

2024 AFL NSW/ACT School Grants

Form Preview

AFL NSW/ACT School Grants - School Travel Application Form

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Welcome to the 2024 AFL NSW/ACT School Grants Program.

AFL NSW/ACT is continuing to invest in our schools, teachers and students to develop active and healthy lifestyles & communities.

To support we have 4 separate funding pots allocated to the following.

1. School Goal Posts Grants 2. School Guernsey Grants 3. School Travel / Equipment / Umpires Grants 4. Teacher Professional Development Grants

Please be advised that we will be reviewing all applications for our AFL Grants, you will be notified whether you are or are not successful in this round of funding. Please take your time when submitting your application form. We encourage you to speak with your local AFL staff members during this process for support.

Eligibility

* indicates a required field

Funding Eligibility

Applicants: please note Before completing this application form, you should have read the AFL NSW/ACT School Grants guidelines: AFL NSW/ACT SCHOOL GRANTS - AFL NSW / ACT (aflnswact.com.au) Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant. If you have any questions in regards to these eligibility criteria, please contact

Adam Bunce - adam.bunce@afl.com.au

Applicants: please note

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Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in (and/or supplies services to) **NSW or the ACT**
- is able to demonstrate financial viability
- does not owe any reports or money to **AFL NSW/ACT** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not **{{ insert exclusions - e.g. a political party / seeking capital funding / etc. }}**

Please select below: *

Yes

No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to **{{ Grantmakers: insert hyperlink to your privacy statement. }}**

Applicant Organisation Details

Applicant organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

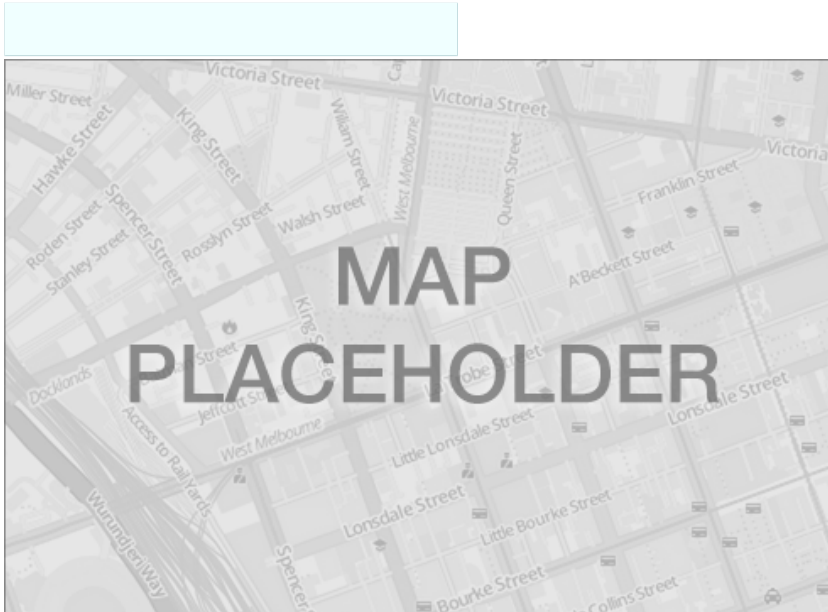
Department / Branch / Faculty

Use this field only if relevant

Applicant Primary Address

Address

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Applicant Postal Address

Address

Applicant website

Must be a URL

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

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This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

Does your organisation have an ABN? *

Yes No

Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Attach screen shot of your bank statement for verification purposes

Attach a file:

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

AFL Event

Project title:

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Provide a name for your project/program/initiative. Your title should be short but descriptive

Event Date

Approx KM from school

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Please provide a short summary of the event you're attending

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

Please upload any quotes for travel that you have

Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

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We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback. (If you would rather provide anonymous feedback, please go to

Please indicate how you found the online application process:

- Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.