Outstanding Representative Grant 2024/25

* indicates a required field

GRANT IS CURRENTLY UNDER REVIEW

This grant is currently under review and the guidelines and application process are being updated. You can still submit an application, but the assessment process is on hold.

Introduction The City of Mandurah provides funding support to local Mandurah residents who are selected to represent their state or nation in sport and recreation activities.

Purpose of Grant To assist residents of Mandurah with the cost involved with travel and accommodation for interstate or overseas trips associated with selection in a state or national team.

If you contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Assessment Criteria

All applicants will be assessed on the following criteria:

- Residency in the City of Mandurah
- Have been selected by the State or National Sporting body to represent Western Australia or Australia
- A clear selection process entitling the person to represent the State or National body must be demonstrated.
- A letter of selection from that State or National sporting governing body
- Representatives in receipt of other sources of funding are eligible as long as there is no surplus income from the donation.

Application Process

Applications are open from the 1 July until mid June. All criteria in this application form must be completed.

Applicants must attach a letter from their state or national sporting body to verify their selection.

Applicants may be contacted to clarify any queries regarding their applications. All applicants are advised of the outcome of their application in writing within twenty-one (21) days of submission.

Successful applicants must complete an acquittal following the event to let us know how the event went and how the money assisted them. Future applications will not be considered unless previous grants are acquitted.

Grant Amounts

The maximum grant available to representatives if the competition is interstate is \$200.00.

Sporting competitions held within Western Australia will only be considered at the discretion of the Manager.

The grant is capped at \$1,000.00 for representatives from the same Club requesting funding for the same competition in any one financial year.

This amount will be paid to the Club to be distributed to the applicants.

Eligibility

Please confirm the following eligibility ...

- Applicant has gained the highest level of state or national representation in a junior, open, or masters competition.
- Applicant resident of the City of Mandurah.
- Representatives are only eligible for this donation once in a financial year.
- Retrospective funding is not available and applications must be made before the event.
- Representatives include athletes, coaches, officials and administrators

• Representatives include athletes, coacnes, omclais and administrators.				
Please select below O Yes You must confirm that a	: * Il statements above are tr	O No rue and correct.		
-	an outstanding repre	esentative donation from us	in a previous	
year? * O Yes		○ No		
Contact Details	fold			
* indicates a required Applicant Details				
Applicant * O Individual Organisation Name	○ Organisation			
Title First Name	Last Name			

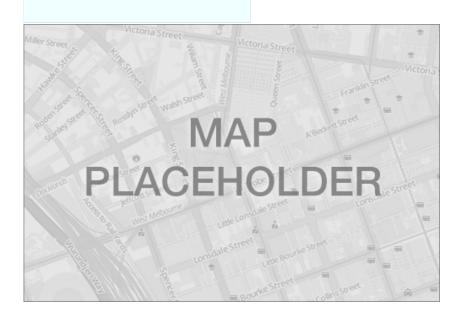
For teams: please select organisation and enter the Team/Club Name				
Applicant Date of Birth:				

Must be a date.

For Teams please enter the youngest members DOB

Applicant primary address

Address



Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Beneficiary Details

* indicates a required field

Are you applying on behalf of someone else? * ☐ Yes ☐ No I am the applicant						
If yes, please provid First Name	e your full name Last Name					
Relationship to applicant						
State Sporting A	ssociation					
* indicates a required f	field					
Name of State Sport	ing Association? *					
In order to qualify for t sporting association, co			ction from your state			
Competition you lLocation of the coDate of the compe	•					
Please upload letter Attach a file:	of selection *					
Max 25mb per file upload	led					
Funding						
Please list funding assi	stance available from	other means: (state bo	dy, club, fundraising etc)			
Funding Assistance		\$				
		\$				
		\$ \$				
		\$ \$				
		\$				
<u> </u>		"				

Funding Purpose

Please state the specific purposes for which the funding is to be used: *

Competition	Details	
Official name	of the competition ha	ave you been selected for
Start date of t	he competition *	
Location of the	e competition *	
Funding Am	ount	
Total Amount	Requested between	\$0-\$200
Must be a dollar a	imount	
		requesting in this application?
Bank Detail	ls.	
Payment Me	tnod	
Please enter the the application.	e bank account details f	for payment of the donation,
Bank Account Account Name		
BSB Number	Account Number	

Certification and Feedback

Must be a valid Australian bank account format.

* indicates a required field

Certification

I certify that to the best of my knowledge, the statements made within this application are true and correct. Please provide details of your sporting

club representative, please note this person may be contacted to verify the

information included in this application.					
I agree *	○ Yes	○ No			
Local Sporting Club Name:	Organisation Name				
Name:	Sporting Club or Association Na	ame			
Club Representative Name *	Title First Name	Last Name			
	Must be a senior staff member, authorised volunteer	board member or appropriately			
Position *					
	Position held in organisation (e.g. President, Treasurer, Coach)				
Contact phone number *	Must be an Australian phone nu	ımher			
	We may contact you to verify that this application is authorised by the applicant organisation				
Contact Email *					
	Must be an email address.				
Date *	Must be a date				
Applicant Feedback					
	II				
You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.					
Please indicate how you foun	d the online application p				
○ Very easy ○ Easy		,			
How many minutes in total di	a it take you to complete	this application? *			
Estimate in minutes i.e. 1 hour = 60					
Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.					