



SPORTS AND RECREATIONAL SERVICES

(Division of Bundaberg & Burnett Region Community Development Aboriginal Corporation)

CENTRAL QUEENSLAND SPORTS AND PHYSICAL RECREATIONAL SMALL GRANTS PROGRAM (Funded by the Commonwealth Department of Communication, Information, Technology and Arts) DCITA

***** TEAM or GROUP APPLICATION FORM *****

1. **Name of the Team or Group :** _____

Address: _____ **Number of People in (Team or Group)** _____

Suburb _____ **Town/City** _____ **State** _____ **Postcode:** _____

Contact Person : _____

Contact Phone Numbers (H) _____ **(W)** _____ **(Mobile)** _____

2. **Type of Sport or Activity to be played :** _____

3. **Date of Sport or Activity :** _____

4. **Where is the Sport or Activity being held ?** _____

5. **When the Sport or Activity needs payment by ?** _____

6. **A Letter from a Chairperson of a Incorporated Aboriginal or Torres Strait Organization**
Confirming that Members of the Team or Group are of Aboriginal or Torres Strait Decent

Stamped with the Common Seal of their Incorporated Indigenous Organization .
or Individual Confirmation of Aboriginality Forms for each Member of Team / Group
(To be attached to this Application)

7. **For payment to be made directly into a bank account - provide details :**

(PLEASE PRINT NEATLY AND **DOUBLE CHECK** YOUR BANK ACCOUNT DETAILS ARE CORRECT)

Account Name : _____ **Name of Bank:** _____

BSB No: _____ **Account No:** _____

This Grant must be Fully Acquitted failing to do so will jeopardize future applications and subsequent funding. A **Brief Report** on the Activity/ Sport and Your/Team performance with photo (if possible) and Newspaper reports to be included with the return of all of the **Receipts within Two (2) weeks of Your Sport /Event along with any Unspent Money to the Bundaberg and Burnett Community Development Aboriginal Corporation.**

8. A List of all Indigenous Participants of this Team or Group is required stating their Full Name, Address, Age and their Sex (Please attach List)
9. Has this Team or Group previously received a sports grant from DCITA ? Yes No
(If Yes give details) _____
10. Has your Team / Group applied to any other body for funding? Yes No
(Federal, State, Local Government Or a Local Indigenous Organization)
Give full details & amount Funded :: _____
11. Has your Team / Group done fundraising or secured private sponsorship ? Yes No
Give full details of sponsorship & the amount raised: _____
(If No Give Reasons why : _____
- 12 . Is a Letter of Selection or Invitation attached ? Yes No
- Please Note: We Do Not Pay for Team Registration / Nomination or Season Registration Fees

BUDGET SUMMARY (Please Attach Budget Breakdown and Quotes)

Travel:	\$ _____
Accommodation	\$ _____
Other (please specify) _____	\$ _____
<u>Total Costs</u>	\$ _____
Less Sponsorship	- \$ _____
Less Funds Raised	- \$ _____
<u>Total Amount Requested</u>	\$ _____

Full Name of Applicant _____ (Person in charge of Team or Group)
Applicants Address Street Address _____
 Suburb _____ Town/City _____ State _____ Postcode: _____
 Contact Phone Numbers (H) _____ (W) _____ (Mobile) _____

Signature **Date** _____

Full Name of the Witness to this Application _____

Witnesses Address Street Address _____
 Suburb _____ Town/City _____ State _____ Postcode: _____
 Contact Phone Numbers (H) _____ (W) _____ (Mobile) _____

Signature **Date** _____

Don't forget to attach the following: ➤ Letters of Confirmation of Aboriginality / Torres Strait Island Decent
 ➤ Letters of support confirming selection or giving details of the event.
 ➤ Any quotes that you have obtained and the Budget Breakdown

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Please send to : Bundaberg and Burnett Region CDAC PO Box 1963 Bundaberg QLD 4670
Phone 0741 515 402 Fax 0741 513 140 E mail : bbrcdep1@bigpond.com