### Safe Shooting Program 2024/25 Application Form

#### About the grant

#### \* indicates a required field

The NSW Government seeks to enhance shooting sport facilities across New South Wales in order to provide safe, inclusive and accessible shooting environments for local communities and has committed up to \$800,000 to the Safe Shooting Program (the Program).

The NSW Government is supporting local communities to provide sport infrastructure that is universally designed and moves beyond compliance with standards and provides dignified inclusive and accessible facilities for all.

#### Instructions for Applicants

Before you apply, please read the Safe Shooting Program 2024/25 Guidelines and related materials available on the <u>fund website</u> to make sure you understand all relevant requirements.

Before you apply please read the Safe Shooting guidelines and related materials available on the fund website to make sure you understand all relevant requirements.

The Office of Sport conducts a preliminary eligibility check of all applications ensuring that the:

- Applicant organisation is an eligible applicant. See <u>Program Guidelines</u> > Eligible applicants
- Applicant has provided an ABN/ACN and/or Incorporation number and/or Indigenous Incorporation Number
- Proposed project is in NSW
- Grant request is a minimum of \$10,000 and does not exceed \$50,000
- The applicant organisation is eligible to apply and has Public Liability Insurance with a minimum \$5m cover. (However, 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 particular project).

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

Application Number		
This field is read only.		
Data to Data Ta		
Program Details		
Grant Program Name		
This field is read only.		
The program this submission is in.		

### Safe Shooting Program 2024/25 Application Form

#### Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Office of Sport 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 Office of Sport does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding <u>Guidelines</u> 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 Office of Sport will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-inconfidence' 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 Office of Sport 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.

#### **Privacy Notice**

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

- Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions.
- The information will only be used for the purpose for which it was collected (or otherwise with your consent).
- The Office of Sport is required to comply with the Privacy and Personal Information Protection Act 1998.
- The Office of Sport collects the minimum personal information to enable it to contact an organisation and to assess the merits of an application.

- Applicants must ensure that people whose personal details are supplied with applications are aware that the Office of Sport is being supplied with this information and how this information will be used.
- The Office of Sport may engage external service providers to assist it in assessing applications, evaluating grant programs and/or ensuring probity of programs. Any such service provider is required to comply with privacy laws.

#### **Eligibility Confirmation**

Applicants must confirm that they have read and understood the ineligible projects and project components outlined in the 'Ineligible projects' section of the Safe Shooting Program 2024/25 <u>Guidelines</u>

An eligible organisation will be deemed not eligible for funding under this program if they are 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.

#### Please declare this application meets the Program eligibility criteria:

- Applicant organisation is an eligible applicant. See <a href="Program Guidelines">Program Guidelines</a> > Eligible applicants
- Applicant has provided an ABN/ACN and/or Incorporation number and/or Indigenous Incorporation Number
- Proposed project is in NSW
- Grant request is a minimum of \$10,000 and does not exceed \$50,000
- The applicant organisation is eligible to apply and has Public Liability Insurance with a minimum \$5m cover. (however, 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 particular project).

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

I confirm to my knowledge that the applicant and project is eligible according to the criteria outlined in the Program Guidelines  $^{\star}$ 

I acknowledge

#### **Applicant Organisation Details**

\* indicates a required field

Organisation Details

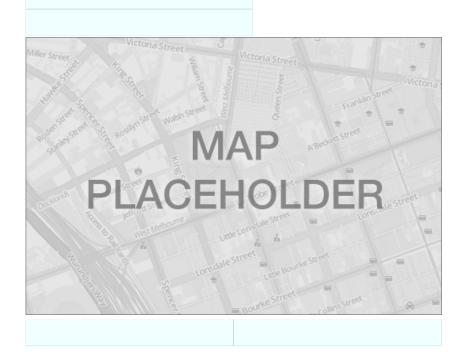
Organisation Name \*

#### 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**





#### **Postal Address**

bbA	ress
$\neg$ uu	1 633

#### **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.		
Can't find your address	?	
If you can't find your address,	or wish to enter a P.O Box, please:	
the Applicant Primary Add	ur address?' option in the search boress Field). ress or PO Box details into the 'Addre	
<b>Does the applicant organis</b> O Yes	ation have an Australian Busines: No	s Number (ABN)? *
ABN *		
The ABN provided will be used check that you have entered the	to look up the following information. ne ABN correctly.	Click Lookup above to
Information from the Australian B	usiness 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.		1

- Please select one of the following statements \*

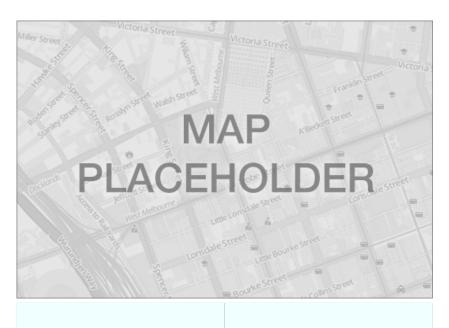
   The applicant organisation has an ACN or Incorporation number
- The applicant organisation has an Indigenous Corporation Number
   The applicant organisation is not entitled to an ACN or AIN due to its legal structure and confirms that it is not an individual/sole trader

Indigenous Corporation Number *	
Applicant Organisation ACN or Incorporation number *	
Insurance	
<ul> <li>Applicants (funded organisations) must have Public Liability \$5 million cover however, in exceptional circumstances, the its sole discretion, consider a lower amount of cover based the particular project. The determination will be made on the proposed project. If an applicant proposes Public Liability In \$5 million then they must outline the exceptional circumstant amount of insurance cover.</li> <li>It is recommended, but not a condition of funding, that application and Professional Indemnity insurance.</li> <li>Organisations that employ staff must comply with the Worland Workers Compensation Act 1998 (NSW).</li> </ul>	e Office of Sport may, in on the nature and risks of the level of risk posed by a surance cover lower than ances warranting that lower plicants have Personal
Does the applicant organisation have a minimum Public for at least \$5million? *	Liability Insurance cover
○ Yes ○ No	
Does the applicant organisation have Public Liability Ins \$5million? *  O Yes  No	urance cover for less than
Does your organisation hold Workplace Injury Management Compensation Act 1998 (NSW) insurance? *	ent and Workers
○ Yes ○ No	
Please provide proof of Public Liability Insurance for at I Attach a file:	east \$5 million *
Please provide proof of Public Liability Insurance of up t Attach a file:	o \$5 million *
I understand that the organisation will need to hold at least liability insurance if the application is successful. *  O Yes  No	east \$5 million public

Please provide information on why your organisation is not required to hold Workplace Injury Management and Workers Compensation Act 1998 (NSW) insurance				
Applica	nt Organisatio	on Contact De	tails	
Primary	and Secondary	Contacts MUST	be different people.	
<b>Primary</b> Title	Contact * First Name	Last Name		
This is the	person we will corr	espond with about t	his grant.	
Primary	Contact Positio	n *		
e.g., Mana	ger, Board Member	or Fundraising Coor	dinator.	
Primary	Contact Phone	Number *		
	n Australian phone r ode not required, ar	number. ea code for landlines	s is required.	
Primary	Contact Other F	Phone Number *		
	n Australian phone r ode not required, ar	number. ea code for landlines	s is required.	
Primary	Contact Email *			
	n email address. address we will use	e to correspond with	you about this grant.	
<b>Seconda</b> Title	ry Contact * First Name	Last Name		
Seconda	ry Contact Posi	tion *		
Seconda	ry Contact Prim	ary Phone Numl	per *	
	n Australian phone r		is required	
Country CC	oue not required, di	ea code for landlines	o io requireu.	

Secondary Contact Other Phone Number	*
Must be an Australian phone number. Country code not required, area code for landlines	is required.
Secondary Contact Primary Email *	
Must be an email address.	
Project Details	
* indicates a required field	
Program Timeframe	
Project construction should commence be must be completed by 31 May 2026. Fund that have been determined during the assessment	ling approval may also have specific conditions
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 thoutcomes you expect from your activities.	is initiative, what activities you will do and what
Anticipated start date *	
Anticipated end date *	
<b>Primary location of your initiative</b> Address	

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

### You have entered dates outside of those allowed in the Program Guidelines

You have entered dates outside of the allowable range, found in the <u>Program Guidelines</u> please edit this field above.

