

SCHOOL SPORT FOUNDATION

Application for funding through School Sport Foundation Grants Fund 2009

Please carefully read the guidelines (download from SSF website) before completing your application

School Code _____ School Name _____

Address _____ Suburb _____ P/Code _____

Program Contact Person _____ Phone _____

Contact Person DET email address _____
(All correspondence concerning your application will be emailed to this address)

Has your school previously received a Grants Fund allocation? _____

Category of proposed initiative (tick ONE box only)

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Access Sports for students with disabilities | <input type="checkbox"/> | 3. General | <input type="checkbox"/> |
| 2. Promoting consumption of fresh fruit & veg | <input type="checkbox"/> | 4. Active Youth (junior secondary ONLY) | <input type="checkbox"/> |

Total students in school _____ Number of students involved _____

Program Title: _____

Proposed start date _____ Completion date _____

Program Description (clearly identify how the initiative will be carried out)

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Demonstrate how the initiative will provide ongoing benefits to the school and/or students

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Identify how the initiative will be evaluated

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.....



a healthy future

principal sponsor



major sponsor



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Closing date for applications is COB Wednesday 1st July
Please POST your application by NORMAL MAIL prior to the last day or fax: 9244 5563

Funds Required

1. Cost of personnel External agencies / organisations (please specify)
 _____ TOTAL (GST inclusive) \$ _____

2. Cost of Equipment (Include item description)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ TOTAL (GST inclusive) \$ _____

3. Cost of Consumables (Include item description)
 _____ \$ _____
 _____ \$ _____
 _____ TOTAL (GST inclusive) \$ _____

4. Other (Include item description eg. venue hire, travel etc)
 _____ \$ _____
 _____ \$ _____
 _____ TOTAL (GST inclusive) \$ _____

5. Total of all **GST INCLUSIVE** components, i.e. items 1 + 2 + 3 + 4 \$ _____

6. Cost of Teacher release days (@\$298 Primary, \$302 Secondary per day)
 _____ TOTAL (**GST exclusive**) \$ _____

TOTAL \$ _____

Notes:

- i. If successful the school will be paid item 6. plus item 5. MINUS GST component
- ii. The SSF will calculate the amounts for you

Please detail your school's contribution and commitment to the proposed initiative

Please indicate (with a tick) which of the following local school community groups have been consulted (if any) regarding this submission:

Parents & Citizens Association Parent Club School Council

Other (please give details) _____



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Principal's Certification

I certify

- That the grant requested for this initiative will not be used to displace normal global funding arrangements or to support activities which would be considered core sport and physical activity programs
- That funds for this initiative will be spent in accordance with the proposal detailed above by the **30th June 2010**.
- That any unexpended funds will be returned to the Strategic Initiatives Directorate **within one month of the conclusion of the program**
- That the school / organisation will complete an *Expenditure Reconciliation Form* and *Program Report* (may be in the form of a letter) **within one month of the conclusion of the program** and return them to the Strategic Initiatives Directorate

Principal

Date

School Code

School Name

Please forward by POST to:

Taryn Woods
Strategic Initiatives Directorate
Sponsorship Unit
Locked Bag 53, DARLINGHURST NSW 2010

Fax: 9244 5563

Applications must arrive by COB Wednesday 1 July 2009

Please POST your application by NORMAL MAIL prior to the last day

Late applications cannot be considered



principal sponsor



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