



Active Clubs Program – Operation No Regrets Application Form

Please refer to the Active Clubs Guidelines when completing this form for information on deadlines and eligible activities.

Contact Details

Club: Primary Contact Name:
Position: Phone: Email:
Postal Address:

Funding Request

Activity Title:
Start Date: Finish Date:
For how long will the activity run:
Total amount requested (up to \$500): \$
Total contribution from club (must be same or great than requested) Cash: \$
In-kind: \$
Have you applied for this funding previously: Yes / No
Activity Partners (if applicable):

Activity Details *(please attached additional pages or supporting documents if required)*

Q1. How many members do you expect to take part?
Q2. Does your activity include public participation or learning experience? Yes / No
If Yes, how many non-members (general public) do you expect to be involved?
If Yes, will you require short-term membership insurance cover from Qld Sportfishers? Yes / No
Q4. How will you spend the funds? (100 word maximum)



Activity Details (cont'd)

Q5. How will this activity assist your club in maintaining and attracting new members? (100 word maximum)

Q6. What are the potential risks of running this activity and how will you mitigate these risks? (100 word maximum)

Q7. How will you acknowledge Qld Sportfishers during the activity? (100 word maximum)

Q8. Are you prepared to share your learnings with other clubs? Yes / No

If No, Why? (100 word maximum)

Certification

I certify that to the best of my knowledge the information provided in this application is true and correct and that I have consulted with and received approval to apply on behalf of the applicant club.

I understand that if Qld Sportfishers approves this application I will be required to;

- Accept the conditions of the funding in accordance with the Active Clubs guidelines
- Provide Qld Sportfishers with an invoice for the approved amount within 1 month of notification
- Complete a survey outlining expenditure of funds and learnings from the activity within 3 months of the agreed finish date.

Name:

Signature:

Date:

Please send completed forms to president@ansaqld.com.au or mail to 21 Jones Street Wandal Qld 4700.