

APPLICATION

Achievers Award Assistance Program



Please refer to Moira Shire Council's Achievers Award Assistance Program Policy and Funding Guidelines before completing this application. This Application must be made by the person seeking the award.

Terms and Conditions

1. If this application is unsuccessful, no further correspondence will be entered into.
2. If successful, Council will require you to sign a Terms and Conditions of Funding form prior to funding being paid, agreeing to the following:
 - (a) Expenditure of funds provided by Council will only be spent on participating in the nominated event or activity identified in your application form.
 - (b) Funding recipients must be prepared to provide Council with a written report on the event or activity within 4 weeks of participating, and if requested by Council:
 - (i) receive the award in person; and
 - (ii) agree to have your photograph taken, which Council may choose to distribute to local and or regional media with an associated article and or use in a Council publication, Council's website or social media.
 - (c) if for any reason participation in the event or activity does not take place, unexpended funds must be returned to Moira Shire Council.

Please note: Applicants who have already received a previous donation under the Achievers Award Assistance Program are excluded from making another application.

Please send your completed application form to:

Chief Executive Officer
Moirá Shire Council
PO Box 578
COBRAM VIC 3643

Email: info@moira.vic.gov.au

In person to: 44 Station Street, Cobram or
100 Belmore Street, Yarrawonga

Collection Statement

Moirá Shire Council is collecting the personal information for your Achievers Award Assistance Program Application. The information collected will be used for the purpose of the Achievers Award Assistance Program and/or directly related purpose. The Information may be disclosed in Council Meeting Agendas and Minutes, Council publications, website, social media and to local media outlets or if required or authorised to do so by law. Your information may also be disclosed to other team members who have made an application under the program (if you are a member of a group/team). If you do not provide the information required, we may not be able to process your application. If you require access to the information you have provided, please contact Council.

For further information, including Council's information privacy statement please visit our website at www.moira.vic.gov.au.

Applicant Details

First Name		Surname	
Postal Address			
Email Address			

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Contact Number

About the Event/Activity

What is the event or activity for which you are seeking financial assistance towards the cost of participating?

How does the event or activity fit into Council's criteria of leadership, sporting or cultural?

What benefit/s do you hope to gain, both for yourself and the Moira Shire community, from participating in this event or activity?

When is it being held?

Start Date:

Completion Date:

Where is it being held?
Include Country if overseas

For sporting events, please indicate whether you are competing at

Regional Level

State Level

National Level

International Level

Other:

Financial

What are the anticipated costs of participating in this event or activity?

** Please attach any additional or supporting information*

Item	Amount (\$)
Total	

Have you sought financial assistance from other sources?

Yes

No

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What financial support do you expect to receive from other sources?

Source	Amount (\$)
Total	

Referee

Please provide the name of a referee who can support in your application.

**The referee must sight and sign this form*

First Name		Surname	
Postal Address			
Email Address			
Contact Number			

Referee Declaration

I confirm that I have read this application and understand the collection notice contained on this form.

Signature: Date:

Applicant Declaration

I declare that I have read and understand the terms & conditions and the collection statement contained on this form.

I have attached supporting information.

Signature: Date: