STATEMENT OF SUPPORT FORM 2021/2022

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

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

Please indicate SSO/SSOD/NSO financial contribution towards the project (if applicable)				
SSO/SSOD/NSO cash c	ontribution to the	project is	: 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:		