## STATEMENT OF SUPPORT FORM 2023/24

STATE SPORTING ORGANISATION (SSO) and NATIONAL SPORTING ORGANISATION (NSO)

SSO/NSO Name:				
Organisation Name (organisation making application):				
Project Contact Person: (person making application:				
Project Title:				
Project Address:				
What are the likely benefits	for the SSO/	NSO/sport if the	project is funded?	
The project strongly aligns to the SSO/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:	Current  National/International		Future (project completed)  National/International	
(Sport Facility Hierarchy and/or Competition Hierarchy) Please Tick	State  High Performance/Centre of Excellence  Regional/District  Local		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)				
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Please indicate SSO/NSO financial contribution towards the project (if applicable)				
SSO/NSO cash contribu	ition to the project	is:	2022/23: \$	
			2023/24: \$	
			2024/25: \$	
<ul><li>Contributions will be provided with the following conditions:</li><li>(list any conditions)</li></ul>				
☐ There are no conditions attached to these contributions.				
<b>Authorisation:</b> I am authorised delegate on behalf of the NSO/SSO with the authority to complete this document.				
Signed:				
Name of signatory:				
Position held:				
Contact Number:		Email:		