

Sporting, Recreation and Development Donations

Application Form

Individuals who have been selected to represent the State or Nation in an interstate or overseas competition in a sporting, recreational, educational or arts activity are eligible for one donation per financial year provided supporting documentation is included in the application. This application must be for an activity in the future, and that no retrospective funding will be granted.

Name of Applicant:			Age:	
Name of Parent / Guardian (if under 18):				
Residential Address:				
Postal Address:				
Phone Number:				
Email Address:				
Date of Activity:		Location of Activity:		
Type of Activity:				
Championship / Performance Event:				
Name of Organisation / Sporting Body applicant is representing:				
Has the applicant applied for a donation with Armadale within the last 12 months?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grant Amount:	<input type="checkbox"/> \$150 (local)	<input type="checkbox"/> \$250 (interstate)	<input type="checkbox"/> \$350 (international)	

Please provide the costs involved in attending this activity with proof of costs.	
Expenditure	Costs
Airfare	
Accommodation	
Uniform	
Other Travel Expenses	
Total Costs	

Support Material

(Please provide copies of all of these documents with each application)

- Letter of invitation from the represented organisation or the relevant governing association of the activity
- Evidence of proof of address within the City of Armadale (utility bill, rates notice etc.)
- Proof of payment of travel expenses (receipts)

Declaration

I declare that the information that I have provided in this application is true and correct. I acknowledge that this application is for an activity in the future, and that no retrospective funding will be granted.

Name:

Signature:

Date:

Applications can be:

- Emailed to the City of Armadale: info@armadale.wa.gov.au,
- Hand delivered to: 7 Orchard Avenue, Armadale or,
- Posted to: City of Armadale, Locked Bag 2, Armadale 6992.

For more information please contact Community Development on 9394 5000.

The guidelines for all donations can be found on our website at <https://www.armadale.wa.gov.au/community-support> please read through all guidelines before submitting your application.

Electronic Funds Transfer Form (EFT)

Office Use Only- COA Finance

Creditor No:

Electronic Fund Transfer (EFT) is the City's preferred method of payment. Funds will be deposited directly to your nominated bank account. A description will appear in on your bank statement to identify the payment . If there any changes to your banking details please let City- Finance department know immediately.

The City of Armadale will not be held responsible for any delays or errors in payment due to the factors out of the City's control (including but not limited to those resulting from banking industry systems).

Trading name:	
Full Name:	(Surname) (Given Name(s))
Address:	
ABN:	Contact No:
Email for remittance advices:	
Reason of the Payment :	

Banking details

BSB:	Account number:
Bank name and branch:	
Account name:	

Declaration: I/We hereby acknowledge and accept the conditions of EFT as stated in this application

Signature (Authorised Signature):	Date
Company/Individual Name:	
Job title:	

OFFICE USE ONLY

Requesting COA Officer to complete (Indicate applicable funds/section to which this application refers)

Bonds Rates Other (please specify)..... NAR No:

If Bond- Category No & Trust ID:/..... HPE Content Manager No:

If Rates- Assessment No: Other Details:

Notes:

Requesting COA Officer Name: **Signature & Date :**

Requesting COA Supervisor/Manager Name : **Signature & Date :**

Finance Department: Checked/Updated- Officer Name and Signature:

