

# STATEMENT OF SUPPORT FORM

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

SSO/NSO Name:	
Applicant Name (organisation making application):	
Contact Name of person making the application:	
Project Name:	
Project Location:	

What are the likely benefits for the SSO/NSO/sport if the project is funded?

<p><b>The project strongly aligns to the SSO/NSO's:</b></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"/> Competition/Event Activation Plan	
<p><b>Please indicate the level/significance of the facility:</b></p> <p>(Sport Facility Hierarchy and/or Competition Hierarchy)</p> <p>Please Tick</p>	<p><b>Current</b></p> <input type="checkbox"/> State/National <input type="checkbox"/> High Performance <input type="checkbox"/> Regional/District <input type="checkbox"/> Local	<p><b>Future (project completed)</b></p> <input type="checkbox"/> State/National <input type="checkbox"/> High Performance <input type="checkbox"/> Regional/District <input type="checkbox"/> Local
<p><b>The proposed project meets the facility requirements &amp; standards relevant to the facility hierarchy</b></p> <p>(e.g. dimensions and technical specifications, lighting, playing surface, change room)</p>	<p><b>Comment</b></p>	

**Please indicate SSO/NSO financial contribution towards the project (if applicable)**

SSO/NSO cash contribution to the project is: \$ \_\_\_\_\_

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.

<b>Signed:</b>			
<b>Name of signatory:</b>			
<b>Position held:</b>			
<b>Contact Number:</b>		<b>Email:</b>	