## **STATEMENT OF SUPPORT FORM 2023/2024**

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

| 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/spor | t 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  Reconciliation Action Plan/Women's Sport Strategy |               |  |  |  |
| Please indicate the level/significance of the facility:  (Sport Facility Hierarchy and/or Competition Hierarchy)  Please Tick   | State  |               | Future (project completed)  National/International  State  High Performance/Centre of Excellence  Regional/District  Local |  |  |
| The proposed project meets the facility requirements & standards relevant to the facility hierarchy  (e.g. dimensions and technical specifications, lighting, playing surface, change room) |  |               |  |  |  |

| Please indicate SSO/SSOD/NSO financial contribution towards the project (if applicable)                             |                     |        |             |  |  |
|---|---------------------|--------|-------------|--|--|
| SSO/SSOD/NSO cash   | contribution to the |        | 2022/23: \$ |  |  |
|   |                     |        | 2023/24: \$ |  |  |
|   |                     |        | 2024/25: \$ |  |  |
| 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: |             |  |  |