



REGIONAL SPORTS AND RECREATION PROGRAM

**Program Guidelines and
Funding Application Forms are available**

★ ★ ★

Individuals and Teams may apply

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Organisations, Clubs or Special Events



For more information

call First Contact on Ph (07) 3420 4291

Fax (07) 3849 2398 e-mail: sports@firstcontact.asn.au

website: www.firstcontact.asn.au



REGIONAL SPORTS PROGRAM

SPORTS PROGRAM GUIDELINES

BEFORE APPLICATIONS CAN BE PRESENTED TO THE SPORTS PROGRAM ASSESSMENT TEAM, THE FOLLOWING INFORMATION MUST BE PROVIDED. ALL APPLICANTS MUST RESIDE IN THE SOUTH EAST QUEENSLAND REGION. ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED. UNSIGNED APPLICATIONS WILL NOT BE EXCEPTED.

1. CONFIRMATION OF ABORIGINALITY:

Individuals: All Aboriginal and Torres Strait Islander applicants must have a Standard Confirmation of Aboriginality form fully completed and endorsed by an Aboriginal and Torres Strait Islander Community Organisation. Abstudy confirmation will not be accepted.

Teams and Groups: A list of all participants must include players name, address and their DOB, and the number of indigenous participants needs to be identified and verified by an Aboriginal & Torres Strait Islander Community organisation.

2. PERSONAL CONTRIBUTION (FUND RAISING):

The Applicant/s must contribute financially either by personal contribution or fund raising activities.

- Income details must be supplied with application - payslips or a statement from Centrelink

3. QUOTES – SPORTING EQUIPMENT:

All quotes must be in writing from recognized sporting establishments and or business and an ABN (Australian Business Number) must be provided.

4. FUNDING ALLOCATIONS:

- Approval depends on funding availability
- Completed Application: including relevant information requested by Sports Program Assessment Team
- Letter of acknowledgement will be forwarded to each applicant
- Final decision rests with the Sports Program Assessment Team
- Successful applicants will be notified by mail

5. SPORTS PROGRAM ASSESSMENT TEAM MEETINGS:

Will be convened at least once (1) every month and only completed applications will be considered. Cut off date is the 25th of each month. Applications will not be accepted where the dates have passed. Applications must be received at least 1 month before the event or season you are applying for.

- The final cut off for the financial year will be April 25.

6. REPRESENTATIVE (NATIONAL/INTERNATIONAL)

- National and International representatives will be directed to the ASC Indigenous unit in Canberra.
The Regional Sports Program is allocated to individuals or teams participating in State, Local or Regional.
- Athletes receiving support under the ASC Indigenous Program may also be eligible for assistance other than travel and Accommodation.

7. RECEIPT OF APPLICATIONS:

All applicants must be lodged with First Contact, PO Box 941, Mt Gravatt, Qld 4122 or 3/58 Wecker Rd, Mansfield Qld 4122.

8. ACQUITTAL OF FUNDS AND REPORT:

- All financial assistance must be acquitted.
- This means that receipts related to the funded activity must be returned to First Contact as soon as possible after your activity/event/season (within two weeks). A detailed report on the performance of the applicant/team should be included with the return of receipts.
- Failure to provide an acquittal will jeopardise future applications.

9. LEVEL OF FUNDING:

Funding to individuals

- Maximum funding is not to exceed \$800 per individual per financial year.
- All applications will be assessed and a recommendation made to the Sports Program Assessment Team
- Special circumstances of individual needs to be taken into account.
- Personal Profile form must be completed and returned with a photo before any approved funds will be released.
- No age limit applies



REGIONAL SPORTS PROGRAM

9. LEVEL OF FUNDING cont'd:

Funding to Teams, Organisations, Clubs or Special Events

- Maximum funding is not to exceed \$2000 per year.
- All applications will be assessed and a recommendation made to the Sports Program Assessment Team.
- Teams who are eligible for sports funding must consist of at least 75% Aboriginal and Torres Strait Islander persons, otherwise funding to teams will be calculated in accordance with the proportion of Aboriginal and Torres Strait Islander persons in the team.

