

### State/National Sport Organisation Statement of Support Form

State/National Sport Organisation Name:	
Organisation's Name (Project Applicant):	
Applicants Name (Project Contact Name):	
Project Name:	
Project Location:	

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

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

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

SSO/NSO's cash contribution to the project is: 2019/20: \$ \_\_\_\_\_  
 2020/21: \$ \_\_\_\_\_  
 2021/22: \$ \_\_\_\_\_

- Contributions will be provided with the following conditions:
- (list any conditions)

OR

- There are no conditions attached to these contributions.

Authorisation: I am an 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>