

Get Active Grants - Teams

This is a sample form only. Please use the online application form to submit your application

Organisation Details (on behalf of the competing team)

First name

Address

Contact person Contact phone number Secondary phone number (optional) Email address

ABN or ACN

Self-Assessment Test

Are you able to supply written evidence of team member's selection from the relevant state or national sporting body?

Please upload written evidence of your team's selection

Are you able to supply a detailed summary of the use of funds if you are successful in this application? i.e. Compile an outcome report?

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At what level of competition is the team competing?

- Representing Queensland at a National
- Representing Australia at an International Competition

If you are unsure if you are eligible for funding, please contact council's Community Grants Team on 1300 878 001 or via email at communitygrants@townsville.qld.gov.

Competition Information

Name of competition

Date of competition Location of competition Sport

Organisation coordinating the competition Description of Selection Process (100 word limit)

Team Member Details

Do you have more than four team members?



Please upload a document containing team members' name, postal address, phone number, email address and date of birth

Please enter team members' details below:

Team member 1

Name

Postal address Phone

Date of birth

Team member 2 Name

Postal address Phone

Email address Date of birth

Team member 3 Name

Postal address Phone

Email address Date of birth

Team member 4 Name

Phone

Email address

Date of birth

Endorsement

Name of organisation/official endorsing selection

Contact person

Phone

Email

Please upload verification of selection from endorsing organization



Authorisation and Declaration

This application is to be signed by signed by two executive officers of the applicant organisation.