

# Community Assistance Scheme

Community Sports, Recreation,  
Environment, Cultural & Academic  
YOUTH Financial Assistance Program

## Guidelines & Application Form 2020/2021



Further information and application forms may be obtained by telephoning Council on 1300 763 903  
Information and application forms are available on Council's web site: <http://www.cassowarycoast.qld.gov.au/community-grants>

### CRITERIA & CONDITIONS

- 1.1 In accordance with the Cassowary Coast Regional Council Community Assistance Scheme Policy, financial assistance is made available by Council each year, in the form of a one off grant to local individuals and teams who have demonstrated outstanding achievements in their chosen field.
- 1.2 The aim of the Program is to assist young people under the age of 18 years selected to compete in officially recognised competition at North Queensland, Queensland or Australia representation level, or equivalent in the areas of sport, recreation, cultural or academic endeavours.
- 1.3 Selection must be on the basis of merit, by way of formal selection process at a lower level of competition. Assistance does not extend to cases where participation is generally open to all interested participants.
- 1.4 Grants to individuals and teams are made available to assist with costs associated with travel, accommodation, nomination fees and the purchase of uniforms.
- 1.5 The use of any part of the grant for purposes other than specified above is not permitted.
- 1.6 No applications for funding under this program will be considered for payment in any financial year once Council's total budget allocation for this purpose has been reached.
- 1.7 Written confirmation from the governing body confirming the individual or team selection must be attached to this application as part of the supporting documentation. The application will not be processed if this requirement is not attached to the application.
- 1.8 There shall be recognition of the Council's contribution to the applicant.

### Return your completed application and support material to:

**Hardcopy to:**

**Cassowary Coast Regional Council  
PO Box 887 / 70 Rankin Street  
INNISFAIL Q 4860.**

**Electronic Copy to:**

**[enquiries@cassowarycoast.qld.gov.au](mailto:enquiries@cassowarycoast.qld.gov.au)**

1. APPLICANT			
Full name of Applicant		Date of Birth	
Full name of parent/guardian			
Email Address			
Contact Phone Number			
Postal Address			
Name of Event			
Event Type	<input type="checkbox"/> Sport	<input type="checkbox"/> Recreation	<input type="checkbox"/> Cultural <input type="checkbox"/> Academic
Date & Location of Event			
Level of Funding	<input type="checkbox"/> Individual	<input type="checkbox"/> Team	
	<input type="checkbox"/> Regional	<input type="checkbox"/> State	<input type="checkbox"/> National/International
Funding TYPE	LOCALITY	AMOUNT OF GRANT AVAILABLE	
	Competing at a Regional Level	<input type="checkbox"/> \$50 - Individual	<input type="checkbox"/> \$200 - Team
	Competing at a State Level	<input type="checkbox"/> \$100 - Individual	<input type="checkbox"/> \$300 - Team
	Competing at a National/International Level	<input type="checkbox"/> \$200 - Individual	<input type="checkbox"/> \$500 - Team
Team (if applicable)	Name	Age & Date Of Birth	

### Certification - ALL Applicants

I, the undersigned, certify that:

The Council treat all personal information in accordance with the *Information Privacy Act 2009*. Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is in accordance with the Information Privacy Act 2009. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

- have read and understood the Information Privacy and Right to Information Statement and agree to the use and disclosure of information as outline in the Statement and agree to the terms and conditions outlines in the Cassowary Coast Regional Council Grants Policy.
- I certify that to the best of our knowledge, the information given in this document, is true and accurate.

Signature: Parent/Guardian Name (if applicant is under 18 years of age)		Date:
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# EFT PAYMENT FORM

(for Electronic Funds Transfer to the Bank account described below)

**Return to: Cassowary Coast Regional Council**  
**PO Box 887, INNISFAIL QLD 4860**

**Email: enquiries@ccrc.qld.gov.au**

Client Account Details			
Name:			
CAN/ARNB/ABN (Company Business Number)			
Address:			
Town:		Post Code:	
Postal Address: <small>If same as above please indicate</small>		Post Code:	
Phone:			
Email:			

Bank Account Details			
Account Name:			
BSB:		Account N <sup>o</sup>	
Full Name of Bank:		Branch:	

Authorized by Client		
Name:	Signature:	Date:
<b>The Remittance Advise will be forwarded, following the Electronic funds Transfer.</b> <b>Payment will not be processed unless all of the above areas are completed</b>		

FINANCE USE ONLY		
Name:	Position:	Date:

Cassowary Coast Regional Council is collecting the information on this form to create/update your details in our financial management system. The collection of this information is in accordance with the Financial Accountability Act 2009 and the Financial Management practice Manual. Cassowary Coast may disclose some or all of this information to other State and Federal Government agencies including the Corporate Administration Agency (CAA) as provided for by legislation or in accordance with the Queensland government's Privacy Policy.



# 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.
- |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S | M | I | T | # | S | T |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
- Place  in all applicable boxes.

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

## Section A: Supplier details

**1 Your full name?**

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**2 Your Address?**

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Suburb/Town:	State/territory	Postcode
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**3 Your reasons/ for not quoting an ABN? Place X in the appropriate box/s?**

- 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)

<b>Signature of supplier</b> (or authorised person)	<b>Daytime phone number</b>			
	<b>Date</b>	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.