10. APPEAL PROCESS

- When funding is declined, First Contact will write to the applicant detailing the reasons for declines.
- The applicant may appeal the decision in writing within fourteen days of the decline of the application.

11.

- All sports/activities applied for must be recognised by the Australian Sports Commission.
- All competitions and events must be affiliated under the appropriate sporting affiliation.

BUDGET SECTION PLEASE COMPLETE

REASON WHY FUNDING IS REQUESTED:

e.g. My daughter/son has been selected to represent.....at the state carnival and I request assistance with levies, etc.

BUDGET DETAILS: Please complete

Team Levy	\$
Registration	\$
Uniform	\$
Other (please specify)	\$
AMOUNT OF FUNDS RAISED	\$
TOTAL AMOUNT REQUESTED	\$

Signature of Applicant/Team Leader of Organisation's Chairperson:

Don't forget to attach the following:

- Confirmation of Aboriginality/Torres Strait Islander (if not previously submitted)
- Letters of support confirming selection or giving details of your event.
- Any quote that you have obtained.

Personal Information Privacy Notice

First Contact collects personal information in order to provide information to the Australian Government when required. First Contact may also use this information for it's inhouse research, policy or planning functions. Unless required by law, your personal information will not be provided or passed on to any other third party without your consent.



REGIONAL SPORTS PROGRAM

INDIVIDUAL APPLICATION FORM ONLY

Please sent to First Contact: PO Box 941, Mt Gravatt Qld 4122

Phone: (07) 3420 4291 Fax: (07) 3849 2398

Website: www.firstcontact.asn.au

1. Name of the Applicant/Sports person: _____
Address: _____
_____ Postcode _____
Date of Birth: _____ Age _____ Male Female
Contact phone numbers: Home: _____ Work: _____ Mobile: _____
Names of parents/guardian (applicable if under 18 years): _____

2. Number of dependent children _____
3. Are you: Aboriginal Torres Strait Islander
4. Have you previously provided Confirmation of Aboriginality to First Contact: Yes No
5. If yes, to whom: _____ When: ____ / ____ / ____
6. Type of Sport/Activity to be played. _____
Where will it be played: _____ When: ____ / ____ / ____
7. Your employment details: (If you are under 18, your parent/guardian has to fill out No. 8)
Are you: Employed Full Time Part Time Pensioner Student Unemployed
Approximate income per week \$ _____
8. Your parent/guardian's employment details:
Is your Father: Employed Full Time Part Time Pensioner Student Unemployed
Approximate income per week \$ _____
Is your Mother: Employed Full Time Part Time Pensioner Student Unemployed
Approximate income per week \$ _____
9. Have you previously received Sports Funding from First Contact: Yes No
If yes, what year: _____
Did you acquit this funding Yes No
10. Have you applied to any other body for funding: (Federal, State, Local Government or a sponsorship) Yes No
If yes, name the Department and amount applied for: _____
11. Have you done fund raising or secured sponsorships: Yes No
Give details and amount raised: _____ \$ _____

**NOTE: Completed Budget Section
needs to accompany this application.**

Don't forget to attach the following:

- Confirmation of Aboriginality/Torres Strait Islander (if not previously submitted)
- Letters of support confirming selection or giving details of your event.
- Any quote that you have obtained.



