

# 2024/25 Participation Sponsorship Application Form and Funding Agreement

## Form Preview

### Eligibility

\* indicates a required field

### Introduction

Latrobe City Council has a proud history of working in partnership with the community to meet local needs. The Participation Sponsorship Program aims to support the inclusion of preschool and school aged Latrobe City Council residents in disadvantaged circumstance to participate in recreation activities where participation costs are leveraged on the participant.

The program provides support to individuals by paying funds directly to sporting clubs to cover participation fees.

### Program Objectives

This program builds capacity and strengthens the region's potential of its most valuable resource - its citizens. The Latrobe City Council's philosophy behind this program is about:

- Providing opportunities for enhanced participation in public life;
- Providing benefits to individuals and therefore the broader community;
- Contributing to the wellbeing of Latrobe City;
- Inspiring participation;
- Nurturing leadership and capacity; and
- Enabling creativity and innovation.

### Eligibility

To be eligible individuals must:

- Be free of debt to Latrobe City Council and have no outstanding acquittals from previous Latrobe City Council grant applications;
- Reside in Latrobe City; and
- Hold a Health Care or Pension Concession card.

### Funding Agreement

All successful recipients of Participation Sponsorship funding are required to complete a Funding Agreement. The Funding Agreement will ask you to agree to the conditions of funding and provide your bank account details for payment.

Funding remains conditional on completion of this Application/Funding Agreement form.

You will be asked to include a Tax Invoice if your organisation is GST registered.

If you have any questions in regards to the program guidelines, please contact the Senior Grants Officer:

### Caitlan Ponton

- Phone: 0429 270 149
- Email: grants@latrobe.vic.gov.au

### Conditions of Funding

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By accepting the funding from the Participation Sponsorship, you agree to adhere to the following conditions:

- You must ensure funds are spent in line with the purpose of which the grant was approved (what you indicated funding would be used for);
- The Latrobe City Council reserves the rights to cancel your sponsorship funding if it is deemed that the purpose of which the sponsorship funding was approved substantially changes;
- funding is subject to the completion of this Application/Funding Agreement;
- If the activity is cancelled, or you are no longer able to attend, you must return the funding to the Latrobe City Council;
- I have provided correct bank details below and acknowledge that Latrobe City Council are not liable if funding is not received due to provision of incorrect details.

**Do you agree to the conditions of funding? \***

I agree

I disagree

## Supporting Documents

You will be asked to upload the following evidence when completing your application:

Mandatory:

- Evidence of selection or eligibility to participate – This could include a letter, email or program evidencing your identity and offer of participation; and
- A copy of your current Health Care or Pension Concession Card.

You will also be given the opportunity to upload any additional attachments you would like included with the application.

## Confirmation of Eligibility

Participation Sponsorship Program is open to all individuals for participation in their chosen fields.

To be eligible individuals must:

- Be free of debt to Latrobe City Council and have no outstanding acquittals from previous Latrobe City Council grant applications;
- Reside in Latrobe City; and
- Hold a current Health Care or Pension Concession card.

**Do you meet the eligibility criteria? \***

Yes

You must confirm that all statements above are true and correct. If you do not meet the eligibility criteria you will be considered ineligible to apply.

**Please provide a copy of your Health Care or Pension Concession card: \***

Attach a file:

If you require assistance to upload this document, please contact Caitlan Ponton, Grants Officer on 0428 661 071.

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### Privacy Notice

The personal information requested on this form is being collected by Council for the purpose of administering your application. The personal information will be used solely by Council for that primary purpose or directly related purposes.

If you choose not to provide this information, then we will be unable to process your application. The applicant understands that the personal information provided is for the reasons outlined above and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to the Privacy Officer at Latrobe City Council on 1300 367 700.

### Club/Organisation and Participant Contact Details

\* indicates a required field

#### Club/Organisation Contact

**Name \***

| Title                | First Name           | Last Name            |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details of the Club person completing the form

**Position held in club/association: \***

**Postal Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Phone Number \***

Must be an Australian phone number.  
If under 18, please enter the parent/guardian

**Email \***

Must be an email address.

#### Participants Details

**Participant \***

| Title                | First Name           | Last Name            |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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The name of the person who is participating in the activity

### Phone Number \*

If under 18, please enter the parent/guardian contact number

### Participant Residential Address \*

Address

Suburb State Postcode

To be eligible, applicants must reside in Latrobe City.

### Gender \*

Male

Female

Other

### Is the participant aged 17 years or younger? \*

Yes

No

Participants under 18 will need to provide the details of a parent or guardian.

## Parent or Guardian

If participant is under the age of 18 he or she will need to provide further details

### Parent or Guardian name \*

### Relationship to participant \*

### Emergency Contact number \*

### Email \*

Must be an email address.

## Assessment

\* indicates a required field

## Assessment

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## Form Preview

All applications will be assessed for eligibility against the Participation Sponsorship program guidelines:

- Be free of debt to Latrobe City Council and have no outstanding acquittals from previous Latrobe City Council grant applications;
- Reside in Latrobe City; and
- Hold a Health Care or Pension Concession card.

**Name of the activity the individual is participating in? \***

e.g. Football, Netball, Cricket, Dancing, Performing Arts etc

**Name of club/association the individual has been selected for? \***

e.g. Southside Junior Football Club, Paxhill Junior Football Club, Morwell Baseball Club etc

**Age group the individual has been selected in? \***

e.g. Under 10's, Under 12's, Under 14's (if no age group please selected N/A)

**How many years has the individual participated in the activity? \***

- 1 year
- 2 years
- 3 years
- 4 years
- 5+ years
- Unsure

If this is your first year, select 1. If this is your second year, select 2 etc

**How will Latrobe City Council's support for the project be recognised? \***

Word count:

Must be no more than 100 words.

e.g. thank you letter, social media, etc. Latrobe City can provide you with a letter template if required.

**Please upload a copy of the completed Application Information Collection form: \***

Attach a file:

## Budget

\* indicates a required field

**If your application is successful, funds will be paid directly to the club/association listed within the application.**

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## Form Preview

**Total Amount Requested**

\*

Maximum funding amount is \$250

**Total Cost \***

Include any Parent/Guardian contribution

Participation costs may include participation fees, compulsory equipment and uniform purchases.

**Expenditure Item**

**Expenditure Amount (\$)**

| Expenditure Item                            | Expenditure Amount (\$) |
|---|-------------------------|
| Club fees, football boots, hockey stick etc |                         |
|   | \$                      |
|   | \$                      |
|   | \$                      |
|   | \$                      |

**What expenditure item or items will Latrobe City Council funding be used for? \***

Example: Membership fees, compulsory playing uniforms, mandatory equipment, necessary activity items

## Evidence of Project Costs

**You are welcome to upload quotes or evidence of item costs to support the amounts included in the expenditure column. This will help support the amount requested:**

Attach a file:

Invoices from the club which shows the cost of the activity. Including any compulsory equipment and uniform purchases.

## Supplier Application - Funding Agreement

\* indicates a required field

### Latrobe City Council Contact

Requesting Officer: Community Sponsorship and Grants Officer

All successful applicants are required to complete the Supplier Application form section. This enables Latrobe City Council to process the payment into your nominated bank account. **For the purpose of this form, your organisation is the Supplier.**

Please be aware that all successful Grant funds will be paid to the nominated Club/Organisation. **No Grant funds will be paid to individuals.**

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## Form Preview

### Supplier Type

**Supplier Type \***

New Supplier  Amendment  Grant

### Organisation Details

**Company Type:**

Sole Trader  Partnership  Company

If none of these options describe you, the Supplier, please select "Company" as the Default option

**Registered Organisation Name \***

Please ensure that the name provided matches the details listed on the Australian Business Register

**Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Do you have an ACN? \***

Yes  No

If applicable

**If yes, please provide ACN number: \***

**Do you have an ABN? \***

Yes  No

If yes, please quote your ABN and indicate your GST status below. If No, you will be prompted to complete the "Statement by Supplier" form

**ABN Details \***

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                                       |

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## Form Preview

|   |
|---|
| Goods & Services Tax (GST)                        |
| DGR Endorsed                                      |
| ATO Charity Type <a href="#">More information</a> |
| ACNC Registration                                 |
| Tax Concessions                                   |
| Main business location                            |

Must be an ABN.

### Are you registered for GST? \*

Yes  No

### Please complete and attach a 'Statement by Supplier' form - only complete if your organisation does NOT have an ABN: \*

Attach a file:

Available at <https://www.ato.gov.au/Forms/Statement-by-a-supplier-not-quoting-an-ABN>

### Please complete and attach a Tax Invoice: \*

Attach a file:

A minimum of 1 file must be attached.

