

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>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"/> Event Activation Plan <input type="checkbox"/> Reconciliation Action Plan/Women's Sport Strategy	
<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"/> National/International <input type="checkbox"/> State <input type="checkbox"/> High Performance/Centre of Excellence <input type="checkbox"/> Regional/District <input type="checkbox"/> Local	<p>Future (project completed)</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>The proposed project meets the following requirements:</p>		

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:	