### Active People - Travel Assistance Grant Application Form

### Travel Assistance - Application Form

\* indicates a required field

The Active People - Travel Assistance funding program aims to provide the City of Logan residents with assistance in covering costs associated with attending State, National or International competitions.

We provide funding to help pay for the following:

- Direct travel and accommodation expenses;
- Compulsory competition fees; and
- Compulsory uniform items.

Before commencing your application, please ensure you familiarise yourself with the Sport & Recreation funding guidelines: <u>Active people - Travel assistance funding guidelines</u> (<u>logan.qld.gov.au</u>)

#### **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

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Have you acquitted	<ul> <li>I have NEVER received funding through this grant</li> </ul>
funds from previous	before
funding application? *	<ul><li>Yes (I have received a grant and acquitted)</li><li>No (I have received a grant but not yet acquitted)</li></ul>
	o No (mave received a grant but not yet dequitted)

Council Employee - Conflict of Interest

**Are you a current employee of Logan City Council?**O Yes

0	No			
Full	time,	part	time,	temporary

### Conflict of Interest Declaration Form

If you are a current 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.

<b>Upload Conflict of Interest Declaration -</b>	<b>Assessment Form</b>
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 Nar	me	Last Name	
Gender *	○ Male	○ F	emale	O Genderqueer/ Non-Binary	Other:
Date of Birth *					
Address *	Address				
	Suburb	State	Postcode		
Postal Address (if different from above)	Address				
	Suburb	State	Postcode		
Please provide proof of residency. *	Attach a f	ïle:			

	eg most recent rates, electricity bill or current rent notice or drivers licence				
Phone Number *					
Mobile Phone Number					
Email *					
Parent/Guardian Details					
Is the applicant under 18yrs?					
	Please co	omplete if appli	icant is under 18	Byrs of age.	
Parent/Guardian Name *	Title	First Name	Last Name		
Championship Details * indicates a required field					
			rmation about the nt wishes to attend		
Sport *					
Age Group *					
Please indicate the name of t location and the date of the c			oe attending inc	luding the	
Competition Name *					

Type of Competition *  State Championship (represe National Championship (represe International Championship (Only sports listed on the Australian Statement International Funding	esenting Queensland)
Competition Location *	
Competition Start Date *	
•	
Must be a date	
Competition End Date *	
	you attended and participated in your nominated re than 6 months prior to date of application) *
	ub or affiliated body and include applicants name, event name, onstrate attendance at nominated even, not selection to attend
Is prize money awarded at the Yes No	is competition?
Finance	
* indicates a required field	
	This section is seeking information about the expenses incurred by the applicant attending the identified Competition.
Have you applied for funding  O Yes For example; State Sporting Body	to attend this event from any other source? *  O No
If yes, please provide details	:
Total expenses for the Comp	etition:

\$ 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
Payment
Please attach evidence of payment of competition expenses eg. receipts for air fare, accommodation, registration fees, fuel, etc * Attach a file:  Proof of payment must be a receipt from club or affiliated body and include event name, participant or parent name and date.
If successful funds will be paid into nominated Bank Account.
Bank Account Name *
Note: Funds will be paid to individuals, not organisations.
Bank Name *
BSB Number *
Bank Account Number *

**Supporting Information** 

* indicates a required field
Please upload any required supporting documentation:
Attach a file:
Feedback
How did you hear about the Grants Program? *  Logan City Council website Council's Facebook page Our Logan magazine Newspaper advertisement E-mail Word of mouth Other:
What area is your grant for? *  Service to community Infrastructure Equipment Sport Travel Event Project Other:
Certification / Declaration / 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:
<ul> <li>I give my consent to be contacted regarding media and promotion</li> <li>I do not give my consent to be contacted regarding media and promotion</li> </ul>
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.

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### **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.