## Bank Details

### Have any of your contact or banking details changed since receiving previous grant funding? \*

No  Yes  This organisation has not previously received any grant funding from Latrobe City Council

Please enter your new bank details below:

#### Name \*

Organisation Name

#### Address \*

Address

  

#### Bank Account \*

Account Name



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## Form Preview

BSB Number

Account Number

Must be a valid Australian bank account format.

## Insurance

It is a requirement of all suppliers performing works or services for Latrobe City Council to have current insurances. Examples of insurance include, but are not limited to; Public Liability Insurance, Professional Indemnity Insurance and WorkCover. All insurances must have sufficient coverage in relation to the works or services undertaken.

Latrobe City Council has the right to request evidence of insurance at any time and reserves the right to reject a supplier if insurance provided is deemed insufficient.

## Confidentiality

We will keep all information, pertaining to you and your nominated financial institution account, private and confidential.

We will make reasonable efforts to keep any such information, that we have about you, secure and to ensure that any of our employees or agents who have access to information about you, do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information we have about you;

- to the extent specifically permitted by the law; or
- for the purpose of this agreement (including disclosing information in connection with any query, dispute of claim); or
- to verify details with your financial institution if required (eg. BSB and bank account number).

## Declaration

\* indicates a required field

## Terms and Conditions

### Definitions

"Latrobe City Council" (LCC) is the purchaser of the goods or services;

"Supplier" means the person, contractor, company or firm from whom the goods or services will be purchased by LCC.

(a) If the supplier has an ABN: the name provided on this form and the supplier's invoices must be the same as the name registered with the Australian Securities and Investments Commission (ASIC); or

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(b) The supplier must provide proof of the Trading Name(s) registered with the Australian Taxation Office for taxation purposes. Otherwise payment of the Supplier's Invoices may be delayed until verified or if paid, withholding tax will be deducted at the statutory rate.

1. Invoices received from the supplier will be paid at the agreed rate as quoted on LCC's Purchase Order unless the Purchase Order specifies that it is an estimated amount. If the supplier has failed to substantiate the price, or a price is not specified or is variable, LCC may refuse to accept the price. Payment to the supplier will not be made until agreement is reached between both parties.

2. All invoices must include the following, or will be returned to the supplier:

- the Australian Business Number (ABN) of the supplier;
- the GST inclusive price of the taxable supply;
- the words "Tax Invoice" stated prominently;
- the date of issue of the tax invoice;
- the name of the supplier;
- the name of the recipient (Latrobe City Council, P.O. Box 264, Morwell, VIC,3840);
- a brief description of each thing supplied and / or the Grant Number; and
- the quantity of the goods or the extent of services supplied, and when GST payable is exactly 1/11th of the total price, either a statement along the lines of 'the total price includes GST' or the GST amount is clearly stated.

### **Suppliers not registered for GST**

- Statement by a Supplier Form must be completed;
- GST exclusive price of the non-taxable supply;
- words, "Invoice" stated prominently;
- the date of issue of the invoice;
- the name of the supplier;
- the name of the recipient (Latrobe City Council, P.O. Box 264, Morwell, VIC,3840);
- a brief description of each thing supplied and / or the Grant Number; and
- the quantity of the goods or the extent of services supplied;
- a statement along the lines of 'the total price excludes GST' is clearly stated
- LCC may offset or deduct from any amount(s) owing the supplier any amount(s) which may be due or payable by the supplier to LCC pursuant to an LCC purchase order having been issued and may not be conditional upon agreement by both parties.

## Declaration

**We warrant that the statements and particulars contained in this application are true and correct and give specific authority to Latrobe City Council to seek financial reports and other references concerning the company \***

We Agree

**We have read, understand and accept Latrobe City Council Standards Terms and Conditions and agree to trade in accordance with these: \***

We Agree

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**We understand that completion of this questionnaire does not guarantee that I/We will be asked to tender/quote for or provide services or supply any goods in the future: \***

We Agree

**We have read, understand and agree to abide by Latrobe City Council's Supplier Code of Conduct: \***

We Agree

Code of Conduct available at [www.latrobe.vic.gov.au/supplier](http://www.latrobe.vic.gov.au/supplier)

**This section must be completed by an appropriately authorised person on behalf of your organisation or applicant.**

I certify that to the best of my knowledge the statements made within this Funding Agreement are true and correct, and I understand and accept the Conditions of Funding

\*

I agree

**Name of authorised person \***

Title

First Name

Last Name

Applicant, parent or guardian, or auspice organisation representative

**Position \***

Applicant, parent or guardian, or auspice organisation representative

**Contact phone number \***

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

**Date \***