Support for Special Achievers Application Form

Information About The Program

The Support for Special Achievers Program supports gifted and talented people who live in the Camden LGA. The program provides a monetary grant to assist to meet the costs of participation in cultural, academic or sporting events. Applicants must be representing either **NSW** or **Australia** through a recognised sporting or cultural organisation and been selected on merit.

Applicants representing NSW may apply for up to \$750 and applicants representing Australia may apply for up to \$1000. Successful applicants will receive 10% of the total cost of their application. (E.g. if the total of the application is \$5000, a successful applicant will receive \$500)

Applications under this program can be made at any time. The program guidelines and operating procedures ensure that monetary or in-kind donation requests to Council is dealt with in a fair and equitable manner and are consistent with the principles of community wellbeing.

Eligibility Criteria

- The cultural/academic/sport activity shall be of amateur status and generally promoted by a non-profit organisation;
- A special achiever, for the purposes of this program, is one who has been selected on merit, to represent NSW or Australia in their chosen fields of endeavour;
- Evidence of selection involving a merit based process must be provided;
- Council may grant a donation to an applicant under this program once every Council term (4 years);
- The recipient shall be a resident of the Camden Local Government Area;
- Payments under the policy will be calculated on the basis of 10% of costs with a maximum payment of \$1000 for applicants representing Australia or \$750 for applicants representing NSW;
- Evidence of the costs incurred must be provided with the request.

Applications

- Written applications must provide information to meet the eligibility criteria;
- An applicant can only apply for the grant **once** during a Council term (4 years);
- Applications can be made retrospectively within 12 months of the event;
- Applications are assessed by Council officers against the eligibility criteria and approved by the Mayor and General Manager;
- Applicants must provide invoices/receipts for each of the costs they have included in their application;
- Details of approved support are reported to Council annually.

Applicant Details

* indicates a required field

Before You Begin

IMPORTANT: Please read information below to assist you in completing your application online.

You may begin anywhere in this application form. Please ensure you save as you go. You can also save your application, log out and come back to it. Once you have submitted your application, you can make no further changes.

For queries about the guidelines, or questions in the form, please contact Community Project Officer - Grants and Women on (02) 4645 5106 during business hours or email grants@camden.nsw.gov.au and quote your submission number.

If you need more help using this form, download the <u>Help Guide for Applicants</u> or check out Applicant Frequently Asked Questions (FAQ's)

Attachments And Support Documents

You will need to upload/submit attachments to support your application. This is very simple, but requires you to have the documents saved on your computer, or on a storage device.

You need to allow enough time for each file to upload before trying to attach another file. Files can be up to 25MB each; however, we do recommend trying to keep files to a maximum of 5MB – the larger the file, the longer the upload time.

Prior Council Support

_	u previously rec s Program? *	eived funding fo	or Camden Council's Support For Special					
□ Yes								
□ No								
current Co	uncil term, your app mber 2022 - Septen	lication will not be	e Support for Special Achievers program during the considered for funding. The current Council term runs t Council term will run from September 2024 until					
If yes, w	hen?							
Must be a	date.							
Applica	nt Details							
Applican	+ *							
Title	First Name	Last Name						

Address * Address								
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Applicants MUST reside in the Camden Local Government Area								
Phone number of applicant or parent/guardian *								
Must be an Australian phone number.								
Name of parent or guardian if filling out on behalf of a minor Title First Name Last Name								
Email address *								
Must be an email address.								
Bank Account Account Name								
BSB Number Account Number								
Must be a valid Australian bank account format.								
Activity Details								
* indicates a required field								
Activity Name *								
Details of the Activity *								
Is the Activity of amateur status? * ☐ Yes ☐ No Only activities of amateur status will be considered for funding								
Start Date *								

Must be a date. Please enter start date of competition or activity							
End Date Must be a date. Please enter end date of competition or activity							
Selection Based on Merit							
Was the applicant selected to participate in the activity based on merit? * ☐ Yes ☐ No Did the applicant qualify to participate?							
Please provide evidence of selection for activity * Attach a file:							
Attach a nie:							
Who will the applicant be representing? ☐ Australia (up to \$1000) ☐ New South Wales (up to \$750)							
Name of Coach, Tutor, Teacher (if applicable) Title First Name Last Name							
Coach, Tutor, Teacher Phone Number							
Must be an Australian phone number.							
Must be all Australian phone number.							
Budget							
* indicates a required field							
Budget Breakdown							
Please provide evidence of budget for activity.							
E.g Cost of Materials/Travel/Entry Fees/Competition Uniforms/Accommodation							
Please note that if you don't have evidence of expenditure or do not provide these below that these costs will not be considered if your budget total.							
Costs will only be considered for the applicant representing NSW or Australia and not accompanying persons.							
Expenditure \$							
Exhemitrate							

\$
\$
\$
\$

Budget Totals

total cost to a maximum of \$750 if representing Australia and \$500 if representing NSW.							
Total Expenditure Amount							
\$							
This number/amount is calculated.							
Please attach evidence of costs as represented in budget - PLEASE NOTE THAT ONLY BUDGET ITEMS WITH EVIDENCE OF COSTS WILL BE CONSIDERED * Attach a file:							
Please attach invoices/receipts to support your expenditure costs							
Thease actual involces/receipts to support your experial care costs							
Declaration							
* indicates a required field							

I have read and understood the information on the Support for Special Achievers form, including the eligibility criteria and to the best of my knowledge, the information provided in this application is true and correct.

Name * Title	First Name	Last N	Last Name			
Date *						
Must be a date.						