Travel Assistance - Application Form

* indicates a required field

The Active People Travel Assistance Funding Program, provides funding opportunities for Logan residents to enjoy sport and recreation in the City thanks to a partnerhsip between Logan City Council and the Brisbane Lions Australian Football Club.

As you will be aware there are currently several health directives and travel restrictions imposed by the Federal Government and the Queensland Government which may have an impact on your event. While the Brisbane Lions and Council wish to continue to support athletes where possible we are also conscious of the administrative burden on both grant recipients and Council if grant payments are made and events subsequently cancelled.

In an effort to manage this, the funding guidelines have been amended and successful applicants will now be paid after the event date. Successful applicants will need to provide evidence that your nominated event was held and submit evidence of payment for expenses incurred using the Acquittal form attached to your Smarty Grants profile.

This process will remain in place for the foreseeable future as we continue to manage the current situation.

BEFORE YOU START

- Please carefully read the <u>guidelines</u> prior to completing this form
- Please note the applicant is the person attending the competition
- If the applicant is under 18 years of age a parent/ guardian is only permitted to complete the application
- Payment will be made into the Nominated Bank Account after the event date.
- Answer each question fully and complete the applicant declaration
- Incomplete applications will not be considered

Acquittal

If you have not acquitted previous funds this application will not be considered

Have you acquitted funds from previous funding application? *

0	I have never received	funding	through	this	grant
hef	nre				

- Yes (I have received a grant and acquitted)
- No (I have received a grant but not yet acquitted)

Council Employee - Conflict of Interest

Are you an employee of Logan City Council? O Yes					
NoFull time, part time, temporary	O 112				
Conflict of Interest Declar	ation Fo	rm			
If you are a Council employee you are required to declare any potential conflicts of interest. Please complete the Conflict of Interest Declaration - Assessment Form found on the Buzz and upload here. If you have any questions regarding this process, please contact the Sport and Recreation Project Officer on 3412 4886. If you are an employee of Logan City Council and do not attach a completed Conflict of Interest Declaration - Assessment Form your application will not be processed.					
Upload Conflict of Interest Declaration - Assessment Form Attach a file:					
Council's Code of Conduct requires ALL employees to declare any potential conflicts of interest. It is your responsibility to comply with the Code of Conduct by completing and signing the declaration.					
Applicant Details					
Applicant Name (competitor) *	Title	First Name	Last N	Name	
Gender *	○ Male		○ F	emale	
Date of Birth *	Must be a	date			
Address *	Address				
	Suburb	State Postcoo	de		
Postal Address (if different from above)	Address				
	Suburb	State Postcoo	de		
Please provide proof of residency. *	Attach a f	ïle:			

	eg most re drivers lice		ricity bill or cu	rrent rent notice or
Phone Number *	Include are	ea code - e.g. (07	7)	
Mobile Phone Number				
Email *	Must be a	valid email addre	ess	
Parent/Guardian Details				
Is the applicant under 18yrs?				
	Please c	omplete if ap	plicant is ui	nder 18yrs of age.
Parent/Guardian Name *	Title	First Name	Last Nam	ne
Parent/Guardian Name * Payment	Title	First Name	Last Nam	ne
				ne
Payment				ne
Payment If successful funds will be paid into	to nominat	ed Bank Accou		ne
Payment If successful funds will be paid into Bank Account Name *	to nominat	ed Bank Accou		ne
Payment If successful funds will be paid into the successful funds will be paid into the successful funds will be paid to individual to the successful funds will be paid to individual funds.	to nominat	ed Bank Accou		ne
Payment If successful funds will be paid into Bank Account Name * Note: Funds will be paid to individual Bank Name *	to nominat	ed Bank Accou		ne

Championship Details

* indicates a required field

This section is seeking information about the Championship the applicant wishes to attend.

Sport *	
Age Group *	
Please indicate the name of the competition you will be attending including location and the date of the competition:	the
Competition Name *	
Type of Competition * State Championship (representing your region) National Championship (representing Queensland) International Championship (representing Australia) Only sports listed on the Australian Sports Directory of the SportAUS website will be supported for International funding	or
Competition Location *	
Competition Escation	
Competition Start Date *	
Must be a date	
Competition End Date *	
Competition Life Date	
Must be a date	
Is prize money awarded at this competition? O Yes O No	
Finance	

* indicates a required field

travel assistance post April 2020

Form Preview

This section is seeking information about the expenses incurred by the applicant attending the identified Competition.

Have you applied for funding to attend this event from any other source? * ○ Yes ○ No
For example; State Sporting Body
If yes, please provide details:
Estimated expenses for the Competition:
Competition Fees
\$
Must be a dollar amount
Airfares / Fuel
\$ \$
Must be a dollar amount
Accomodation
\$
Must be a dollar amount
Compulsory Uniform
\$
Must be a dollar amount
Total Amount Requested *
\$
What is the total financial support you are requesting in this application? Note, the guidelines below.
Up to \$300:
State Championship
National Championship
Up to \$500:
International Championship
Up to \$300
International Championship held in Australia

Supporting Information

* indicates a required field

Please upload any required supporting documentation:

Please attach your letter of s Association * Attach a file:	selection from the State or National Sporting
This should be on letterhead and inc	clude applicants name, event name, venue and date
Feedback	
How did you hear about the (☐ Logan City Council website ☐ Council's Facebook page ☐ Our Logan magazine ☐ Newspaper advertisement ☐ E-mail ☐ Word of mouth ☐ Other:	Grants Program? *
What area is your grant for? Service to community Infrastructure Equipment Sport Travel Event Project Other:	*
Certification / Declaration	on / Consent
	Logan City Council and Brisbane Lions may from time to time wish to contact you for media opportunities for the promotion and growth of the program.
	Consent:
	 I give my consent to be contacted regarding media and promotion I do not give my consent to be contacted regarding

media and promotion

In submitting this application I certify / declare that:

- 1. To the best of my knowledge the information provided is true and correct;
- 2. I have read the associated funding guidelines detailed on the Logan City Council Website; and
- 3. I understand that if successful, I am required to accept the conditions of this grant in accordance with Council's accountability and reporting requirements.

Please select:

Privacy Collection Notice

Logan City Council is collecting your contact details and program specifics to correctly place your application through our grants process. The information will only be accessed by employees and/or Councillors of Logan City Council. Your information will not be given to any other person or agency unless you have given permission or we are required by law.

Transfer of personal information overseas

Logan City Council is utilising software that is located overseas to create this online form. You are agreeing that your personal information may be transferred and/or stored in an overseas facility.