



AUSTRALIAN OUTRIGGER CANOE RACING ASSOCIATION

ARB 082 921 784 ABN 20 584 327 165

Secretary: Pam Prescott Phone:

26 Guineas Creek Road

Currumbin Waters QLD 4223

www.aocra.com.au

Ph 07 55 341836 Mobile: 0411255587

Ph 07 55 341364 Fax: 07 55341394

Email: secretary@aocra.com.au

National Titles Travel Assistance Scheme

(Club must be based more than 1000km from National Titles Event Venue. Payment amounts are capped per person. Only 1 application per person may be submitted for National Titles Travel Assistance Scheme per calendar year)

Application Form

Please complete this form and answer each question thoroughly

The questions asked, and information sought in this application form are aimed at seeking sufficient details about the club &/ team to enable AOCRA to reach a fair decision in relation to the application.

Please provide information in a concise manner and ensure that a clear statement is presented under each item. All additional pages and documents are to be attached. Please use the checklist provided at the end of this form.

In the interests of overall equity and control, it would be preferable for applications to have Zone endorsement. (and if a composite team, from each team member's club). This should be in the form of a letter from the Zone (and Club if required), attached to the application. The application must be lodged by a Sponsor Club, which will be the organization that must receive and acquit the grant.

The application form and attachments are to be lodged with:

The Secretary

AOCRA Inc.

26 Guineas Creek Road

CURRUMBIN WATERS QLD 4223

Incomplete applications will be rejected. Applications lodged by facsimile will not be accepted.

Applications close 6 weeks prior to the event being applied for. Application results are announced approximately 2 weeks prior to the event.

National Titles Event to be attended: _____

Number of Crews applying for funding: _____

Name of Team: _____

Sponsor Affiliated Club: _____



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ABN: _____

GST Registered

YES

NO

Postal Address: _____ Postcode _____

Contact Person: Mr / Mrs / Ms / Miss / Other _____

Position in Club: _____

Telephone numbers of contact person

Business Hours: (____) _____ Facsimile: (____) _____

Mobile: _____ Email: _____

Attachments - The Sponsor Club

1. Please attach a copy of the following:

- (a) Latest audited (if auditing is applicable) financial accounts for the club (including Income & Expenditure/Profit & Loss, Balance Sheet).
- (b) Certificate of Incorporation
- (c) Constitution
- (d) List of current Management Committee
- (e) Zone endorsement
- (f) Each team member's Club endorsement



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The Team

Applications are restricted to travel expenses (flights, fuel, accommodation) for attending AOCRA National Titles Events. Nomination fees, meals, uniforms, or any other items are ineligible for funding.

Only Club's that are based a distance of 1000km or more from the relevant National Title event are eligible for funding under this grant.

Where composite teams (as approved by AOCRA from time to time) apply, only those team members who's Clubs are based a distance of 1000km or more from the relevant National Titles event are eligible for funding (i.e. 20 members of a composite junior team – with 10 members within 1000km – only the 10 remaining team members will be eligible for funding)

1. List all team members, AOCRA ID number, their affiliated club and distance from National Titles Event.

NAME	AOCRA ID	CLUB	DISTANCE



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<u>Summary of Total Travel Expenses</u>	<u>Total Costs (GST Inclusive)</u>
Flights (attach quotation):	\$ _____
Hire car / taxi fares (attach quotation):	\$ _____
Fuel (attach formula distance/litreage):	\$ _____
Accommodation (attach quotation):	\$ _____
Total Travel Cost:	\$ _____

4. Grant Acquittal – the Sponsor Club, must within 14 days after the conclusion of the National Titles Event, on forward to the AOCRA Secretary, copies of invoices and receipts for funds expended as per the above Summary. If there is a negative variation of expended funds of greater than \$100, the Sponsor Club may be liable to repay part of the Grant monies to AOCRA.

President:

Secretary:

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____

IMPORTANT

PLEASE CHECK THAT YOU HAVE INCLUDED ALL THE REQUIRED DOCUMENTS.

- Latest audited financial accounts
- Certificate of Incorporation
- Constitution
- List of current management committee
- Zone endorsement
- Each team member's Club endorsement
- Quotations for travel expenses



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