting from the City of Fremantle in this application?  
Max \$300.

### Competition Budget Information

Please fill in the following tables.

**Please note:**

- 1.DO NOT add commas to figures, e.g. write \$1000 not as \$1,000 to ensure figures in the table total correctly.
- 2.All figures are GST exclusive.

### Expenses Budget

Please indicate the estimated costs for the competition or submit a separate financial statement in the upload box below.

Expense items (description)	Amount/Value (\$)
E.g. flights, uniform, accommodation	Must be a whole dollar amount (no cents)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

### Budget Totals

**Total Expense Amount**

\$

This number/amount is calculated.

### Attachments

**If applicable, please upload financial statements, invoices, receipts to support expenses related to the competition**

Attach a file:

### Finance Details

The information you provide here will help enter you into the City's finance system and process your application in a timely manner, so please give as many details as possible

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and upload all documentation requested. If you have any questions, please contact **grantfunding@fremantle.wa.gov.au**.

### Statement by Supplier

**Please complete and upload the following form - [Statement by a Supplier](#) form.**

Attach a file:

### Bank Account Details

Please provide the following bank account details and attachment.

#### **Name of Bank**

#### **Address of Bank**

#### **Bank Account**

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

**For auditing purposes, please upload a copy of a deposit slip or a snapshot of a bank statement that clearly shows bank details.**

Attach a file:

## Certification and Submission

**\* indicates a required field**

### Declaration

- I declare that all of the information supplied in this application and attachments is true and correct.
- I will notify the City of Fremantle of any changes to the information supplied or to circumstances arising that are relevant to this application.
- I understand that this is an application only and may not necessarily result in funding approval.

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- I give permission for the City of Fremantle to contact any person or organisation relevant to the assessment of the application and understand that information may be provided to other agencies, as appropriate.
- I understand that the decision made by the City of Fremantle is final and not subject to an appeals process.

I understand that if the City of Fremantle approves funding:

- I will be bound by the contents of this application to carry out the activities described in this application, which will form part of the contractual agreement with the City.
- I will be required to accept the conditions of funding in accordance with City requirements.

Please fill in your details below as your endorsement of this application and the statements above.

**I have read and agree to the above declaration statements \***

☐ Yes

**Applicant Name (or Contact Person if Applicant is under 18 years of age)**

Title

First Name

Last Name

**Date**

Must be a date.

## Privacy Notice

The City of Fremantle will use any information provided for the purpose of processing your application and for remaining in contact with you.

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

By submitting an application you consent to the City of Fremantle publishing the applicant's name, project description and amount funded in promotional material used for promoting the Fremantle Sport Assistance Program.

## Applicant Feedback

You are now coming to the end of the application process. Before you **REVIEW** and click the **SUBMIT** button please take a minute to provide some feedback. This will help us to continually improve the funding application process for our customers.

**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? \***

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Estimate in minutes i.e. 1 hour = 60

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