

Sport Travel Assistance Program

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**.

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.

Previous Funding

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 to confirm your eligibility before proceeding with this application.

Sport Travel Assistance Program

Form Preview

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"/>

Date of Birth *

Must be a date.

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

Yes No

Applicant Residential Address *

Address

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

Applicant Postal Address (if different from residential address) *

Address

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

Applicant Email *

Must be an email address.

Applicant Phone Number *

Must be an Australian phone number.

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

Sport Travel Assistance Program

Form Preview

Name of Contact Person

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

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 *

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

Competition Details

Competition Title *

Sport Travel Assistance Program

Form Preview

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?

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

Competition Budget Information

Sport Travel Assistance Program

Form Preview

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

Statement by Supplier

Sport Travel Assistance Program

Form Preview

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.
- 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:

Sport Travel Assistance Program

Form Preview

- 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

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

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.

Sport Travel Assistance Program

Form Preview