

GREAT SOUTHERN SPORTS TALENT ASSOCIATION APPLICATION FOR REGIONAL ASSOCIATION FINANCIAL SUPPORT SCHEME

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

Applicant:

Applicant Organisation _____

Type of Organisation:

- Incorporated Club or Association
 Local Government
 Other (please specify) _____

Are you registered for GST **Y / N** ABN: _____

Organisation's Address _____

State Sporting Association _____

- Letter of support from SSA attached

Contact Person:

Name _____

Position _____

Phone _____

Fax _____

Email _____

Event/Project details:

Name of event/project _____

Location(s) of event/project _____

Start Date _____

Completion Date _____

Targeted Number of participants _____

Ages of participant's _____

Event/Project Description: (What are you going to deliver?)

Evaluation: (How will you determine if your event/project is a success?)

Prior Support History:

If your organisation has received financial support from the GSSTA in the last three years please provide details.

Project	Year of application	Amount

Support Requested:

Total cost of project \$ _____

Amount of GSSTA support requested \$ _____

Event/Project 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 60 days following the event/project completion date. If any funds are not expended you must request a variation to your application.

Signature of Applicant _____

Date _____

Received by _____

Date _____

Office use only