## Elite Performance Youth Grants 24/25 Form Preview

#### About the program....

\* indicates a required field

#### Elite Performance Youth Grant

This grant is provided to encourage excellence in sport, the arts and education providing opportunities for the professional development for youth (up to 25 years).

The grant provides assistance for South Burnett residents to attend competitions or programs representing Queensland or Australia in their chosen performance field (No funding is available for South Burnett or Wide Bay representation levels).

Successful applicants are only eligible to receive one (1) allocation per financial year and can apply for up to:

- \$500 if representing Queensland: or
- \$500 if representing Australia within Australia: or
- \$1,000 if representing Australia competing in another county.

Applications from multiple members of a team or group will be bundled and considered as a whole with funding available up to \$2,000 per team or group.

Applications will be assessed by the Community Grants Program Assessment Panel against the Community Grants Program Policy based on the Assessment Criteria. A recommendation will be made by the Community Grants Program Assessment Panel with approval by the General Manager Livability.

Application can be made through out the financial year.

#### **Policy Statement**

South Burnett Regional Council ('Council') recognises the important contribution community organisations and individuals make to the Council area. Through the provision of community grants program, Council demonstrates its commitment to investing in initiatives and partnerships that align with Council's corporate priorities encouraging individuals and groups to make a positive and ongoing contribution to the region.

This policy is to guide the administration of Council's Community Grants Program so to ensure the grants contribute to Council achieving its strategic goals, identified key initiatives, and align with the intent of the *Local Government Act 2009* ('Act') and the *Local Government Regulation 2012* ('Regulation'), which state that assistance will be used for a purpose that is in the public interest.

This policy applies to all grants, donations, sponsorship and other assistance made to:

- eligible not-for-profit community organisatons delivering programs, activities and events within the Council area; and
- eligible individual South Burnett residents to attend competitions or programs representing Queensland or Australia in their chosen performance field.

The provision of concessions and waivers relating to building and development applications, undetected water leaks, provision of recycled water, lease payment fees, rates and utilities charges are not covered by this policy.

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For further information the Funding Guidelines can be found HERE.

Should you need any further information or assistance, don't hesitate to contact the South Burnett Regional Council (07) 4189 9100 or email <a href="mailto:info@sbrc.qld.gov.au">info@sbrc.qld.gov.au</a>

A hardcopy of this electronic document is considered uncontrolled when printed.

If you need to contact us throughout the application process, please quote the application number below:

# Application Number This field is read only.

#### Confirmation of Eligibility

#### I confirm that the applicant ...

- · has read and understands the funding guidelines and funding criteria
- is able to demonstrate alignment between their event and the aims of this program
- lives in the South Burnett Regional Council area
- does not have any outstanding acquittals or outcome reports for Council's Community Grants Program
- has no outstanding debts with Council

#### Please select below: \*

○ Yes, I meet all the above eligibility criteria ○ No You must confirm that all statements above are true and correct.

#### **Grant Program**

Funding is not available for activities that have already commenced prior to approval. (Please refer to Community Grants Program Policy).

This grant is provided to encourage excellence in sport, the performing arts and education providing opportunities for the professional development for youth.

Successful applicants shall only be granted one (1) allocation per financial year.

#### **Representing Queensland**

Must be no more than 500 characters.

#### Representing Australia within Australia

Must be no more than 500 characters.

#### Representing Australia competing in another Country

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Must be no more than 1000 characters.
Team Funding (up to \$2,000 per team)
Word count: Must be no more than 2000 characters.
Contact Details
* indicates a required field
Privacy Notice
We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u> . To view our privacy statement, go to <u>Disclaimer – South Burnett Regional Council</u>
Applicant Details
Applicant's Name * Organisation Name
Name of Guardian (If applicant under 18 years of age)
Primary address Address
Postal address Address
Primary phone number *
Must be an Australian plant and an analysis
Must be an Australian phone number.
Email address *
Must be an email address.

# Elite Performance Youth Grants 24/25 Form Preview

Website					
Must be a URL.					
Best contact person for this application					
Primary contact * Title First Name Last Name					
This is the person we will correspond with about t	his grant				
	nis grant.				
Phone number *					
Must be an Australian phone number.					
Mobile Phone Number *					
Mobile I Holle Humber					
Must be an Australian phone number.					
Email address *					
This is the address we will use to correspond with	you about this grant.				
Event					
* indicates a required field					
Event *					
Event					
Describe the activity					
Please provide a short description of the activity *					
Be descriptive, but succinct. Include a Short Desc	ription of the event				
How will this sponsorship be acknowledged? *					
wiii tiiis spoiisoisiiip be ackilowieu	<del>3</del> 54.				
Start date of activity *	End date of Activity *				

## Elite Performance Youth Grants 24/25 Form Preview

Must be a date and between 1/7/2024 and 30/6/2025.

If unknown, provide your best guess

Must be a date and between 1/7/2024 and 30/6/2025.

If unknown, provide your best guess.

#### **Total Activity Budget**

What is the total cost for the activity? \*

#### Supporting Material

Selection Letter showing name

Document showing name selected for which event/s

These documents are compulsory

**New Question \*** 

Attach a file:

A minimum of 2 files must be attached.

#### Declaration and Feedback

\* indicates a required field

#### Certification

- I certify that to the best of my knowledge that the statements made within this application are true and correct.
- I understand that approval of support is subject to a signed agreement between the South Burnett Regional Councill and the applicant.
- I understand that if South Burnett Regional Council approves the grant, I will be required to accept the conditions of the Funding Agreement in accordance with Council audit requirements.
- I understand that if Council approves the grant, I will be bound by the contents of my application to carry out my project as I have described.
- I understand that the South Burnett Regional Council does not accept any liability or responsibility for the supported activity and that it is the responsibility of the applicant to provide the appropriate insurance cover.
- I agree an event summary of sponsorship and financial report (acquittal) will be supplied (including a copy of all required receipts) within 6 weeks of completion.
- I consent to the information contained within this application being disclosed to or by South Burnett Regional Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
- I consent to South Burnett Regional Council using information contained within this application for reporting and publishing purposes.

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I have read and agree to the above: *	○ Yes	O No	)		
Name of authorised	First Name	Last Name			
person *	Must be a senior staff me authorised volunteer	mber, board	member or appropriately		
Date *					
	Must be a date				
Applicant Feedback					
You are nearing the end of the application process. Before you review your application and click the <b>SUBMIT</b> button please take a few moments to provide some feedback.					
Please indicate how you found ○ Very easy ○ Easy		on process  Difficult	O 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.					