

STATEMENT OF SUPPORT FORM 2020/2021

STATE SPORTING ORGANISATION (SSO), STATE SPORTING ORGANISATION FOR PEOPLE with DISABILITY (SSOD) and NATIONAL SPORTING ORGANISATION (NSO)

SSO/SSOD/NSO Name:	
Applicant Name (organisation making application):	
Contact Name of person making the application:	
Project Name:	
Project Location:	

What are the likely benefits for the SSO/SSOD/NSO/sport if the project is funded?

<p>The project strongly aligns to the SSO/SSOD/NSO's:</p> <p>Please Tick</p>	<input type="checkbox"/> Strategic/Participation Plan <input type="checkbox"/> Facility Plan/Strategy <input type="checkbox"/> Future Needs of Sport Infrastructure Study Priorities <input type="checkbox"/> Competition/Event Activation Plan	
<p>Please indicate the level/significance of the facility:</p> <p>(Sport Facility Hierarchy and/or Competition Hierarchy)</p> <p>Please Tick</p>	<p>Current</p> <input type="checkbox"/> State/National <input type="checkbox"/> High Performance <input type="checkbox"/> Regional/District <input type="checkbox"/> Local	<p>Future (project completed)</p> <input type="checkbox"/> State/National <input type="checkbox"/> High Performance <input type="checkbox"/> Regional/District <input type="checkbox"/> Local
<p>The proposed project meets the facility requirements & standards relevant to the facility hierarchy</p> <p>(e.g. dimensions and technical specifications, lighting, playing surface, change room)</p>	<p>Comment</p>	

Please indicate SSO/SSOD/NSO financial contribution towards the project (if applicable)

SSO/SSOD/NSO cash contribution to the project is: 2020/21 \$ _____

2021/22: \$ _____

2022/23: \$ _____

Contributions will be provided with the following conditions:

- (list any conditions)

There are no conditions attached to these contributions.

Authorisation: I am authorised delegate on behalf of the NSO/SSOD/SSO with the authority to complete this document.

Signed:

Name of signatory:

Position held:

Contact Number:

Email: