Individual Donation Application Form

* indicates a required field

Privacy - Use of disclosure of personal information

Any personal information we collect through victoriapark.wa.gov.au may be used or disclosed for the primary purpose for which it was collected, for example to allow us to answer your enquiry or process your transaction.

Personal information will be dealt with in accordance with the applicable legislation in Western Australia and consistent with any legal obligation.

To view our privacy statement go to victoriapark.wa.gov.au

Applicant Information

Before completing this application form, you should have read the individual donation <u>guidelines</u> and <u>Policy 114.</u>

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this donation. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

Please note to be eligible for the donation program you need to be a local resident of the Town and be aged between 12-25 years of age.

If you have any questions in regards to these eligibility criteria, please contact the grants officer on 9311 8111 or admin@vicpark.wa.gov.au

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the individual donations program guidelines and Policy 114
- resides in the Town of Victoria Park
- aged between 12-25 years of age
- Is not an Elected member, staff of the Town, or their immediate family members
- produces a letter of selection from their State Sporting Association or National Body

Please select below: *

O Yes O No You must confirm that all statements above are true and correct.

Category and level of assistance

Sport ○ State travel (up to \$200 exc	GST)	International t	cravel (up to \$300 exc GST)
Event			
Name of event *			
Event dates *			
Place of event *			
Sport/activity type *			
Category * O Junior	○ Senior	C	Open
What are your objectives of	f your particip	ation in the eve	ent? *
What will the event involve	.? *		
If your application is succes Town? *	ssful, how will	you acknowled	ge the contribution of the
 Written letter to the Town of Victoria Park and receipt of donation expenditure 		ent amd receipt	
How many other individuals for the same events? *	s in the Town	from your Club/	group have been selected

Contact Details

Applicant Details

Name of applicant	
Applicant under 18 years (If so please fill in Parent/Guardia □ Yes □ No	n name below)
Parent/Guardian name	
Are you aged between 12 and 25 years? □ Yes □ No	
Please attach birth certificate Attach a file:	
ou are not eligible if you are under 12 years or over 25 years	
Address	
Suburb	
Postcode	
Osteouc	
Postal address	
Contact Numbers (Office and Mobile)	
Email	
Tax information	
* indicates a required field	
Do you have an ABN? * ○ Yes ○ No	
If ves, please supply your ABN, If you are not registered please supply a St.	atement by Supplier

ABN* The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly. Information from the Australian Business Register ABN Entity name ABN status Entity type Goods & Services Tax (GST) **DGR Endorsed** ATO Charity Type More information **ACNC** Registration Tax Concessions Main business location Must be an ABN As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved donation may be withheld. Download the form from the ATO. Please upload completed Statement of Supplier Form: Attach a file: Max 25mb Are you registered for GST? ☐ Yes □ No Note: It is a requirement that an invoice (inclusive of GST if applicable) is supplied to the Town should the donation application be successful. **Budget Budget information** Please supply a breakdown of the proposed income and expenditure for the project (ex. GST). Include additional categories that you consider relevant to your project in the table below. The Town must be advised of any variations to information supplied in this application. **Total Amount Requested**

		hat is the totoplication?	al financia	l support you a	re requesting in this
Total Project/Pro Cost	_	hat is the tot	al budgete	ed cost (dollars)) of your project?
Budget (GST e	exclusive)				
	nding that you ha				les below, including n confirmed or not. All
Examples of incom	ne could include 'orship'. Examples	council come of expense	munity g s could ir	rant', 'trivia fu	xpenditure' columns, indraising night', power & water for 6
Use the 'Notes' col	umn for any addi	tional inforn	nation yo	u think we sh	ould be aware of.
	d commas to figu	ires – e.g. ty			IDITURE AMOUNT). - this will ensure your
Please do not ado figures for each ta			/pe \$100	0 not \$1,000 -	- this will ensure your
Income Description	Income Type	Confirme Funding?	,	ncome Amo (\$)	unt Notes
	Income Type			(\$) \$	unt Notes
	Income Type			(\$) \$	unt Notes
	Income Type			(\$) \$ \$	unt Notes
Description	Income Type			(\$) \$	unt Notes
	Income Type			(\$) \$ \$	unt Notes
Please add your applicants contribution. Town of Victoria Park's donation amount. Grants and sponsorship (please	Expenditur	Funding?	Expendit	(\$) \$ \$	
Please add your applicants contribution. Town of Victoria Park's donation amount. Grants and sponsorship (please list sources) Expenditure		e Type E	Expendit	\$ \$ \$	
Please add your applicants contribution. Town of Victoria Park's donation amount. Grants and sponsorship (please list sources) Expenditure		e Type E	Expendit \$)	\$ \$ \$	
Please add your applicants contribution. Town of Victoria Park's donation amount. Grants and sponsorship (please list sources) Expenditure		e Type E	Expendit \$)	\$ \$ \$	

Please list airfare, uniform, accommodation

and other (e.g.

competitic equipmen	on entry fees, t).				
Budget	Totals				
Total Income	Amount	Total Expenditure	Amount	Income - Expenditure	
This numb calculated	er/amount is	This number/a calculated.	amount is	This number/amou calculated.	nt is
Certific	cation, Endo	rsement and	Feedback		
* indicate	s a required field				
Statuto	ry Declaratio	n A			
Application				ndividuals - Donati utlined in the dona	
Name of person *	authorised	Title	First Name	Last Name	
Date *		Must be a	date		
Statuto	ry Declaratio	n B			
				rears understand the y the donation con	
Name					
Title	First Name	Last Name			
Data					
Date					
Must be a	date				

Endorsement

This section is to be completed by the relevant governing body of the sport or the umbrella organisation supporting the activity.

I certify that the information contained in this application is correct and the applicant/s has been selected to represent an official Western Australia or Australian team.

Name			
First Name	Last Name		
Position			
Address Address			
Date			
Must be a date.			
Phone Number			
Must be an Australian ph	one number.		
Email			
Must be an email address			
	,.		
Signature			
Letter of endorseme Attach a file:	ent		
Applicant Feedba	ck		
		rocess. Before you revie moments to provide som	
	you found the onling asy ONEW	ne application process tral O Difficult	s: O Very difficult
How many minutes i	in total did it take y	ou to complete this a	pplication? *
-			
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.

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