

# 2024 CBP Team Sport Sponsorship Application

## Form Preview

### Team Sport and Sponsorship Application

\* indicates a required field

#### Information for applicants

Before completing this application form, please ensure you have read the WYCBT Grant Guidelines & Information document. This will help ensure you apply for a grant in the correct program. The guidelines also provide details as to the eligibility criteria.

#### WYCBT Grant Guidelines & Information

The Team Sport Sponsorship Program provides sporting teams assistance to take part in sporting competitions.

The funding application is for the following:

- Maximum of \$5,000 per application for each Regional, State or National event,
- Limited to two (2) approved applications in a calendar year,
- The majority of the team members must be of a WYCBT Aboriginal groups,
- Teams must be managed and captained by a member of a WYCBT Aboriginal group.
- One funding application must be completed per team (e.g. one application for a men's team and one application for a women's team), and
- Teams can apply for funding for one-off events or several events in one funding application.

This funding program is for use by teams only and is not for use by individuals (see the WYCBT's Individual Representative Sport and Recreation Program).

Please answer all questions, as incomplete applications will be delayed and cannot be assessed.

If you have any queries about the grant application, please contact the WYCBT Grant Admin Officer on 0499 992 865 or email [admin@wycbt.org.au](mailto:admin@wycbt.org.au).

#### Confirmation of Eligibility

##### As the Applicant, I confirm that:

- I have read and understood the WYCBT Grant Guidelines & Information document, and
- The Beneficiary is a member of one of the Aboriginal groups;
- I have acquitted any previous funding assistance from WYCBT through a Grant Progress Report / Evaluation Report if requested

**I confirm that all statements above are true and correct \***

☐ Yes

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

#### Privacy Notice

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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*.

### Applicant's Details

The applicant must be the Team Manager and a member of the WYCBT Aboriginal groups.

#### Applicant's Full Name \*

| Title                | First Name           | Last Name            |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### Applicant's Address \*

| Address              |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

#### Applicant's Email \*

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Must be an email address.

#### Applicant's Phone Number \*

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Must be an Australian phone number.

#### Applicant's Date of birth \*

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Must be a date.

### Evidence of Aboriginal Group

#### Which Aboriginal group does the Beneficiary identify with? \*

- ☐ Wiri / Widi
- ☐ Yuwi / Yuwiburra
- ☐ Barada Barna
- ☐ Birra Gubba Nation living within the Agreement Area

NOTE: Applications for Yuwi/Yuwiburra have been temporarily re-opened.

#### Who is the beneficiary's apical ancestor?

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

#### Please upload evidence of Aboriginal group status

Attach a file:

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

(i.e. birth certificate, letter and/or family tree)

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### Team's Details

**Team's Full Name \***

**How many members are in the team? \***

Must be a number.

**How many members identify with the WYCBT Aboriginal groups? \***

Must be a number.

Click 'Add More' to add additional rows to the table.

**Team Member's Full Name   WYCBT Aboriginal Group   Apical Ancestor**

|  |   |  |
|--|---|--|
|  | <input type="radio"/> Wiri / Widi   |  |
|  | <input type="radio"/> Yuwi / Yuwiburra                                    |  |
|  | <input type="radio"/> Barada Barna  |  |
|  | <input type="radio"/> Birra Gubba Nation living within the Agreement Area |  |

### Sport Event Details

\* indicates a required field

**Type of sport \***

**Level of competition \***

- ☐ Regional
- ☐ State
- ☐ National

**Please attach evidence of the event. \***

Attach a file:

### Event Details

Click 'Add More' to add additional rows to the table.

**Name of event                      Date of event                      Location of event**

|  |                 |  |
|--|-----------------|--|
|  | Must be a date. |  |
|--|-----------------|--|

# 2024 CBP Team Sport Sponsorship Application

## Form Preview

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### Financial Assistance Requested

\* indicates a required field

What will the requested funds pay for?

**In the following table please provide:**

- 1.A description of each item for which you are seeking funding
- 2.Cost of item
- 3.A valid tax invoice / quote / receipt for the item requested (must show the ABN of the supplier and GST component, if applicable).

Click 'Add more' to add additional rows to the table

| Item description | Cost of Item             | Attach invoice / quote / receipt |
|------------------|--------------------------|----------------------------------|
|                  | Must be a dollar amount. |                                  |
|                  | \$                       |                                  |

### Total Amount Requested

\$

Amount is calculated from the above table. Maximum of \$5,000 per application for each Regional, State or National event

**Is the team receiving sponsorship for this competition? \***

- ☐ Yes  
☐ No

**If yes, from whom? \***

The Grant Application number will begin with CBP000

**How much sponsorship is being received \***

\$

Must be a dollar amount.

### Sharing the Story

\* indicates a required field

One of the Trust's strategic pillars is to Master Our Story. We aim to relentlessly share the unique stories of Beneficiaries that collectively define our Trust culture.

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### What will this funding mean for the Team? \*

- ☐ play at a higher level
- ☐ set the team up to play at a higher level in the future
- ☐ purchase/upgrade equipment and uniforms
- ☐ create employment prospects for team members
- ☐ improve employment prospects for team members
- ☐ act as a role model for others
- ☐ Other:

At least 1 choice must be selected.

### Please include further information that may assist WYCBT in deciding your grant application. For example, the difference this grant will make to the well-being of the beneficiary and their community as a whole.

### You may upload letters of support from coaches/ mentors / community members etc. to support this application.

Attach a file:

### When you receive grant funding, how will you acknowledge the WYCBT's financial assistance? \*

- ☐ Social media post, e.g. Facebook
- ☐ Letter to WYCBT
- ☐ Tell others in your community
- ☐ Encourage others to apply for a grant
- ☐ Community newsletter
- ☐ Club newsletter / communications
- ☐ Other:

At least 1 choice must be selected.

Select all that apply.

### At the end of the year, how will you provide evidence of the benefits of our funding assistance? \*

- ☐ Images
- ☐ Short video footage
- ☐ Certificate
- ☐ Letter to WYCBT
- ☐ Other:

At least 1 choice must be selected.

Select all that apply.

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Please note that by sharing images, etc. with the WYCBT you provide consent for us to upload these to our social media channels and/or for use in WYCBT documentation. Please ensure you have obtained permissions for others depicted.

## Checklist and Confirmation

\* indicates a required field

### Applicant Checklist

**Before submitting your application, please ensure that you have: \***

- ☐ completed all questions
- ☐ attached sufficient evidence of beneficiary status
- ☐ attached copies of valid Tax invoices/quotes/receipts, clearly indicating the supplier's ABN and GST component

At least 3 choices must be selected.

**If you do not provide as much detail and evidence as possible, this may cause a delay in your application being assessed.**

### Confirmation by applicant

- I certify that, to the best of my knowledge, the statements made in this application are true.
- I understand that if the WYCBT approves funding, I will be required to accept the conditions of the grant in accordance with the Trust's audit requirements.
- I consent to the information contained within this application being disclosed to or used by the WYCBT for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if the WTCBT approves a grant, I will be bound by the contents of my application, and my application forms part of my contractual agreement with the Trust.

**I agree \***

☐ Yes

## 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.

**Please indicate how you found the online application process:**

- ☐ Very Easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very difficult

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

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Estimate in minutes i.e. 1 hour = 60 minutes

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

**Did you require assistance to complete this application?**

- ☐ Yes
- ☐ No

**If yes, what help did you need, and who helped you?**