2024-25 The Power of Her Infrastructure and Participation Program (IPP) - Infrastructure Stream - Application Form

* indicates a required field

IPP Infrastructure Stream

THIS APPLICATION IS FOR INFRASTRUCTURE ONLY

I confirm I am applying for the infrastructure stream *

Yes - I am applying for the infrastructure stream
 No - I am looking to apply for the program and equipment stream

Program

This field is read only.

Application Introduction

Introduction

This application form is for the IPP Infrastructure Stream 2024-25.

Objectives

The infrastructure stream will provide funding for the development of functional, inclusive and fit for-purpose female friendly sport facilities that meet the current and future needs of the South Australian community.

Time required to submit the application

This application requires multiple attachments and supporting information to complete and submit.

It is expected that the time required to coordinate the quotes, support letters, plans, financial documents and other relevant attachments can take in excess of 10+ hours. The Office for Recreation, Sport and Racing (ORSR) suggests that applicants take this into consideration when planning to submit an application.

Application Form layout

1.Introduction

2.Organisation Details

3.Additional Eligibility

4.Project Proposal

5. Project Costs and Funding Sources

6.Project Need

7.Participation & Utilisation

8.Facility & Land Details

9.Strategic Justification

1@roject Delivery and Maintenance

1Declaration and Submission

Eligibility

Before completing this application form, you must read the program guidelines.

Completing an application

If you need further guidance in the application process, are unable to submit the SmartyGrants application or wish to withdraw a submitted application, you can contact ORSR via email or phone: ORSR.Grants@sa.gov.au or 1300 714 990.

If you do contact us throughout the application process, please quote the application number below.

Application Number This field is read only.

Key specifics to get correct

Applicants must ensure the following;

- The applicant's legal name is entered exactly how it appears on the ASIC Registers website.
- The applicant's Australian Business Number (ABN) is entered correctly and matches the legal name.
- If you do not have an ABN, you will need to submit a completed Australian Taxation Office (ATO) Statement by Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the Statement by Supplier form from the ATO.
- Check that all the questions have been answered and all essential documentation is attached.
- Press submit once you have completed the application. Amendments can be made prior to the closing date upon request.

Ensure you follow the helpful hints on each question within the application form as well as the following tips:

- Keep your responses to the questions clear and concise. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.
- Prioritise your writing to ensure the most critical information is in a prominent position.
- Use dot point writing where possible.
- Assume the reader is not familiar with your project.
- Additional documents should be directly referenced within the application.
- Accurately label attached files and avoid use of acronyms.
- Collate documents into singular files where possible e.g. attach one collection of photos in one file rather than uploading multiple individual photos.

Organisation Details

* indicates a required field

Organisational Details

What is the legal name of the organisation submitting this application? * Organisation Name
organisación Name
Please ensure your organisation name is entered as it appears on your Certificate of Incorporation. If you are unsure, please search for your organisation name under the "Organisation & Business Names drop down option on the Search ASIC Registers website below
IMPORTANT: Abbreviations such as 'Inc.' will NOT be accepted. Please ensure you enter the name EXACTLY how it appears according to the ASIC Registers website https://connectonline.asic.gov.au/RegistrySearch/faces/landing/SearchRegisters.jspx? adf.ctrl-state=ijte80jlp 4.
Please select what type of organisation you are *
What is the organisation's total membership? (Where applicable)
Must be a number. Membership / or Associations
Has the organisation submitting this application been operating for longer than 12 months? * $_{\odot}$ Yes
Organisation Postal Address * Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Organisation Primary Bank Account * Account Name
BSB Number Account Number
Must be a valid Australian bank account format.
Name of Banking Institution *
Organisation Primary Website *
Must be a URL. If you do not have a website please link us to your Facebook page.

Executed License or User Agreement

If the applicant is a school council/board of management, the applicant must provide evidence of an executed license or user agreement (minimum of 5 years) with a club or association that provides access to the facility outside of schools hours.

Please upload	executed	License o	r User	Agreement *
Attach a file:				

ABN

ABN details

If you require further assistance, please check the ABN Cheat sheet

Please confirm which statement is relevant to you *

- Our organisation has an ABN as per the Australian Business Register website
- Our organisation does NOT have an ABN and therefore needs to complete the Statement by a Supplier Form

If you require further assistance, please check the ABN Cheat sheet

Only complete this question if you HAVE an ABN.

