CMB Commonwealth & Olympic Games (IAG) Application 2024/25 Form Preview

Application - IAG - Commonwealth & Olympic Games

* indicates a required field

This grant provides support to individuals residing in the City of Moreton Bay who have been invited to represent their field at either the Commonwealth or Olympic Games.

Please read the <u>grant guidelines</u> carefully before commencing and submitting this application.

I have read and understood the Individual Achievement Grant guidelines *

Yes

O Yes

O No - please read the Guidelines prior to starting an application

SUPPORTING DOCUMENTATION REQUIRED

When applying for an Individual Achievement Grant, ensure you supply the following documentation:

- Proof of residency within the City of Moreton Bay; and
- Written confirmation of the applicant's selection stating the applicant's name and confirmation of their level of representation at the event. For example, a document including the organisation's letterhead or similar official notification.

Applicant Details

Applicant *		
First Name	Last Name	
Primary Address * Address		
Address Line 1, Suburb/T	own, State/Province, and	Postcode are required. Country must be Australia
Phone Number *		
Must be an Australian ph	one number.	
Email Address *		

O No - you are not eligible to apply for this grant. Please do NOT submit an application.

Are you a permanent resident of the City of Moreton Bay? *

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Proof of residency * Attach a file:				
E.g. Rates notice, car reg	istration or phone bill.			
Are you under 18 ye O Yes O No	ars of age? *			
Guardian Details				
If the applicant is your provided.	ger than 18 years of a	ge the details of a parent/guardian must be		
Parent / Guardian * First Name	Last Name			
Relationship to appl	icant *			
Primary Address Address				
Any, but at least one field	d is required.			
Phone Number *				
Must be an Australian ph	one number.			
Email *				
Previous Funding				
Have you received an Individual Achievement Grant this financial year? * O Yes O No				
 Unsure Individuals are eligible to receive a maximum of two Individual Achievement Grants per financial year. 				

If yes, provide details of all applications submitted *

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Event Venue * E.g. Olympic Park Athletic Centre How did you qualify for this event? * Describe how the grant will contribute towards the event re Written confirmation must include the following information Name of the recognised national or state sporting organisation Applicant's name Confirmation of representation at the event At least 3 choices must be selected. Please check each box to confirm your letter includes ALL required information		
Which event are you representing Australia at? * Commonwealth Games Special Olympics World Games Olympic Games - Summer Olympic Games - Winter Olympic Games - Paralympics Olympic Games - Paralympics Olympic Games - Youth Olympics Event Start Date * Event End Date * Event Location * City & State or Country if overseas e.g. Sydney, NSW Event Venue * E.g. Olympic Park Athletic Centre How did you qualify for this event? * Describe how the grant will contribute towards the event re Written confirmation must include the following information Name of the recognised national or state sporting organisation Applicant's name Confirmation of representation at the event At least 3 choices must be selected. Please check each box to confirm your letter includes ALL required informa	Word count:	
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Please check each box to confirm your letter includes ALL required informati	☐ Confirmation of representation	
include this information you may not be engible for funding.		our letter includes ALL required informat
Written confirmation of your selection *		

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Written confirmation should be a document i notification.	ncluding the organisation's letterhead or similar official			
Payment Details				
If you are successful in being awarded fu Council will transfer the funds to your no	unding under the Individual Achievement fund, ominated bank account.			
Account Holder Name *				
Bank Name *				
BSB *				
XXX-XXX (i.e.123-456)				
Account Number *				
A copy of your bank statement head Account Name, BSB and Account No Attach a file:	ler is required. This copy should show the . *			
Certification				
I certify that to the best of my knowledg supporting documentation) is true and c	e, the information detailed in this application (and orrect.			
Applicant Name *				
Date *				
Guardian Certification				
If the applicant is under 18 years of age, the parent/guardian of the application must also				

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I certify that to the best of my knowledge, the information detailed in this application (and

sign this certification.

supporting documentation) is true and correct.

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Guardian Name *	
Date *	

Privacy Statement

City of Moreton Bay is collecting your personal information for the purpose of assessing your grant application and/or finalising your grant application requirements. Council will use your personal information to update Council's customer information records and to contact you about other functions and services of Council. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Submit

You are now ready to submit. Read and acknowledge the message below, then click on 'Next page' to review, then Submit. *

O You will receive a confirmation email when your application has been submitted. If you do not receive this email then your application has NOT been submitted. Please ensure all questions have been answered and try again. (Check box here to acknowledge that you understand this)