REGIONAL SPORTS PROGRAM

TEAMS, ORGANISATIONS, CLUBS OR SPECIAL EVENTS APPLICATION FORM ONLY

Please sent to First Contact: PO Box 941, Mt Gravatt Qld 4122

Phone: (07) 3420 4291 Fax: (07) 3849 2398

Website: www.firstcontact.asn.au

1. Name Team/Organisation/Club: _____

2. Team/Organisation address: _____ Post Code: _____

3. Contact person: _____

4. Contact phone numbers: Home: _____ Work: _____ Mobile: _____

5. Are all Team/Organisation members Aboriginal Yes No
or Torres Strait Islander: Yes No

6. Number of participants who will benefit from the funding: Male _____ Female _____

7. Name of event and or type of Sport/Activity played: _____

Where will it be played: _____ When: _____ / _____ / _____

8. Has your team/organisation previously received sports funding from First Contact: Yes No

9. If yes, what year: _____ Amount _____ Acquitted: Yes No

10. Has your Team/Organisation applied to any other body for funding: (Federal, State, Local) Yes No

11. If yes, name the Funding Body and amount: _____ \$ _____

12. Have you tried to raise money through any other method: Yes No

13. If yes, provide details and amount _____ \$ _____

14. Insert number of team member in each category:

NUMBER OF MEMBERS EMPLOYED:

Full Time _____ Part Time _____ Casual _____ Students _____ Pensioners _____ Unemployed _____

15. Name the competition your team plays in: _____

Who is the Team/Club affiliated with: _____

Provide a contact name and phone number for the body that your Team/Club is affiliated with:

**NOTE: Completed Budget Section
needs to accompany this application.**

Don't forget to attach the following:

- Confirmation of Aboriginality/Torres Strait Islander (if not previously submitted)
- Letters of support confirming selection or giving details of your event.
- Any quote that you have obtained.



REGIONAL SPORTS PROGRAM

CONFIRMATION OF ABORIGINAL AND TORRES STRAIT ISLANDER DESCENT

Both sides of this form must be completed by each applicant when applying for Sports and Recreation Assistance with First Contact Regional Sports and Recreation Program.

I (full name) _____

Born at (location) _____ on (date) _____

And currently living at (address) _____

- Am of Aboriginal/Torres Strait Island descent;
- And, I identify as an Aboriginal/Torres Strait Islander person:
- And, I am accepted as such by the community in which I live.
- I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended, subject to the penalties by that Act for making false statements, conscientiously believing the statements contained in this declaration to be true in every particular.

Applicant signature: _____

Date: _____

Declared at _____ day of _____ year _____

Before me (print name) _____

Signed _____
(Justice of the Peace/Commissioner for declarations)

PLEASE COMPLETE BOTH SIDES OF THIS FORM



REGIONAL SPORTS PROGRAM

CONFIRMATION OF ABORIGINAL AND TORRES STRAIT ISLANDER DESCENT

First Contact aims to improve access for Aboriginal and Torres Strait Islander people to Sports and Recreation activities throughout the region.

This confirmation form must be completed by an incorporated Aboriginal or Torres Strait Islander organisation for you to be able to apply for assistance under the regional sports program.

This confirmation must be passed at a formal meeting of the organisation and be signed by the Chairperson and Secretary under the Common Seal of the organisation.

Applicants Details

Surname _____

Given Name(s) _____

Current Address _____

It is hereby confirmed the above-named applicant for First Contact regional sports program assistance is:

- Of Aboriginal and/or Torres Strait Islander descent:
- And identified as an Aboriginal and/or Torres Strait person:
- And, is accepted as such by the community in which they live.

Resolution Number: _____

Date of Meeting: _____

Moved By: _____

(Please Print) Members Names

Seconded By: _____

(Please Print) Members Name

Signature _____
Chairman

(Organisation's Common Seal)
(to be affixed)

Signature _____
Secretary



REGIONAL SPORTS PROGRAM

SPORTS PROGRAM PERSONAL DETAILS AND PROFILE

Surname: _____ First Name: _____

Age: _____ D.O.B: _____ Sex: Male Female

Address: _____

Phone - Home: _____ Work: _____ Mobile: _____

Email: _____

Are you a Student? Yes No

If yes what School/ TAFE/Uni do you attend? _____

Shirt Size: _____ Shorts Size: _____ Shoe Size: _____

What descent are you of? Aboriginal Torres Strait Islander

Selected Sport Played: _____

Preferred Position: _____

Name of club or team: _____

Other sporting/recreational activities: _____

Sporting achievements: _____

Your Best Asset/Quality: _____

Ambition in sports/life: _____

Hobbies/leisure activities: _____

Role Model: _____

IMPORTANT: Please attach your profile photo before sending.