Applicant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Bus	iness Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Only complete this question if you DO NOT have an ABN: Statement by a Supplier Form

Please upload completed Statement of Supplier Form: *

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the Statement by Supplier form from the ATO.

Attach a file:
Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet).
This statement must be for your most recently completed 12-month period.
Failure to provide this information correctly may result in your application being deemed ineligible.
If the Club's Treasurer is looking for assistance the following are useful;
Guide for Community Financial Officers in Australia (CA Australia, New Zealand)
A Guide to Understanding the Financial Reports of Not-For-Profit Entities (CPA Australia)
Example of Profit and Loss (Income and Expenditure)
Example of Balance Sheet
BANK STATEMENTS AND BANK RECONCILIATION REPORTS WILL NOT BE ACCEPTED.
I am providing my Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet) by: * ○ Weblink ○ Attaching a file
If the Financial Reports attached are not audited or certified (signed by the
Treasurer), I electronically certify these attached reports for consideration. * Yes
Treasurer), I electronically certify these attached reports for consideration. *
Treasurer), I electronically certify these attached reports for consideration. * O Yes Online - Statement of Financial Performance (Income and Expenditure
Treasurer), I electronically certify these attached reports for consideration. * Yes Online - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet). Weblink - Statement of Financial Performance (Income and Expenditure)
Treasurer), I electronically certify these attached reports for consideration. * Yes Online - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet). Weblink - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet). *
Treasurer), I electronically certify these attached reports for consideration. * Yes Online - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet). Weblink - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet). * Must be a URL. File Upload - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance
Treasurer), I electronically certify these attached reports for consideration. * Yes Online - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet). Weblink - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet). * Must be a URL. File Upload - Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet). File Upload - Attach a Statement of Financial Performance (Income and Expenditure Statement) and Statement of Financial Position (Balance Sheet)+ *

Child-safe environment

Child protection legislation in South Australia requires certain organisations to provide a child-safe environment. All state authorities and persons or bodies who provide a service or undertake an activity that constitutes child-related work under the Child Safety (Prohibited Persons) Act 2016 must meet these obligations.

To meet the requirements under the Children and Young People (Safety) Act 2017 and the Child Safety (Prohibited Persons) Act 2016, these organisations must have a child-safe environments policy in place, meet working with children check obligations and lodge a child-safe environments compliance statement.

For further information please click <u>here</u>.

Environment Compliance Statement? *										
○ Yes					0	No				 Our organisation does not provide services or activities that constitutes child-related work
1.0										

Does the submitting organisation or its governing body hold a Child Safe

If your organisation does not provide services wholly or in part to members or participants under 18 years of age, choose "Our organisation does not provide services or activities that constitutes child-related work".

Additional Eligibility

* indicates a required field

Club Culture Assessment Tool

To be eligible for the IPP, your organisation must complete the <u>Club Culture Assessment</u> Tool.

To ensure our sporting clubs are inclusive, safe and welcoming for everyone, it is critical that we engage with people who are actively involved in community sport and recreation to understand the current state of play in club land in relation to club culture, issues experienced and how these can be addressed.

The Club Culture Assessment Tool takes around 10-15 minutes to complete, and there are opportunities to provide extended answers.

Please fill this in by clicking the Club Culture Assessment Tool here.

Has your organisation completed t	he Club Culture Assessment Tool? *
○ Yes	○ No

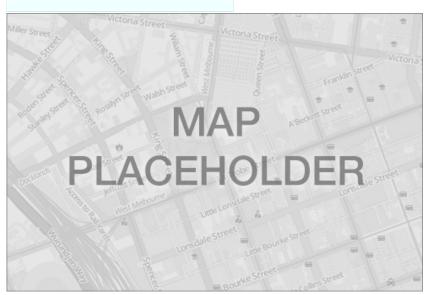
Current female sports teams or programs.

To be eligible for the IPP applicants must have a minimum of two current female sports teams or programs.

Provide details and evidence of all current female sports teams or programs.

