



Junior Sporting Grant - Individual

In accordance with the application guidelines you are required to verify the following:

The applicant has been selected as a:

- Queensland representative participating in a National event, or
- Australian representative participating in an International event

The applicant is a resident of the Mackay Regional Council area

The applicant is an amateur sports person

The applicant is no older than 21 years of age at the conclusion of the event

The event is recognised as a National or International event by the relevant National or International body

Sporting events must be outside the Local Government boundaries of Mackay, Whitsunday and Isaac.

Please tick

If you do not answer yes to all of the above questions, you are not eligible to receive a Junior Sporting Grant

Mackay Regional Council is collecting your personal information in order to process your application. This information will only be disclosed to any other third party with your written authorisation or as required by law.

Applicant details	Name Date of Birth / /	
	Postal Address	
	Name of Parent/Guardian if under 18 years of age	
	Home Phone Work Phone	
	Email Address Fax	
Event details	Full Name of Event	
	Location of Event Date of Event / /	
	Name of State/National Sporting Organisation	
	Contact Person Phone	
	Postal Address	
Details of performance leading to selection	<hr/> <hr/> <hr/>	
	Details of costs associated with this selection	<hr/> <hr/> <hr/>
		Details of contributions / subsidies from clubs / associations or any other sources towards cost of representation

In accordance with the application guidelines you are required to provide the following supporting documentation and attach it to this application.

Please tick

Evidence that the applicant is selected as a **Queensland representative** (letter from sanctioning body, eg. Qld Cricket)

Or

Evidence that the applicant is selected as an **Australian representative** (letter from sanctioning body, eg Aust Cricket)

If this information is not attached to your application, it will be deemed ineligible and returned to the applicant.

Athlete / Guadian Declaration

I declare that I have read the Application Guidelines and I am eligible to apply for a Mackay Regional Council Junior Sporting Grant and that the information relating to this application is true and correct.

I declare that I am an individual and the payment is wholly of a private of domestic nature.

If this application is approved, I give permission for my details and the purpose of the funding to be provided to the media in order to promote the grants program.

Applicant	Name	Age
	Signature	Date / /
Parent or guardian (if under 18 years of age)	Name	
	Signature	Date / /

Mackay Region Club Information

Club details	Name of Association	
	Postal Address	
	Name of club contact person	Position
	Home Phone	Work Phone
	Email Address	Fax

Is this competitor the only member of your club competing in this event?

Yes please sign declaration below and submit application for processing

No please complete the Club application form and list all competitors as Council can only accept one application per event.

I declare that I have read the Application Guidelines and verify to the best of my knowledge that the information relating to this application is true and correct.

Name _____ Signature _____ Date / /

Office Use Only

Application Eligible: Yes No Applicant eligible to receive: \$ _____

DCS Approval: _____ Date: _____



Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
you have supplied goods or services to an other enterprise (the payer), and
you are not required to quote an Australia business number (ABN).

Payers must withhold 46.5% of the total payment it makes to you for a supply that you make as part of your enterprise you carry on in Australia, unless an ABN has been quoted or there is no need to quote an ABN.

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
Use BLOCK LETTERS and print one character in each box.
Place X in all applicable boxes.

Grid for printing characters: S M I T H S T

Payers can check ABN records of suppliers by visiting www.abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details

1 Your name?

Grid for entering name: 40 boxes

2 Your address?

Grid for entering address: 40 boxes
Suburb/town State/territory Postcode

3 Your reason/s for not quoting an ABN? Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$120 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
wholly of a private or domestic nature (from the supplier's perspective).
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

Section B: Declaration

Under pay as you go (PAYG) legislation and guidelines administered by the Tax Office, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid for entering name of supplier: 40 boxes

Signature of supplier (or authorised person)

Large box for signature

Daytime phone number

Grid for entering phone number: 10 boxes

Date

Grid for entering date: Day / Month / Year

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to the Tax Office. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for 5 years.