

# 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?		
<p><b>The project strongly aligns to the SSO/NSO's:</b></p> <p>Please Tick</p>	<p>Strategic/Participation Plan</p> <p>Facility Plan/Strategy</p> <p>Future Needs of Sport Infrastructure Study Priorities Competition/</p> <p>Event Activation Plan</p> <p>Reconciliation Action Plan/Women's Sport Strategy</p>	
<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> <p>National/International</p> <p>State</p> <p>High Performance/Centre of Excellence</p> <p>Regional/District</p> <p>Local</p>	<p><b>Future (project completed)</b></p> <p>National/International</p> <p>State</p> <p>High Performance/Centre of Excellence</p> <p>Regional/District</p> <p>Local</p>
<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>		

**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:**