



Communities
Sport & Recreation

Participation grant program

Sample Application

SAMPLE ONLY

Opening date: 11 November 2009
Closing date: 5.00pm 21 December 2009

Apply online at: www.dsr.nsw.gov.au/grants

Note: You are able to complete your online application in stages. Ensure you complete a section and then click on “save” before logging out. You will need your project login to re-access your form.

Once you submit your application you will not be able to make any further changes.

PROJECT REGISTRATION

Title of the project
(100 characters)

Project contact person

Name	
Position title	
Postal address	
State	NSW
Postcode	
Telephone	(02)
Mobile	
E-mail	
Facsimile	(02)

PROJECT

Major recreation/physical activities/sport that the project will benefit
(150 characters)

E.g. Skateboarding, Tennis, Walking, Circus skills, Please specify.....

Key dates for the project

Proposed start date:

Anticipated finish date:

Project description

(1000 characters)

Briefly describe the main activities that will be undertaken.

Why is the project needed?

(2000 characters)

Describe why the project is a priority need. Refer to data, research or surveys conducted in the sport/community/target population group or other relevant information to support your proposal.

Project budget

What is the amount of funding being requested in this application?

\$

Total Project Cost

\$

Location of project

- Project will be conducted throughout NSW Yes No
- Project will occur at multiple locations Yes No (list below)
- Project will occur in a specific location Yes No (please specify below)

CONTACT

Additional Project contact person/s

Name	
Position title	
Postal address	
State	NSW
Postcode	
Telephone	(02)
Mobile	
E-mail	
Facsimile	(02)

Additional Project contact person/s

Name	
Position title	
Postal address	
State	NSW
Postcode	
Telephone	(02)
Mobile	
E-mail	
Facsimile	(02)

LOCATION

Fill in location details (as per Location of Project above):

- Project will be conducted throughout NSW Yes No
- Project will occur at multiple locations Yes No (list below)

- Project will occur in a specific location Yes No (please specify below)

Location:	State Electorate: (Project location)	LGA – Council Name: (Project location)
Street
Suburb.....	Please verify at: www.elections.nsw.gov.au/state-government-elections/electoral-districts/electoral-district-search	Please verify at: www.dlg.nsw.gov.au/dlg/dlghome/dlg-SuburbLookup.asp
Post Code.....		

SAMPLE ONLY

BUDGET

Budget details

Please note: no more than 50% of project expenditure may be attributed to equipment costs, venue hire or catering. Administration costs should be covered by the applicant. Costs should be GST exclusive.

ITEM	\$
A. FUNDING (if no confirmed funding enter \$0)	
Funding requested from Sport and Recreation	
Confirmed funding from Federal Government	
Confirmed funding from State Government	
Confirmed funding from Local Government	
Sub-Total (A)	
B. INCOME (eg. applicant's contribution, donations, fees and charges, in-kind contribution etc)	
Sub-Total (B)	
C. EXPENDITURE – DIRECT COSTS (eg. venue hire, equipment, presenter fees, travel and accommodation etc)	
Sub-Total (C)	
TOTAL	$\$ = C - (A+B)$

OBJECTIVES

Meeting the funding program objectives

Explain how the project will deliver one or more of the program objectives.
(2000 characters per objective)

Objective	How will the project do this?
1. Increase regular and on-going participation opportunities in recreation, sport or structured physical activity in a sustainable manner.	
2. Facilitate long-term change that will benefit people facing barriers to participation in recreation, sport and structured physical activity.	
3. Develop the skills of volunteers and capacity of community organisations that provide participation opportunities.	
4. Build the capacity of a community organisation to enhance their provision of sport and recreation services.	
5. Provide accreditation or training to enable recreation, sport and physical activity programs to be conducted in locations across NSW and for specific communities.	

CAPACITY

Organisational capacity

Describe the capacity and / or experience of your organisation to deliver the project by providing examples of governance arrangements (eg Board structure, sub-committees, working groups) or other projects/activities that demonstrate this.

Year	Description

OUTPUTS

Project outputs

Who will benefit from the project?

Beneficiary / target group	Number of participants	Benefit to the participant
e.g Coaches	20	Gained beginner coaching

OUTCOMES

Long term benefit of project

What is the longer-term benefit to the community, sport or industry? (2000 characters)

Describe the overall intended outcomes of the project and any strategies that will be used to sustain the achievements.

PARTNERSHIP

Project Partners

If your project involves other partner organisations, please provide the following details for each organisation in the partnership.

Partner 1	Name of organisation	
	Contact Person:	
	Telephone	(02)
	E-mail	
	Role in Partnership	
	Contribution to project	
Partner 2	Name of organisation	
	Contact Person:	
	Telephone	(02)
	E-mail	
	Role in Partnership	
	Contribution to project	

UPLOAD / ATTACHMENTS

There are no uploads or attachments required for this program.

DECLARATION

DECLARATION BY APPLICANT

Consent to disclosure

I agree that if successful, details about the project such as the applicant organisation's name, project name and description, electorate, location and amount of grant may be used by Sport and Recreation for promotional purposes.

YES NO

Declaration

*The declaration below must be agreed to by a **person who has delegated authority to sign on behalf of the organisation eg. CEO, General Manager, member of the Board of Management or authorised staff member.***

1. I certify that the information given in this application is true and correct.
2. I agree the information disclosed in this application may be disclosed to other government agencies, reviewers and staff assisting with the administration of NSW Government funding programs.
3. I have read and acknowledge all sections of the Guidelines.

Agree Yes (click)	Date
Printed name	Position title in organisation

Submit

Warning: Once this application is submitted, no further changes will be possible.