



Community Leadership Grants

Application Form 2014 to 2015

Before submitting an application for this funding, please ensure you have carefully read all details contained in the Guidelines. Community Leadership Grants will be competitive, so it is in your interests to ensure your application meets the eligibility criteria and conditions.

Applicants **MUST** discuss their application with the Club Development Officer before submitting an application.

KEY CONTACT

To discuss your application, or for other enquiries about Community Leadership Grants, please contact the Club Development Officer, Judith Want on (08) 9841 9419 or by email – judithw@albany.wa.gov.au

APPLICANT DETAILS:	
Applicant Name:	
Date of Birth (If applicable):	
Postal Address:	
Residential Address:	
Phone:	
Fax:	
Email:	

ATHLETIC EVENT

Please complete the following sections if you are applying for funding for an athletic event.

What is the event you have been selected to attend?	
Event Name:	
Organising Body:	
Date:	
Location:	

What is your level of representation at this event? Please note you cannot self select for the event, you must be selected. (tick one)	
<input type="checkbox"/> Australia	<input type="checkbox"/> Western Australia
<input type="checkbox"/> Albany/Regional	<input type="checkbox"/> Other (please specify):

SELECTION ENDORSEMENT	
Name of the organisation/official body endorsing your selection	
Contact Person:	
Address:	
Phone:	
Email:	
Organisation Representative Signature and Position	
Signature:	_____
Position:	_____
Or Is there a letter of support verifying your selection supplied with your application? (tick one)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

DEVELOPMENT ACTIVITIES (Community, Arts and Sport)

Please complete the following sections if you are applying for funding for a development activity and attach any supporting information (programs, CV's etc).

What is the activity you would like to attend?	
Activity:	
Organising Body:	
Dates:	
Location:	

BOTH ATHLETIC EVENTS AND DEVELOPMENT ACTIVITIES MUST COMPLETE THE BUDGET OUTLINE BELOW

BUDGET	
Please itemise the total costs associated with attending the nominated event.	
Expenditure	\$
Airfare	\$
Fuel	\$
Accommodation	\$
Uniform	\$
Competition Fees	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Total Expenditure	\$

Please itemise the total amount of financial support confirmed and available to the applicant for the costs of attending the nominated event.			
Income Type	Name of Funding Body	Financial Assistance Requested	Financial Assistance Confirmed
Sponsorship			
Sponsorship			
Fundraising			
Other			
Other			
Total Income			

Amount applied for: \$ _____

AUTHORISATION

This application form is to be signed by the applicant or by a parent/legal guardian if the applicant is under 18. I certify that the information given on this document is true and accurate, and that if _____ (insert applicant name) receives funding.

Signature of applicant: _____ **Date:** _____

Signature: _____ **Date:** _____