Name of team or		or Number of teams or	
program	I.e Soccer, Netball,	programs Must be a whole number	program This could be a letter
	Cricket, ect	(no decimal place).	from SSO or association
			confirming participation
			-
Project Proposa	nl		
* indicates a required	l field		
Project Title *			
Word count: Must be no more than 2 E.g. To construct a new		the Joe Blogs Reserve, Adelai	de
Please provide a sh	nort summary of you	ır initiative *	
who this project is for (i what effects you expect	ion of your project - Be d .e. beneficiaries), what y	lescriptive, but succinct. Incloou will do (i.e. the activities yities (outcomes). Go to the Se your response.	ou will perform), and
What is the project			
□ New/Upgraded cha□ Playing surfaces□ Lighting	angeroom/s	☐ Aquatic facility☐ Water or energy sav☐ Other:	ving initiative
stage to ensure the pro		select 'other' may be contact oject falls outside the listed p lect is eligible.	
	ted useful lifetime o	of the proposed facility	? *
Must be a number. Provide answer in estimprovide an estimated life		ses you will be able to consu	It your manufacturer to
Infrastructure De	etails		
Pacility Name *			
Facility Name *			

Applicant Facility Address * Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Local Council
State Electorate

Land details

All projects must evidence written consent from the Landowner. If the applying organisation is the Landowner, you are required to attach your Certificate of Title for the land.

In relation to the land being developed through this project: * ○ The applying organisation IS the Landowner ○ The applying organisation IS NOT the Landowner

The applying organisation is the Landowner

You have stated that the applying organisation is the Landowner. Please attach your Certificate of Title for the land.

Certificate of Title: * Attach a file:	
Failure to provide this evidence may result in your application by	ata a ala a a a a a di ta a Radia la

What is the land title reference for the site? ie CT# *
Check the CT number for the land being developed here: https://sappa.plan.sa.gov.au/ . If the land has multiple CT numbers provide all of them.
The applying organisation is not the Landowner
You have stated that the applying organisation is not the Landowner. Please get your landowner to complete the following form, once they have completed it, you will need to upload it below.
Landowner Consent Form Download
Landowner Consent Form approving your proposed facility development * Attach a file:
Failure to provide this evidence may result in your application being deemed ineligible.
What is the end date of your current lease/licence? *
Must be a date.
Must be a date.
Socio-Economic Disadvantage
For the purposes of this program, a community experiencing socio-economic disadvantage is identified as having a Socio-Economic Indexes for Areas (SEIFA) score of 4 or lower as determined in the Australian Bureau of Statistics Suburbs and Localities, Indexes, SEIFA 2021.
Socio-Economic Indexes for Areas (SEIFA), Australia, 2021 Australian Bureau of Statistics (abs.gov.au)
Interactive Map: Socio-Economic Indexes for Areas (SEIFA), Australia 2021 (arcgis.com)
Applications located in a Low SEIFA area are required to contribute a minim of 25% in funding toward the project.
Is your project located in a Low SEIFA area? * ○ Yes ○ No

Project Costs and Funding Sources

* indicates a required field

Applications requesting over \$500,000 must contribute a minimum of 66% in funding towards the project. Therefore, to request the maximum of \$750,000, the total project cost must be equivalent to or greater than \$2.25 million.

All other infrastructure stream applications must contribute a minimum of 50% in funding towards the project unless the facility is physically located within a geographical catchment area that is experiencing socio-economic disadvantage.

Project Costs

Provide an itemised breakdown of the major costs associated with your project. Each of the costs below will need to be evidenced with quotes in the following question.

Costs should be only listed if they are eligible and in direct relation to the project in which you are applying for.

- Do not include cents round up to the next dollar.
- If your organisation is GST registered costs are to be GST exclusive.
- If your organisation is not GST registered cost are to be GST inclusive.

Project Costs (Description) \$ (whole numbers) Itemised breakdown of the major costs.

Evidence of Project Costs (Quotes)

Must be no more than 20 words.	Must be a whole dollar amount (no cents).	
	\$0	
	\$0	
	\$0	
	\$0	

Total Cost of the Proposed Project

Total Project Cost

\$

This number/amount is calculated.

What is the total budgeted cost (dollars) of your project?

Confirmation that none of the funding sources that will be listed below will include funds derived from an insurance payout. *

Confirm that no funding source will include funds from an insurance payout

Confirmation that none of the co-contribution funding sources listed below will include funds derived from the SA Football Facilities Fund (SANFL) or State Government funding, *

O Confirm that no co-contribution funding source will include funds from SA Football Facilities Fund (SANFL) or State Government funding

Project Funding & Co-Contribution

Please provide evidence of each of the funding sources below. Evidence could be a formal letter/email with organisational letterhead.

Co-contributions are limited to confirmed cash contributions and in-kind materials and labour.

Evidence relating to in-kind support should be as detailed as possible. Where non-professional labour is quoted use \$25 per hour, and for professional in-kind support use as a rough guide \$60 per hour.

Details Funding Sources (do not include IPP)	Source of Funding	\$ (whole numbers)	Evidence of Project Funding
Must be no more than 10			
words.			
		\$0	
		\$0	
		\$0	
		\$0	

Funding Sources Total (not including IPP)

\$

This number/amount is calculated.

Minimum co-contribution check

The check below needs to read at least 50%. Unless they are one of the following.

- Applications requesting over \$500,000 must contribute a minimum of 66% towards the project.
- Applications for low SEIFA projects (eligibility outlined in IPP Guidelines) in which a minimum of 25% is accepted.

Applicants co-contributions as a percentage:

This number/amount is calculated.

Amount Requested from the Office for Recreation, Sport and Racing

Please take the time to consider your answer - this figure is final. Successful projects are ineligible to receive further funding through the Office for Recreation, Sport and Racing through other grant programs once it has been funded.

Total Amount Requested *

\$0

Must be a dollar amount and no more than 750000.

Total Project Cost Funding Sources IPP Requested Project Cost and Funding Reconciliation

Total Project Cost Funding Sources IPP Requested Cost - Funding Sources Cost - Funding Cost - Fu

\$	\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.
Itemised breakdown of the major costs associated with your project.	Other sources of funding for this project (non IPP).	The amount your torganisation is seeking from the IPP.	This number should gequal zero. If it does not, please review your organisation's IPP Requested Amount, or the Project Costs and Funding Tables above.

How will the replacement of the facility be funded at the en	d of its useful life? st

Word count:

Must be no more than 150 words.

Please consider that Government funding is not always available nor guaranteed.

Project Need

* indicates a required field

Current Situation

Successful applications will address an identified need, gap or deficiency in the availability of fit for purpose female sporting facilities for the community.

Describe the current state of the facility and the issues that mean new or upgraded infrastructure is required. What is the need and how will you address it? *

Word count:

Must be no more than 150 words.

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants <u>Answers Bank</u> if you need some ideas about how to frame your response.

For the following file uploads please ensure files are named. For those wishing to upload multiple files, collate those documents into one file where possible.

Attach photos of your current facility to justify the need for your project. Attach a file:

Professional evidence relating to the findings, structural reports etc.) Attach a file:	current state of the facility (e.g. audit
Beneficiaries	
A requirement of the IPP is that eligible property project may also potentially provide a benefit and the provide a benefit and the provide and the provide and the provide as the provide	ojects must be for the benefit of female users. The efit to other users.
Describe the benefits of the project for all	user groups of the facility.
Beneficiaries Groups/Users	Describe Benefits:
Must be no more than 10 words.	Must be no more than 50 words.
Community Support	
Project Support Form Download	
Support can be provided by any organisati	
Effort and priority should be given to appro the precinct, and anyone who is listed to b	paching any co-located clubs, groups that share enefit from the project.
	ose wishing to provide support do not have to use it is advised that their support letter include the
What evidence do you have that this p	project/program has community support?
Word count:	
Must be no more than 100 words. Go to the SmartyGrants <u>Answers Bank</u> if you ne	eed some ideas about how to frame your response.
Project Forms Attach a file:	

Participation & Utilisation

* indicates a required field

Supported activities and targeted users

Indicate the activities of the primary users of the facilities *

☐ Archery☐ Athletics / LittleAthletics	☐ Fencing☐ Flying Disc /Ultimate Frisbee	☐ Motor Sport☐ Motorcycling	□ Squash / Racketball□ Surf Life Saving
☐ Badminton	☐ Football (Australian Rules)	□ Netball	☐ Surfing
□ Baseball□ Basketball	☐ Football (Gaelic) ☐ Football (Gridiron)	□ Orienteering□ OutdoorRecreation / Camping	☐ Swimming☐ Table Tennis
☐ Billiards / Snooker / Darts	☐ Football (Rugby League / Oztag)	☐ Racing - Greyhound	☐ Tennis
☐ BMX / Mountain Biking	☐ Football (Rugby Union)	☐ Racing - Harness	☐ Tenpin Bowling
☐ Bocce / Boccia / Petanque	☐ Football (Soccer / Futsal)	□ Racing - Thoroughbred	☐ Triathlon / Biathlon
☐ Bowls	☐ Football (Touch)	☐ Recreation (Indoor / Fitness)	·
☐ Boxing☐ Calisthenics	☐ Gliding ☐ Golf	 □ Recreation (Motor) □ Recreation (Outdoor / Fitness / Adventure / Camping / Horse) 	☐ Water Polo
☐ Canoeing / Kayaking	☐ Gymnastics / Kindergym / Cheerleading	☐ Recreation (Water Activities)	☐ Water Skiing
☐ Cricket	☐ Handball / Goalball	☐ Roller Sport	☐ Weightlifting / Powerlifting
□ Croquet□ Cycling□ Dance (Non Sport)□ Dance (Sport)	☐ Hockey☐ Ice Hockey☐ Ice Skating☐ Korfball	 □ Rowing □ Royal Life Saving □ Sailing / Yachting □ Shooting / Rifle / Pistol 	 □ Wheelchair Sports □ Wrestling □ Other □ No Specific Organisational Activity (Council)
□ Diving	□ Lacrosse	□ Softball	☐ No Specific Organisational Activity (Education)
☐ Dragon Boat	☐ Martial Arts	☐ Sport Climbing	☐ No Specific Organisational Activity (Health)
☐ Equestrian No more than 6 choices in the please select all activities.	may be selected. s that the list facilities/amo	ento this application.	,
What is the target g ☐ Female Please select all relevant	gender(s) for this progen	ject? *	
	your project targeted [13-17] □ [18-25] age groups.		

Primary Active Participants

Number of weekly primary active participants who will use the proposed facility

Use this table to indicate on a weekly basis who will be using the proposed facility. Where possible refer to registration systems to provide accurate figures.

Each row should relate to one of the user groups mentioned previously in your application.

Do not include away teams, annual events, spectators.

User groups/ activities indicated above		Senior Females	Junior Males	Senior Males
	Must be a number.			

Totals

These fields are automatically populated using the information entered above.

Females	Males	Total
Total Females	Total Males	Total Active Participants Using Facility
This number/amount is	This number/amount is	This number/amount is
calculated.	calculated.	calculated.

Participation outcomes

Describe the participation outcomes of this project.

Will the project:

- increase female participation or involvement in sports and physical activities?
- maintain current female participation or involvement in sports and physical activities?
- improve quality of participation for female users?

Is there a plan to ensure the anticipated participation changes are achieved post completion of the project?

*			
Word count:			

Programming

Must be no more than 200 words.

Describe how the project will lead to additional and/or priority programming opportunities for female participants and/or improved inclusiveness.

Word count: Must be no more than 150 words. Equality of opportunity Describe how the project promotes and supports equality of opportunity. *
Must be no more than 150 words. Equality of opportunity Describe how the project promotes and supports equality of opportunity.
Describe how the project promotes and supports equality of opportunity.
*
Word count: Must be no more than 150 words.
Quality Infrastructure
* indicates a required field
Current Facility Plan - attach a collated file that shows the CURRENT (prior to project) facility layout: Attach a file:
Multiple files can be uploaded. Please take time to name the file correctly (description of content). Upload Section - must be PNG, JPG or GIF Format
Annotation of the following plans is advised, to provide further details directly on the plan.
the plan. Example 1: for a changerooms/clubroom project, an aerial map of your site showing current
the plan.Example 1: for a changerooms/clubroom project, an aerial map of your site showing current precinct set up as well as internal floor plans.Example 2: for a lighting project, lux chart showing current light distribution chart and
the plan.Example 1: for a changerooms/clubroom project, an aerial map of your site showing current precinct set up as well as internal floor plans.Example 2: for a lighting project, lux chart showing current light distribution chart and lighting source location.Example 3: for surface development, an aerial map indicating current layout including line

Proposed Facility Plans - attach a collated file that show the PROPOSED (upon completion) facility layout.

Attach a file:

Attach the relevant plans for the project, these atta proposed. This upload should contain the proposed Architectural Designs. Those not applying for a bui their site which clearly indicates where and what is	I plans for the facility. E.g. Building Plans or Iding should consider attaching a satelite image of
Proposed Facility Specifications - attach design specifications. Attach a file:	a collated file that show the PROPOSED
Accacil a file.	
Development Approval	
Do you have Development Approval for y ○ Yes - received (attach below)	your project? * ○ No - not required (attach email of verification below)
 No - lodged and awaiting decision (attach lodgement below) 	Other:
O No - required, but not yet lodged	
Evidence of Development Approval Attach a file:	
Design Standards	
Evidence how the proposed infrastructure des s undertaken at the facility.	sign meets the relevant standards of the sport/
*	
Word count: Must be no more than 100 words.	
Design Principles	
How do the proposed project plans address risenvironmentally sustainable design principles	
*	
Word count: Must be no more than 100 words.	

Strategic Justification

* indicates a required field

How will your initiative hel our goals? *	p the Office for Recreation,	Sport and Racing achieve
Word count: Must be between 50 and 100 wor Tell us how your project Aligns with		
Strategic Documents		
	evidences the planning underta facility feasibility study, maste	
Name of Document - Include in title coverage years and/or year of publication	File Upload	If your documents are accessible online provide link:
Include in title coverage years and/or year of publication	for larger file that are online use 'Website Link to Doc'	Optional Must be a URL.
Gender equality and pa	rticipation strategy	
Where one exists, please uploathat supports the proposed inf		ry plan or participation strategy
Attach a file:		
State Sporting Organisa	ation - Project Support	

Project Support Form Download

Support should be provided by State Sporting or Recreation Organisations.

Ensure to save the file under the name of the organisation that is providing their support. Do not use acronyms.

Please note that this is a template only. Those wishing to provide support do not have to use this form if they do not want to. However, it is advised that their support letter include the details within the template at a minimum.

Project Support Form

Attach a file:

	cion provided within this application to be ganisations who have provided a letter of No
Local Council - Project Support	
Local Council Project Support Form Download	
Applicants should contact their Local Council sufficient time to discuss their project.	as soon as practicable in order to give
Local Council Support Form Upload Attach a file:	
	tion provided within this application to be have provided a letter of support above.
○ Yes	○ No
Consultation	
All facility development should at a minimum community in which it affects. In the following undertaken.	
E.g. A project that addresses the availability with female members to ensure it meets their	
Evidence of consultation Attach a file: E.g. Survey results, Forum minutes, Public consult	ation results
Project Delivery and Maintenanc	e
* indicates a required field	
Project Delivery	

It is anticipated that successful applicants will receive funding in April 2025. Should a successful grantee be unable to meet the 12 month construction commencement timeframe, funding may be recalled.

Will construction associated with the project commence within 12 months of receiving funding (grant payment likely to be released in May 2025)?

 \bigcirc Yes - construction will begin \bigcirc No -construction will not \bigcirc Unsure

before May 2026	begin before May 2026	
Estimated Project Star	t Date *	
Must be a date.		
When do you estimate the p	project will break ground?	
Estimated Project End	Date *	
Must be a date.		
When do you estimate the p	project will be completed?	
Project Delivery attach comprehensive deliver Attach a file:	nments (e.g. Project manage ry plan)	ement plan, Gantt chart,
Steps Prior to Const	cruction Commencemen	t
prior to commencement of		steps that must be undertaken y consultation, tender process, final
designs):		
Steps Prior to Construction		d Date of Completion
Steps Prior to Constru		-
Steps Prior to Construction		-
Steps Prior to Construction		-
Steps Prior to Construction		-
Steps Prior to Construction Commencement Must be no more than 20 wo		date.
Steps Prior to Construction Commencement Must be no more than 20 we Summary of key pro Based on the plans attack	oject timelines/milestone	date.
Steps Prior to Construct Commencement Must be no more than 20 wo Summary of key pro Based on the plans attack completion. E.g. Develope	oject timelines/milestone ned in the question above, list a ment Approval received, Groun h Estimated Start Date	es all the major steps from start until d works begin, Foundation poured Estimated End Date
Steps Prior to Construct Commencement Must be no more than 20 wo Summary of key pro Based on the plans attack completion. E.g. Develope etc. Major Steps - Approach this question as a time Listing all the major steps from start until	oject timelines/milestone ned in the question above, list a ment Approval received, Groun h Estimated Start Date	es all the major steps from start until d works begin, Foundation poured
Steps Prior to Construct Commencement Must be no more than 20 wo Summary of key pro Based on the plans attack completion. E.g. Develope etc. Major Steps - Approach this question as a time Listing all the major steps from start until	oject timelines/milestone ned in the question above, list a ment Approval received, Groun h Estimated Start Date	es all the major steps from start until d works begin, Foundation poured Estimated End Date
Steps Prior to Construct Commencement Must be no more than 20 wo Summary of key pro Based on the plans attack completion. E.g. Develope etc. Major Steps - Approach this question as a time Listing all the major steps from start until	oject timelines/milestone ned in the question above, list a ment Approval received, Groun h Estimated Start Date	es all the major steps from start until d works begin, Foundation poured Estimated End Date

Management of Project Delivery

Who will	l he manading	the delivery of t
Individ	ual O	Organisation
Organisa	tion Name	
Title	First Name	Last Name
TICIC	i ii se ivaiii e	Lust Warrie
Position	/Title *	
Phone N	lumber *	
Must be a	n Australian phone	number.
Website		
Must be a	URL.	
-		t management
deliverir	ng the project.	*
Word cou		
Must be no	o more than 100 w	ords.
Mainte	nance	
What ar	e the evnected	annual mainten
\$	c the expected	amuai mamicen
Must be a	dollar amount.	
Mainten	ance costs per	centage of total
This numb	er/amount is calcu	lated.
Managi	ing the maint	enance of the
	_	
Who will ○ Individ		t he maintenance Organisation
Organisa	tion Name	
Title	Eiret Nama	Last Names
Title	First Name	Last Name

Please discuss how the proposed facility will be maintained prompts below to guide your discussion: *	. Feel free to use the
Do you have a separate/clearly defined fund dedicated to maintenance?	
How is this fund financed?	
Is there an asset management plan for this site/reserve? (attach below if there is)	
Word count: Must be no more than 500 words.	
If there is an asset management plan for this facility/site/re Attach a file:	serve, please attach:

Declaration and Submission

* indicates a required field

Declaration Instructions

- 1. The declaration below must be read and acknowledged by two authorised representatives of your organisation.
- 2. At least one representative must be a member of the Board / Management Committee or Senior Management in case of larger organisations.

Declaration by authorised persons

I make the following declaration:

- 1. I am duly authorised by the organisation to prepare and submit this application.
- 2. This organisation is eligible to apply for funding in accordance with the eligibility criteria in the Funding Guidelines.
- 3. The responses in this application and all supporting documents provided are to the best of my knowledge true and correct.
- 4. I understand that the Office for Recreation, Sport and Racing may disclose the information provided in this application to other Government agencies, Local Government, reviewers and staff assisting with the administration or promotion of State Government Grant Schemes and/or in the event of a request pursuant to the *Freedom of Information Act 1991*.
- 5. I understand that information in relation to this project will be made public in the event that the application for funding is successful and in other circumstances as outlined in the program guidelines.
- 6. Where required, our project will comply with all the relevant codes, standards and applicable legislation including, but not limited to, the *Disability Discrimination Act 1992* and the *Children and Young People (Safety) Act 2017.*

First Au t Title	thorised Repre	esentative * Last Name
-		
Position	- Applicant Ac	dmin Contact *
_	ttee member, trea	
Primary	Phone Numbe	er *
Must be an	n Australian phon	e number.
Other Ph	none Number	
Must be ar	n Australian phon	e number.
Email *		
	n email address.	
Date *		
Must be a	date and no earli	er than 4/9/2024.
Second A	Authorised Re First Name	presentative - He
Position	- Head of Org	anisation *
	resident, General the Head of Orgar	l Manager. If successf nisation.
	Phone Numbe	
	n Australian phon	e number.
Other Pl	none Number	
Must be an	n Australian phon	e number.
F : ! . ↓		
Email *		

Date *

Must be a date and no earlier than	n 4/9/2024.							
Feedback								
If you have the time, we would appreciate some feedback.								
How did you find out about ☐ Council ☐ Electorate Office	this grant application? Facebook post Grant Finder Website (e.g. GrantAssist)	☐ Other Social Media☐ Other						
☐ Email from other organisation select any that apply	□ Newspaper							
Have you previously applied for our grants? ○ Yes ○ No								
Did you contact the Grants Administrators for assistance? O Yes O No Did you email or telephone the grant administrators for assistance								
How satisfied were you with the assistance you received when contacting the								
Grant Administrators? ○ 1 ○ 2 1 very dissatisfied to 5 very satisf	O 3 O 4	○ 5						
Must be a number. An estimate number of minutes. Please provide us with you	take to complete this appli r suggestions about any im n process/form that you thir	provements and/or						