STATEMENT OF SUPPORT FORM

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

SSO/SSOD/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:

Year 1: $_____

Year 2: $_____

Year 3: $_____

☐ 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:**	