

GREAT SOUTHERN SPORTS TALENT ASSOCIATION APPLICATION FOR COACH FINANCIAL SUPPORT SCHEME

Please refer to the guidelines prior to completing this form to ensure your request is eligible.

Applicant:

- Individual Coach
 Regional Association (applying on behalf of multiple coaches)

Name _____

Address _____

Phone _____

Fax _____

Email _____

- Do you/your coaches reside permanently in the Great Southern Region

Name of Affiliated Regional Association/State Sporting Association:

*Please note: *Individual Coaches must have this application endorsed by their Regional Association or by SSA with a letter of support
Regional Associations must have this application endorsed by their SSA by letter of support

Event/Course details:

Start Date _____ Completion Date _____

Name of event/course _____

Location of event/course _____

Who is coordinating the event/course _____

If you are a regional Association applying:

How many coaches will be participating _____

Event/Course Description:

What is the Purpose of the Event/ Course and what will it deliver:

Evaluation: (Give an example of how you will measure your success)

Support Requested

Total cost of event/course \$ _____

Total value of support requested \$ _____

Event/Course Budget: (Please note total revenue should be the same as total expenditure)

Expenditure item excluding GST (What are your costs?)	Proposed Amount
TOTAL EXPENDITURE – excluding GST	\$
Revenue Item * excluding GST (How are you going to pay for it?)	Proposed Amount
GSSTA	
Supplied by yourself/Club/Association	
Other Source (Please List)	
TOTAL REVENUE – excluding GST	\$

In signing this application you acknowledge the requirement to acquit your support within 30 days following the event/course completion date. If any funds are not expended you must request a variation to your application.

Signature of Applicant _____

Date _____

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If under 18 years of age, parent/guardian:

Signature of parent/guardian _____

Date _____

Received by _____

Date _____

Office use only