

STATEMENT OF SUPPORT FORM 2024/2025

STATE SPORTING ORGANISATION (SSO), STATE SPORTING ORGANISATION FOR PEOPLE with DISABILITY (SSOD), NATIONAL SPORTING ORGANISATION (NSO) or GOVERNING BODY (inc Association).

Organisation Name (organisation making application)	
Contact Name of person making application	
Project Title	
Project Location (Including Postcode)	

Authorisation: I am the authorised delegate on behalf of the NSO/SSOD/SSO/Association, with the authority to complete this document. By signing this document, I confirm that the majority (above 50%) of the Organisations (noted above) membership resides in the eligible postcodes as per appendix C of the Local Sport Defibrillator Program 2024/25 Guidelines.

Signed	
Name of Signatory	
Position Held	
Contact Number	
Email	

Please contact Office of Sport Grants team with any questions on:

Email: grantsunit@sport.nsw.gov.au **Phone:** 13 13 02