



## 2020-21 SPORT AND ACTIVE RECREATION DONATION PROGRAM

This program enables council to consider donations to assist residents competing in an intrastate, interstate or overseas sporting or active recreation event representing the City of Onkaparinga.

Effective 1 July 2020

APPLICATION FORM - GROUP





## 2020-21 Sport and Active Recreation Donation Program Group Application Form

- Please refer to the 2020-21 Sport and Active Recreation Donation Program guidelines when completing this form. Please note applications must be received at least **four weeks** prior to the event taking place.
- A team coach, manager or committee office bearer must complete this group application.
- A group application comprises ten or more members of a club, group, organisation, team or school who are attending the same competition or event regardless of age, gender or category.
- This application must be accompanied by a formal, signed letter/s for notification (on official letterhead) from the respective state/national/school body or association stating that the nominated people have been chosen to represent that body/association.
- Please contact **Community Capacity Administration on 8384 0697** for any assistance required with the completion of this form.
- There is no closing date for applications. The program will close when the funding pool has been fully expended.

### APPLICANT DETAILS

<b>Name of applicant</b>	(must be the club coach, manager or committee office bearer for group applications)		
<b>Position</b>			
<b>Organisation</b>			
Organisation address			
Postal address			
Suburb		Postcode	
Contact phone number			
Email			
Is your organisation registered for GST?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Please provide your organisation's Australian Business Number	ABN		

<b>Group participants</b> (add attachment if not enough space available)			
	Name	Address	Phone
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			



## EVENT INFORMATION

Briefly describe the event for which you are seeking a donation

<b>Event Title</b>	
Category (eg age group)	
Event location	<input type="checkbox"/> Intrastate ( <i>must be greater than 250km return for single event</i> ) <input type="checkbox"/> Interstate <input type="checkbox"/> Overseas
Event date(s)	
What will council's donation be used for?	
How will the donation benefit the recipient or the City of Onkaparinga?	

## CONDITIONS OF DONATION

I confirm and agree with the following:

- Will accept and distribute the funds equally to the nominated applicants.
- The information given in this application, including any attachments is true and correct.
- The donation received from the City of Onkaparinga will be expended as outlined in this application, unless otherwise negotiated.
- To acknowledge council's funding of the activity in any publicity or promotion.
- To provide the City of Onkaparinga a completed evaluation form within 4 weeks of the completion date of the activity.
- The evaluation form that the applicant is required to complete will request information about the event and the positive impact of the assistance which council has provided. The information provided may be used by council on the City of Onkaparinga website, in newsletters, local messenger, or other public documents.
- Failure to comply with these conditions will restrict future donation applications.

I understand that any variation from the above conditions will require negotiations with the City of Onkaparinga.

Applicant name		
Signature		Date

Application will be assessed and we will advise you in writing of the outcome within two weeks of the event.

Our preferred method of payment is by Electronic Funds Transfer. Please provide details of your nominated account for payment on the following page.



## EFT payment details

Bank account name:			
Financial institution:			
Branch address:			
BSB No:	—	Account No:	
Email address (for payment notification)			

Authorised signature of applicant	
Name	
Signature	
Position	Date
Counter signed by an authorised signatory of bank account (Treasurer or other authorised person)	
Name	
Signature	
Position	Date

## EVENT/COMPETITION CHECKLIST

Please ensure that your application meets all the essential requirements listed below.

1. Does your application meet the guidelines (including funding and eligibility requirements)?	Yes / No
2. Have you fully completed the application form?	Yes / No
3. Have you signed the application?	Yes / No
4. Have you attached a copy of the selection letter from the peak body or the association running the event or competition?	Yes / No

**If you need assistance to complete this form please contact  
Community Capacity Administration on 8384 0697**

**Please complete and return to [mail@onkaparinga.sa.gov.au](mailto:mail@onkaparinga.sa.gov.au)**