

# STATEMENT OF SUPPORT FORM 2023/2024

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

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

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

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

