

STATEMENT OF SUPPORT FORM 2024/25

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: (Sport Facility Hierarchy and/or Competition Hierarchy) Please Tick	Current National/International State High Performance/Centre of Excellence Regional/District Local	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/NSO financial contribution towards the project (if applicable)

SSO/NSO cash contribution to the project is: 2024/25: \$_____

2025/26: \$_____

2026/27: \$_____

☐ 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/SSO with the authority to complete this document.

Signed:

Name of signatory:

Position held:

Contact Number:

Email: