

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

About the Grant

* indicates a required field

Instructions for Applicants

Before completing this application form, you should read the [Program Guidelines](#) and supporting documents.

Application Number

This field is read only.

Please note that this application form is exclusively for Tier 1 - Career Activations. If your project aligns with Tier 2 - Career Pathway Support, Participation, and Capability, please do not continue with this form and instead submit a Tier 2 application.

The Office has the discretion to deem projects submitted under the incorrect category ineligible.

My Application is for a Tier 1 - Career Activations Project *

Acknowledge

Program Details

The Play Her Way 2024-2028 is the NSW Government's plan to facilitate opportunities for more NSW women and girls to get involved and stay involved in sport.

The Strategy has a focus on leadership and culture, participation, and partnerships and investment within the overarching focus of inclusion, and is built upon the foundational pillars **She Belongs, She Plays** and **She Wins**.

Each pillar represents a different strategic focus to address gender inequality and increase participation of women and girls in sport - both on and off the field.

The NSW Government has allocated up to \$500,000 across two tiers for the Play Her Way Innovation Program in 2025/26.

- **Tier 1** - Grants between \$3,000 and \$5,000
 - **Career Activations**
 - Projects that promote information on range of roles and career pathways in sport.
- **Tier 2** - Grants between \$10,000 and \$45,000
 - **Career Pathway Support**
 - Projects that aim to support young women to advance on their sport career pathway.
 - **Participation**
 - Projects that aim to reduce barriers to participation for women and girls and create innovative, inclusive sport experiences that reflect what women and girls want.

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

- **Capability**

- Projects that aim to build the capability of Organisations to increase the participation of women and girls both on and off the field, and projects that build gender inclusive sporting cultures and environments.

There is no reserved allocation for each funding tier.

An applicant may make multiple applications; however, the maximum amount of funding that can be awarded to any one organisation is \$50,000.

The Think Tank online information session for this program is scheduled for 11:00am on Thursday, 16 April 2026.

The [Program Guidelines](#) outline the key objectives, eligibility criteria, assessment process and timeframes for the Play Her Way Innovation Program 2025/26.

Grant Program Name

This field is read only.

The program this submission is in.

Purpose and Key Objectives

Purpose

The Play Her Way Innovation Program (the Program) provides support to eligible State Sporting Organisations and State Sporting Organisations for People with Disability to develop and deliver bold new initiatives to enhance career pathways, build cultures of diversity and inclusion and increase participation of women and girls in sport, both on and off the field.

Eligible Organisations are encouraged to partner with other organisations, including those with specific experience working with women and girls and under-represented communities.

Key objectives

The Program aims to increase opportunities for women and girls, both on and off the field, throughout NSW.

The key objectives of the Program are to:

- Increase the number of women and girls participating in sport
- Improve the retention of adolescent girls
- Increase the number of women working in the sport sector
- Improve gender inclusive sporting cultures and environments
- Increase the capability of the sector to respond to emerging trends and challenges

Disclaimer

The Applicant acknowledges and agrees that:

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Evaluation Requirements

Successful applicants will be required to report against the Play Her Way Innovation Program Evaluation Framework and any evaluation conditions outlined in the Funding Agreement.

All successful applicants will be required to:

- Attend an online evaluation workshop that will support the monitoring and evaluation of the projects
- Provide pre and post organisational data and progress reports against project milestones
- Develop a case study to share and promote successful approaches and/or strategies
- Participate in a semi-structured qualitative interview to explore changes in organisation capability and capacity to reduce gender inequities

Successful applicants will be supported with evaluation requirements in partnership with Sydney University's SPRINTER (SPort & Recreation INTervention & Epidemiology Research) program.

A post project evaluation report may be requested on an ad-hoc basis for a period of up to two years after the completion of the project in order to gather further detail on the medium to longer term outcomes and impact of the project.

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

If your application is successful, your Organisation is aware of the evaluation requirements *

Agree

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Criteria

To be eligible for funding, your application must:

- be submitted by an eligible applicant
- be submitted through SmartyGrants
- be for a project located in NSW
- be for an eligible project
- request a grant amount appropriate for the relevant tier

Projects must be delivered by December 2027.

Eligible Applicants

To be eligible for funding you must:

- be an NSW Office of Sport recognised State Sporting Organisations (SSOs) or State Sporting Organisations for People with Disability (SSODs). The current list of recognised SSOs/SSODs are shown at **Appendix A** of the [Program Guidelines](#).
- include a declaration by the applicant organisation that if successful they will provide Public Liability Insurance with a minimum \$5 million cover.

Eligible Organisations are encouraged to partner with other organisations, including those with specific experience working with women and girls and under-represented communities.

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Ineligible Applicants

Ineligible applicants are any organisation types not listed in the 'Eligible Applicants' section, and include (but are not limited to):

- any organisation not recognised as an SSO/SSOD by the Office of Sport
- sporting clubs and associations
- individuals and groups of individuals
- schools, universities and TAFE's
- parents and Citizens (P&C) Associations
- NSW Institute of Sport, Australian Sports Commission (incorporating the Australian Institute of Sport) and Regional Academies of Sport
- State and Federal Government departments and agencies
- an organisation named: (i) by the National Redress Scheme for Institutional Child Sexual Abuse on its list of institutions that have not joined or signified their intent not to join the Scheme; or (ii) in the Royal Commission into Institutional Responses to Child Sexual Abuse that has not yet joined the National Redress Scheme

Eligibility Confirmation

The Office of Sport will undertake an eligibility check on all grant applications, including any late applications which have been accepted for assessment and make recommendations to the Grant Assessment Panel on ineligible applications. The Grant Assessment Panel will make the final determination on eligibility.

I have read and understand the eligibility requirements, and that the Office of Sport and the Grant Assessment Panel will determine the eligibility of my application. *

Acknowledged

Contact Details

* indicates a required field

Organisation Details

Organisation Name *

Organisation Name

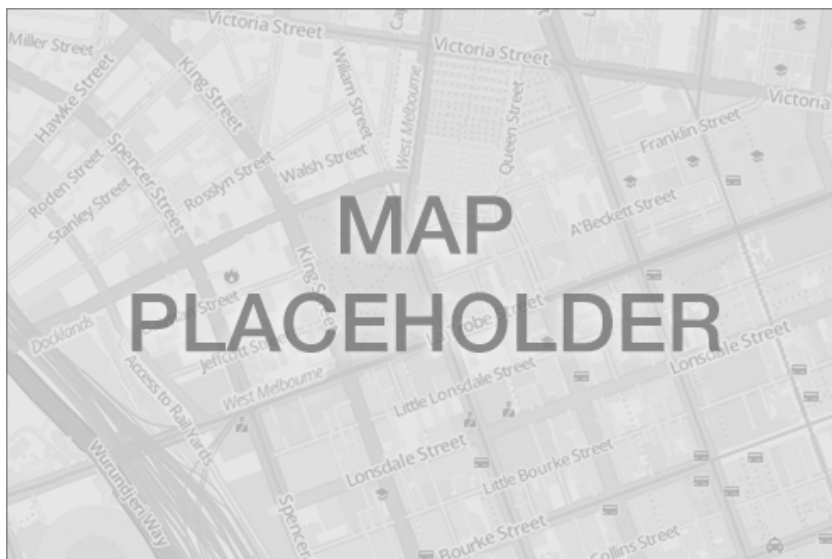
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview



Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Please detail the primary activities of the applicant organisation. *

Word count:

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Must be no more than 200 words.

Please explain the main functions and services delivered by the applicant organisation

Insurance

All applicants, if successful, must provide Public Liability Insurance with a minimum \$5 million cover, depending on the grant value.

In exceptional circumstances, the Office of Sport may, in its sole discretion, consider a lower amount of cover based on the nature and risks of the project. The determination will be made on the level of risk posed by a proposed project. If an Applicant proposes Public Liability Insurance cover below the minimum required threshold, a detailed justification outlining the exceptional circumstances must be provided to warrant the reduced coverage.

The applicant organisation agrees to provide public liability insurance documentation upon request and declares that, if successful, it will maintain Public Liability Insurance with a minimum cover of \$5 million. *

Agree

Please upload your current Certificate of Currency for your Public Liability Insurance

Attach a file:

Please ensure that your PLI is valued at the appropriate amount for your grant, and is valid for the duration of your project.

Does the applicant organisation have Personal Accident, Professional Indemnity and Directors and Officers insurance? *

Yes

No

It is recommended, but not a condition of funding, that applicant organisations have Personal Accident, Professional Indemnity and Directors and Officers insurance. Organisations that employ staff must comply with the Workplace Injury Management and Workers Compensation Act 1998 (NSW).

Does the applicant have an Australian Business Number (ABN)? *

Yes

No

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 Business Register
ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Is your organisation registered for GST? *

Yes No

Determine if your organisation is registered for GST by looking at the details of your ABN on the ABN box above (next to Goods & Services Tax - GST)

Incorporation Details

If you are unsure, you can search NSW Fair Trading or ASIC:

- [NSW Incorporated Associations Register](#)
- [ASIC Registers](#)
- [ACNC Register](#)
- [ORIC](#)

Is your organisation incorporated with any of the following? *

- NSW Fair Trading - Incorporated Association
- ASIC - Public Company limited by Guarantee
- ASIC - Registered Australian Body
- ACNC - Registered Charity
- ORIC - Office of the Registrar of Indigenous Corporations

Applicant Organisation ACN or Incorporation Number *

Primary Contact Details

Primary Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.

Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Administration/Project Contact Details

This person **must** be different to the Primary Contact. This is the person from your organisation that will liaise with the Office of Sport on various administrative aspects of this application and grant if successful. It is your responsibility to update the Office of Sport of any contact details that may change during the delivery of this project.

Applicant Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Applicant Project Contact Position *

Applicant Project Contact Phone Number *

Must be an Australian phone number.

Applicant Project Contact Primary Email *

Must be an email address.

Project Details

* indicates a required field

Project Funding Tier Details

Tier 1 - Grants between \$3,000 and \$5,000

- **Career Activations**

- Projects that promote information on range of roles and career pathways in sport.

Projects must be completed by **December 2027**.

An applicant may make multiple applications; however, the maximum amount of funding that can be awarded to any one organisation is \$50,000.

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

If you wish to apply for more than one project type, you must submit a separate application form. Only one project type can be selected per application.

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Must be a date.

Anticipated end date *

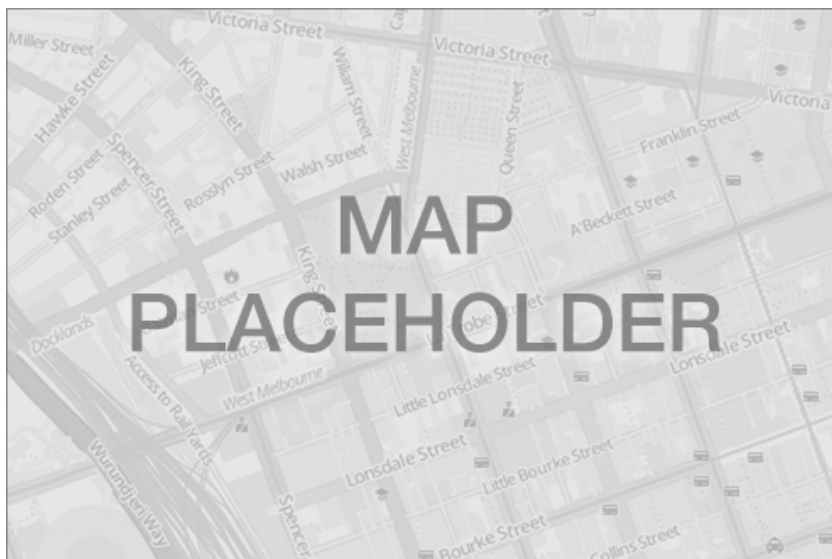
Must be a date and no later than 31/12/2027.

Primary location of your initiative

Address

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview



Primary location does not need to be a specific address, and can be postcode, suburb, state (NSW), etc. If delivered online, please specify the online host location or area of focus for delivery.

Please update anticipated end date

You have indicated that your project ends after December 2027, which falls outside the delivery timeframe for this Program. Please update your project dates to ensure they align with the required timeframe.

Project Priority Ranking

An applicant may make multiple applications; however, the maximum amount of funding that can be awarded to any one organisation is \$50,000. Each application can request a grant amount between \$3,000 and \$5,000.

Applicants must prioritise their projects in order of preference, which may be considered when determining the allocation of funding.

How many applications is this organisation submitting *

Must be a whole number (no decimal place) and at least 1.

What is your priority ranking of this project? *

Must be a whole number (no decimal place) and at least 1.

Criterion 1: Strategic Justification (30%)

* indicates a required field

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

The Play Her Way Innovation Program (the Program) provides support to eligible State Sporting Organisations and State Sporting Organisations for People with Disability to develop and deliver bold new initiatives to enhance career pathways, build cultures of diversity and inclusion and increase participation of women and girls in sport, both on and off the field.

Eligible Organisations are encouraged to partner with other organisations, including those with specific experience working with women and girls and under-represented communities.

Key objectives

The Program aims to increase opportunities for women and girls, both on and off the field, throughout NSW.

The key objectives of the Program are to:

- Increase the number of women and girls participating in sport
- Improve the retention of adolescent girls
- Increase the number of women working in the sport sector
- Improve gender inclusive sporting cultures and environments
- Increase the capability of the sector to respond to emerging trends and challenges

Describe how this project aligns with the aim of the program objectives. *

Word count:

Must be no more than 350 words.

Demonstrate how the proposed project will clearly meet an identifiable need within your sport. *

Word count:

Must be no more than 250 words.

Upload any supporting evidence to demonstrate the need for your project. This may include, but is not limited to:

- Demographic data
- Surveys by the local / target communities
- Requests for the type of program you intend to run.
- Independent reports and/or media that detail the need.
- Support Letters

Attach files to demonstrate need for this project.

Attach a file:

e.g. Registration Data, Survey Evidence, letters of support

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Demonstrate how the project will eliminate barriers and support long-term inclusive culture of the Organisation beyond the life of the grant. *

Word count:

Must be no more than 250 words.

Criterion 2: Project Scope and Design (30%)

* indicates a required field

Project Scope

List in dot point form your tangible and clearly defined scope for this project *

Word count:

Must be no more than 250 words.

Key Outputs

Please detail what is expected to be delivered as a result of the funding. Outputs are the tangible and quantifiable results of your project.

Examples could be:

- Host a career activation to showcase career opportunities, featuring information on a range of roles in your sport
- Participate in a Career Expo or event in your local community, school or university to profile your sport and career pathways

Outputs

List the outputs you expect to be delivered as a result of your project. (Select the '+' button to add additional lines).

Demonstrate consultation with women and girls, and community and stakeholder support for the project. *

Word count:

Must be no more than 250 words.

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Upload any supporting evidence that demonstrates consultation undertaken for your project. This may include, but is not limited to:

- Demographic data
- Survey results
- Online feedback
- Requests for the type of program you intend to deliver.
- Meeting minutes
- Independent reports and/or media that detail the need.
- Letters of Support

Upload evidence here:

Attach a file:

Project Outcomes

Outcomes are the changes expected to occur as a result of your project. Please describe the outcomes you anticipate achieving and how you will demonstrate the success of your project. You may wish to consider:

- How the project has achieved its aims
- The changes you expect to see
- How these changes will be measured

List the expected outcomes that will result from your project. (Select the “+” button to add additional lines.)

Key Project Outcomes	Indicator - what are the measures?	Measurement method	How does your outcome link to Program Objectives?
Select which outcome your project addresses	Explain what measures are to be used		Explain further the outcome against the grant program objectives

Summarise the measures that will be used throughout the project to assess, progress, and build evidence about what is working and what may need to change. *

Word count:

Must be no more than 250 words.

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Describe how the project design incorporates an intersectional lens and responds to the varied experiences, needs, and circumstances of the individuals involved. *

Word count:

Must be no more than 250 words.

Please refer to page 11 of the Program Guidelines.

Criterion 3: Project Affordability / Value for Money (20%)

* indicates a required field

Project Budget

The budget must clearly identify any project costs and revenues. The budget must identify all project components that will be funded by the grant and the components to be funded by the applicant co-contribution (if applicable).

Organisations registered for GST: When applying for funding please exclude GST from the amount of funding requested in your project budget. GST will be paid to your organisation if successful.

Organisations not registered for GST: When requesting funding for your project, please include GST in the costs for your project budget. Please ensure that quotes you receive are inclusive of GST that will be charged to deliver the work.

- Your expenditure table should clearly identify the income source that is intended to pay for it.
- Provide evidence to support budgeted costs and revenues, e.g., cost estimates or assumptions, quotes to support your costs.
- Provide evidence of any committed funding co-contribution(s).

NOTE: Please ensure that financial information presented in the application form below matches financial information presented in other documents provided (cost evidence, quotes etc).

Total Amount Requested

*

\$

Must be a whole dollar amount (no cents) and between 3000 and 5000.

What is the total financial support you are requesting under this grant?

Tier One - Career Activations

- Grant request must be between \$3,000 and \$5,000

Please amend your Total Amount Requested to be between \$3,000 and \$5,000.

Funding Sources

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

In addition to the grant request, are there any other funding sources contributing to your project? *

- No other contribution - only using this grant request to fund project
- Yes, there are other funding sources contributing to the project e.g. applicant cash contribution

Cash Co-contributions

Please provide a breakdown below of your funding sources and attach evidence of this funding.

If a cash co-contribution is being provided, applicants are to provide evidence of approval for committed funding co-contribution(s) e.g., minutes of a club meeting where funds were moved to be allocated to the project, letter from appropriately delegated club representative.

Examples of evidence required:

- **Applicant organisation cash contribution:** Formal letter from Organisation stating the contribution amount and project title, and bank statement showing available funds.
- **Partner cash contribution:** Formal letter from Partner Organisation stating the contribution amount and project title and a copy of the funding agreement (if relevant).

Add more rows using **'Add More'** or **' +/-'**

Type of Contribution	Income Amount	Evidence of Contribution
Do not include the grant amount here	Must be a whole dollar amount (no cents).	

Expenditure

Please include all expenditure items related to the project scope of this grant request. These items will form your total project cost.

Organisations that are not registered for GST: include GST in these amounts.

Organisations that are registered for GST: do not include GST in these amounts.

Expenditure description	Funding source	Expenditure amount	Evidence Type	Upload Evidence (Quotes)	Notes
		\$			
		Must be a whole dollar amount (no cents).			

Total Project Cost *

This number/amount is calculated.
What is the total budgeted cost (dollars) of your project?

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Do you have a detailed budget to support your project? *

Yes

No

Detailed Project Cost Budget

Please upload a detailed project cost budget. ***This cost budget should carefully consider all costs associated with your project, as well as the considerations regarding GST***

The total project cost is made up of the grant amount, and any cash co-contribution from the applicant.

Please attach a detailed budget for your project *

Attach a file:

Project Budget Balancing

Use this section to ensure all income and project costs balance. The Total Income must match Total Project Budget.

Both validation check figures below should be \$0.

Validation check 1: Total Income (combined funding) minus Total Project Cost (i.e. your total project budget). This MUST be \$0

This number/amount is calculated.

Validation check 2: All Expenditure items minus Total Project Cost. This MUST be \$0

This number/amount is calculated.

Criterion 4: Project Deliverability and Applicant Capability (20%)

* indicates a required field

Proposed Project Plan

Provide a detailed project plan and/or key deliverables table which illustrates key project tasks, milestones and forecast delivery timeline.

Add a new row for each task/milestone. Add more rows using '**Add More**' or '+/-'.

Project task / milestone	Expected start date	Expected end date	Explanatory notes
---------------------------------	----------------------------	--------------------------	--------------------------

One per row. Add more rows if you want to list additional activities.	Must be a date.	Must be a date.	Add notes if you need to provide more context. Must be no more than 50 words.
---	-----------------	-----------------	---

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Must be no more than 25 words.			

Tier 1 - Career Activations: Projects must be completed by 31 December 2027. Please amend your project end date to be completed by 31 December 2027.

Do you have a detailed project plan to support your planned activities? *
 Yes No

Upload your project plan here: *

Attach a file:

Risk Management Plan

Please provide advice on any risks, assumptions, constraints and dependencies in delivering the project

Do you have a Risk Management Plan and/or Risk Register for your project that you can upload? *

Yes No

Risk Mitigation Strategies

Provide an overview of the key risks to the project, typically 3-5 risks. Describe how risks will be managed for the project.

Risk Description

What will you do to reduce the risk?

--	--

Upload your Risk Management Plan and/or Risk Register for this project *

Attach a file:

The risk management plan and/or risk register contains all identified risks, their causes and impacts, and how they are controlled.

Conflicts of Interest

Conflicts of Interest to declare *

My organisation or any key personnel/decision makers involved in delivering this project do not have any conflicts of interest and I will immediately advise the relevant Grant Team Program Manager if I become aware of a conflict of interest.

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

My organisation or any key personnel/decision makers involved in delivering this project have the following Conflict of Interest to declare.

E.g. the contractor providing the quotes is known to the applicant or applicant organisation

Please outline these conflicts and how they will be managed. *

Project Management Experience

Applicants should note that your chosen project partnership organisation may be involved in several grant applications under this Program, of which multiple projects may be successful.

To ensure your project is delivered effectively, applicants are encouraged to work closely with their chosen delivery organisation to confirm their capacity, agree on timelines, and establish clear responsibilities.

Demonstrate proven experience of both the applicant (and partner organisation/s if applicable) in delivering similar scale and/or type of project(s) or detail the resources and skills you possess in order to deliver the project successfully. *

Word count:

Must be no more than 250 words.

Are there any assumptions, constraints and/or dependencies in delivering the project? *

Word count:

Must be no more than 250 words.

Partnership

Eligible organisations are encouraged to partner with other organisations, including those with specific experience working with women and girls and under-represented communities.

Has a Partnership been established for your project? *

Yes

No

Partnership Contact Details

List all organisations who will be in formal partnership to deliver this project.

Partner Organisation	Partner Contact Person	Partner Organisation Position	Partner Contact Primary Phone Number	Partner Contact Primary Email
-----------------------------	-------------------------------	--------------------------------------	---	--------------------------------------

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

			Must be an Australian phone number.	Must be an email address.

Upload evidence of Partnership *

Attach a file:

Evidence may include letters, MOUs, emails etc

NSW Government Funding

Have you applied for a grant for this project or a component of this project from the Office of Sport or other NSW Government Agencies? *

- Yes No

Please fill out the table below with the information from your other grant applications. Please include what grant you have applied for, who it is with and the amount you have applied for.

Government Agency	Project Title	Project Description	Amount Requested	Status of Application
			Must be a dollar amount.	

Declaration - New or Additional Scope

I confirm that this project represents new or additional scope and does not duplicate activities already funded by the Office of Sport or other NSW Government Agencies (e.g. the Organisation Support Program). *

- Agree

Project Data

* indicates a required field

Gender and Age Groups

The following information is being collected for statistical purposes but will also be considered as part of your application. Please be as accurate as possible.

Which gender group will the project primarily benefit? *

- Female
 Male
 Self-Described

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

- All Genders

Which identified age group will the project primarily benefit? *

- Preschool
- School Aged Children (5-12 years)
- Young People (12-24 years)
- Adult
- Seniors (60+ years)
- All Age Groups

Description *

Target Communities

What is the primary community (if any) that your project demonstrates benefit to? *

- Disadvantaged communities (low SEIFA)
- People from culturally and linguistically diverse (CALD) backgrounds
- First Nations/Aboriginal people
- People with a disability
- Regional and remote
- Women and girls
- LGBTQIA+
- None of the above

Does your project benefit any other communities? *

- Yes
- No

Does your project demonstrate benefit to any other communities? *

- Disadvantaged communities (low SEIFA)
- People from culturally and linguistically diverse (CALD) backgrounds
- First Nations/Aboriginal people
- People with a disability
- Regional and remote
- Women and girls
- LGBTQIA+
- None of the above

Sport and/or Community Beneficiaries

Primary Project Beneficiary *

- | | | |
|--|---|---|
| <input type="radio"/> Archery / Archery Field | <input type="radio"/> Gliding | <input type="radio"/> Pony Club |
| <input type="radio"/> Athletics | <input type="radio"/> Goal Ball (Blind / Vision Impaired Sport) | <input type="radio"/> Riding for the disabled |
| <input type="radio"/> Australian Football League | <input type="radio"/> Golf | <input type="radio"/> Rifle |
| <input type="radio"/> Badminton | <input type="radio"/> Golf (Amputee) | <input type="radio"/> Road Racing |
| <input type="radio"/> Baseball | <input type="radio"/> Gridiron | <input type="radio"/> Road Cycling |
| <input type="radio"/> Basketball | <input type="radio"/> Gymnastics | <input type="radio"/> Rowing |

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

- | | | |
|--|---|--|
| <input type="radio"/> Biathlon | <input type="radio"/> Handball | <input type="radio"/> Rugby League |
| <input type="radio"/> Billiards | <input type="radio"/> Hang Gliding | <input type="radio"/> Rugby League (Wheelchair Sports) |
| <input type="radio"/> Blind Cricket (Blind / Vision Impaired Sport) | <input type="radio"/> Hockey | <input type="radio"/> Rugby Union |
| <input type="radio"/> Blindsport NSW | <input type="radio"/> Hockey (Powerchair Sport) | <input type="radio"/> Sailing |
| <input type="radio"/> BMX – Freestyle / Racing | <input type="radio"/> Ice Hockey | <input type="radio"/> Sailing (disability) |
| <input type="radio"/> Bocce | <input type="radio"/> Ice Racing | <input type="radio"/> Skateboarding |
| <input type="radio"/> Boccia | <input type="radio"/> Ice Skating | <input type="radio"/> Skiing |
| <input type="radio"/> Bowls | <input type="radio"/> Judo | <input type="radio"/> Snowboarding |
| <input type="radio"/> Boxing | <input type="radio"/> Karate | <input type="radio"/> Softball |
| <input type="radio"/> Canoeing | <input type="radio"/> Karting | <input type="radio"/> Squash |
| <input type="radio"/> Cerebral Palsy Sport and Recreation Association of NSW | <input type="radio"/> Kayaking | <input type="radio"/> Surf Life Saving |
| <input type="radio"/> Clay Target Shooting | <input type="radio"/> Kendo (Iaido/Jodo) | <input type="radio"/> Surfing |
| <input type="radio"/> Climbing / Rock Climbing | <input type="radio"/> Kung Fu | <input type="radio"/> Swimming |
| <input type="radio"/> Cricket | <input type="radio"/> Lacrosse | <input type="radio"/> Synchronised Swimming |
| <input type="radio"/> Croquet | <input type="radio"/> Lawn Bowls | <input type="radio"/> Table Tennis |
| <input type="radio"/> Cycling Track | <input type="radio"/> Little Athletics | <input type="radio"/> Taekwondo |
| <input type="radio"/> Dancesports | <input type="radio"/> Masters swimming | <input type="radio"/> Tennis |
| <input type="radio"/> Darts | <input type="radio"/> Motorcycling | <input type="radio"/> Tenpin Bowling |
| <input type="radio"/> Deafsports Australia | <input type="radio"/> Motorsport | <input type="radio"/> Touch Football |
| <input type="radio"/> Disabled Winter Sports | <input type="radio"/> Mountain Biking | <input type="radio"/> Transplant Sports |
| <input type="radio"/> Diving | <input type="radio"/> Netball | <input type="radio"/> Triathlon |
| <input type="radio"/> Dragon Boating | <input type="radio"/> Orienteering | <input type="radio"/> Volleyball |
| <input type="radio"/> Endurance Riders | <input type="radio"/> Paddle Sports | <input type="radio"/> Water Polo |
| <input type="radio"/> Equestrian | <input type="radio"/> Parachute | <input type="radio"/> Water Skiing |
| <input type="radio"/> Fencing | <input type="radio"/> Paragliding | <input type="radio"/> Weightlifting |
| <input type="radio"/> Flying Disc / Ultimate Frisbee | <input type="radio"/> Pistol | <input type="radio"/> Wheelchair Sport NSW |
| <input type="radio"/> Football | <input type="radio"/> Polo | <input type="radio"/> Wrestling |
| <input type="radio"/> Football / Futsal | <input type="radio"/> Polocrosse | <input type="radio"/> Other: |
| | | <input type="text"/> |
| <input type="radio"/> Football (Powerchair Sport) | | |

Does the project have any other beneficiaries *

- Yes No

Other Project Beneficiaries

Secondary Project Beneficiaries *

- | | | |
|---|--|---|
| <input type="checkbox"/> Archery / Archery Field | <input type="checkbox"/> Football (Powerchair Sport) | <input type="checkbox"/> Pony Club |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Gliding | <input type="checkbox"/> Riding for the disabled |
| <input type="checkbox"/> Australian Football League | <input type="checkbox"/> Goal Ball (Blind / Vision Impaired Sport) | <input type="checkbox"/> Rifle |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Golf | <input type="checkbox"/> Road Racing |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf (Amputee) | <input type="checkbox"/> Road Cycling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gridiron | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Biathlon | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Rugby League |
| <input type="checkbox"/> Billiards | <input type="checkbox"/> Handball | <input type="checkbox"/> Rugby League (Wheelchair Sports) |

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

- | | | |
|---|--|--|
| <input type="checkbox"/> Blind Cricket (Blind / Vision Impaired Sport) | <input type="checkbox"/> Hang Gliding | <input type="checkbox"/> Rugby Union |
| <input type="checkbox"/> Blindsport NSW | <input type="checkbox"/> Hockey | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> BMX - Freestyle / Racing | <input type="checkbox"/> Hockey (Powerchair Sport) | <input type="checkbox"/> Sailing (disability) |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Boccia | <input type="checkbox"/> Ice Racing | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Bowls | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Judo | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Karate | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Carriage Riding | <input type="checkbox"/> Karting | <input type="checkbox"/> Surf Life Saving |
| <input type="checkbox"/> Cerebral Palsy Sport and Recreation Association of NSW | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Clay Target Shooting | <input type="checkbox"/> Kendo (Iaido/Jodo) | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Climbing / Rock Climbing | <input type="checkbox"/> Kung Fu | <input type="checkbox"/> Synchronised Swimming |
| <input type="checkbox"/> Cricket | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Croquet | <input type="checkbox"/> Lawn Bowls | <input type="checkbox"/> Taekwondo |
| <input type="checkbox"/> Cycling Track | <input type="checkbox"/> Little Athletics | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Dancesports | <input type="checkbox"/> Masters swimming | <input type="checkbox"/> Tenpin Bowling |
| <input type="checkbox"/> Darts | <input type="checkbox"/> Motorcycling | <input type="checkbox"/> Touch Football |
| <input type="checkbox"/> Deafsports Australia | <input type="checkbox"/> Motorsport | <input type="checkbox"/> Transplant Sports |
| <input type="checkbox"/> Disabled Winter Sports | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Triathlon |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Netball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Dragon Boating | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Endurance Riders | <input type="checkbox"/> Paddle Sports | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Parachute | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Paragliding | <input type="checkbox"/> Wheelchair Sport NSW |
| <input type="checkbox"/> Flying Disc / Ultimate Frisbee | <input type="checkbox"/> Pistol | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Football | <input type="checkbox"/> Polo | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Football / Futsal | <input type="checkbox"/> Polocrosse | |

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

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

I declare that *

- I am duly authorised by the organisation to prepare and submit this application.
- This organisation is eligible to apply for funding in accordance with the eligibility criteria in the Funding Guidelines.
- The responses in this application and all supporting documents provided are to the best of my knowledge true and correct.
- I understand that the Office of Sport 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 Government Information (Public Access) Act 2009.
- 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.
- Where required, our project will comply with all the relevant codes, standards and applicable legislation of the Australian and NSW Governments.
- I acknowledge that in preparing this application I am not aware of any known conflicts of interest as outlined in the Program Guidelines, and will keep the Office of Sport updated if any conflict of interest arise during the term of the funding agreement.
- I understand that if the project is successful, the organisation is required to have a minimum Public Liability Insurance cover of \$5 million (or \$20m if stated) for the duration of the project.
- The applicant organisation is not named by the National Redress Scheme for Institutional Child Sexual Abuse on its list of Institutions that have not joined or signified their intent to join the Scheme.
- I confirm any additional costs to deliver the project that exceed funding allocated will be covered by the applicant.

At least 10 choices and no more than 10 choices may be selected.

Authorisation

I agree *

- Yes

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

Name of authorised person *

Title First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Child Safe Reporting Obligations

The Office of Sport is required to collect the following information as part of our child safe reporting obligations. Answering these questions will not have any impact on the eligibility/merit of your application.

Is your organisation aware of the NSW Child Safe Scheme? *

- Yes No Unsure Not Applicable

Is your organisation working to embed the 10 Child Safe Standards in it's systems, policies and processes? *

- Yes No

Opt-in to future communications

Would you like to receive information in future from the Office of Sport by electronic direct mail (EDM) about future or repeat programs or other resources available from the Office of Sport that may be of interest to your organisation? *

- Yes No N/A

Email Address for information by EDM from the Office of Sport

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How did you find the online application process? *

- Very easy Easy Neutral Difficult Very difficult

Play Her Way Innovation Program 2025/26 - Tier 1 - Application Form

Form Preview

How many minutes in total did it take you to complete this application? *

Must be a number.

Estimate in minutes i.e. 1 hour 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

GMS-SGO/2025 v2.0