### Young People in Sport Program Information and Eligibility

\* indicates a required field

#### Young People in Sport Program

The Young People in Sport (YPIS) program aims to assist young athletes living in the Bundaberg Regional Council area by providing financial support with the cost of representing Queensland at a National Sporting competition or representing Australia at an International Sporting competition.

### Before you begin

You (the local sporting organisation) will require certain information to complete the application. To assist this process you will need the following documentation:

- Evidence that the applicant has been selected as a Queensland or Australian representative (Letter from the sanctioning sporting body).
- Athletes proof of age

Please confirm that you have read and understood the Young People in Sport Program Guidelines *  Yes
If you have not read the guidelines, please read them before commencing this application Young People in Sport Program Guidelines <u>here</u>
Eligibility

То	be eligible to apply, organisations are required to verify the following: *		
	The athlete is a member of the local sporting organisation.		
	The athlete is under the age of 18 years at the date the competition commences.		
	The athlete resides within the Bundaberg Regional Council boundaries.		
	The athlete has been selected to represent Queensland at a National Sporting		
competition or Australia at an International Sporting competition.			
At I	east 4 choices must be selected.		
Org	ganisations are required to meet all these to to be considered eligible.		

#### Ineligibility

Organisations who have received funding through Council's Financial Assistance Programs which have not been satisfactorily acquitted will not be eligible and/or the athlete has received a Young People in Sport grant in the previous financial year.

#### **Successful Applicants**

Funds will be transferred to the local sporting organisation. It is the responsibility of the local sporting organisation to pass these funds onto the athlete and finalise the acquittal requirements. .

## **Sporting Organisation Details**

\* indicates a required field

Organisation name (Local Sporting Organisation) * Organisation Name  Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.  Postal address * Address  Address  Address Line 1, Suburb/Town, and Postcode are required.  Contact person * Title First Name Last Name  This is the person we will correspond with about this grant  Position held in organisation *  e.g. Manager, Board Member, Fundraising Coordinator  Phone number *  Must be an Australian phone number.  Email address *  This is the address we will use to correspond with you about this grant.  ABN information	Overnienties and (Local Spouting Overnienties) *
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ABN information	
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Does your organisation have an ARN2 *	ABN information
Does your digamsacion have an Adm:	Does your organisation have an ABN? *
○ Yes ○ No	○ Yes ○ No
ABN *	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 grant may be withheld. Download the form from the ATO.

Please upload comp Attach a file:	leted Stateme	ent of Supplier Form: *	
Max 25mb			
Athlete Details			
* indicates a required f	field		
Name * First Name	Last Name		
Residential Address Address	*		
Address Line 1, Suburb/T	own, and Postcode	le are required.	
Date of Birth *			
Proof of age will be requi	red. E.g Birth certi	tificate, passport, school identifica	tion card

Parent/	Guardian Deta	ails		
Name * Title	First Name	Last Name		
Parent/G	ne 1, Suburb/Town, Guardian Phone I Inber or landline incl	Number *	quired.	
* indicate	s a required field			
Event Name *			Event commencement date *  Must be a date.	
Event Location	1*		Event Venue *	
City, State	or Country if overse	eas	E.g. Olympic Park Athletic centre	
Is the event recognised by a State or National Sporting Organisation? *  ○ Yes  ○ No				
A list of recognised State Sporting and Recreation Organisations is available on the <a href="Queensland Government website">Queensland Government website</a> .  A list of recognised National Sporting Organisations is available on the <a href="Sport Australia">Sport Australia</a> website.				
Athlete	Selection			

What level of representation has the athlete been selected for? \*

Representing Queensland at a National sporting competition.
 Representing Australia at an International sporting competition.

Evidence is require to demonstrate that the applicant has been selected as a Queensland or Australian representative (Letter from the sanctioning sporting body).

The letter of confirmation from the State or National Sporting Organisations must include the following information:

- Athletes name.
- Level of representation (ie. representing Queensland or Australia).
- The State or National Sporting Organisations details.

### Required Documentation

\* indicates a required field

Proof of Athletes Age	
Please attach evidence of the athletes pr Attach a file:	oof of age *
E.g Birth certificate, passport, school identification of	card.
Verification of Selection from the St Organisation	ate or National Sporting
Please attach a copy of the letter of selection. * Attach a file:	ction from the State or National Sporting
A minimum of 1 file must be attached.	

#### Certification

\* indicates a required field

#### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant group/organisation (may be different to the contact person listed earlier in this application form).

The following section confirms your organisation's endorsement of this application:

• I certify that I have been authorised to prepare and submit this application on behalf of the abovementioned group/organisation and to the best of my knowledge, the statements made in this application are true and correct.

- I understand that if Bundaberg Regional Council approves a grant, I will be required to accept and comply with the terms and conditions of the grant as provided upon grant approval by Bundaberg Regional Council.
- I consent to the information contained within this application being disclosed to or by Bundaberg Regional Council for the purposes of assessing, administering and monitoring current and further Bundaberg Regional Council grant applications.
- I acknowledge that Bundaberg Regional Council is collecting my personal information for the purposes of assessing this application. My personal information may be accessed by employees, contractors, and/or Councillors of Bundaberg Regional Council. My personal information will be handled in accordance with the Information Privacy Act 2009 (Qld) and may be released to other parties where Council is required or authorised by law to do so. For more information on Council's Privacy Policy, see <a href="https://www.bundaberg.qld.gov.au/privacy">https://www.bundaberg.qld.gov.au/privacy</a>.
- I understand that if Bundaberg Regional Council approves a grant, I will be bound by the contents of this application and the terms and conditions as provided upon grant approval to carry out the project as I have described and as required by Council. I understand that this application and its contents will form part of my contractual relationship with Bundaberg Regional Council.

I agree *	○ Yes		○ No	
Name of authorised person *	Title	First Name	Last Name	
	Must be a authorised	senior staff member volunteer	, board member or	appropriately
Position *	Position he	eld in applicant orgar	nisation (e.g. CEO, 1	Freasurer)
Contact phone number *	We may co	n Australian phone no ontact you to verify t olicant organisation		is authorised
Contact email *				
	Must be ar	n email address.		
Date *	Must he a	date		