(Project construction should commence by 31 May 2025, and project construction must be completed by 31 May 2026.)

#### Eligibility

\* indicates a required field

Eligible applicants

#### To be eligible for funding your organisation must be: \*

- NSW incorporated, community based not-for-profit shooting organisations (clubs and associations) that are approved by the NSW Firearms Registry
- O Shooting ranges in NSW approved and administered by the NSW Firearms Registry
- NSW State Sporting Organisations relevant to the sport of shooting including NSW Amateur Pistol Association, NSW Clay Target Association and NSW Rifle Association Please select one

Is your Organisation currently registered with the NSW Firearms Registry? \*

○ Yes

○ No

NSW Firearms Registry Licen	ce Number
Please enter your NSW Firearms	Registry Licence Number. *
NSW Firearms Registry Licen	ce Number
You have indicated that:  • Your Organisation is currently no	ot registered with the NSW Firearms Registry.
application *	e to ensure you are submitting an eligible rrently ineligible, and if submitted will not be
Eligible Projects	
	ng existing facilities to cover the capital cost of a larger facility development are eligible, providing the gram eligibility criteria.
attached to buildings or grounds and O Construction or implementation or more complex projects which require	equipment which includes items not permanently can be purchased straight off the shelf. If new or upgraded infrastructure. These are generally the coordination, execution, and planning of ents of a larger facility development are eligible, meets the program eligibility criteria.
Has this project already been fun ○ Yes	ded by the NSW Government? *  O No
Which NSW Government Agency/	Department(s) was this funding received from? *
What is the total funding awarded date? *  \$ Must be a dollar amount.	d to the project by the NSW Government to
	e NSW Government to this project, not only those received by
for this project in this application	
○ Yes	○ No

#### THIS APPLICATION IS CURRENTLY INELIGIBLE

You have indicated that:

- This project has already been funded by the NSW Government, and
- Significant new and additional project scope is NOT identified to be delivered.

### Please review your answers above to ensure you are submitting an eligible application \*

O I understand this application is currently ineligible, and if submitted will not be considered for funding

#### Ineligible projects or project components

Applicants must confirm that they have read and understood the ineligible projects and project components outlined in the' Ineligible projects' section of the Safe Shooting Guidelines.

This application is not for an ineligible project or project component \* O I confirm

#### Criterion 1: Strategic Justification (30% weighting)

\* indicates a required field

This page provides the applicant an opportunity to provide information to improve the Grant Assessment Panel's understanding of the project.

Which of the following program objectives will the project add  ☐ Improve the quality and safety of existing shooting facilities across  ☐ Remove barriers to participation in sport and recreation for every women and girls, people with disability, First Nations peoples, people linguistically diverse communities, and LGBTQIA+ people  ☐ Increase utilisation of existing shooting facilities  At least 1 choice must be selected.	ss New South Wales but particularly for
Describe how the project will Improve the quality and safety of facilities across New South Wales	of existing shooting
Word count: Must be no more than 150 words.	

Describe how this project removes barriers to participation in sport and recreation for everyone but particularly for women and girls, people with disability, First Nations peoples, people from culturally and linguistically diverse communities, and LGBTQIA+ people.				
Word count: Must be no more than 150 words.				
Describe how this project increases utilisation of existing shooting facilities.				
Word count: Must be no more than 150 words.				
How the project will meet an identifiable need within your community				
Demonstrate how the proposed project will meet an identifiable need within your community e.g. photos of current conditions, notice of non-compliance, WHS logs, etc Note: Priority may be given to facilities where evidence shows it as:				
being in poor or unserviceable condition				
<ul> <li>addressing a demonstrated need for the community</li> <li>high urgency to address facility building compliance requirements e.g. safety, building standards, including the DDA.</li> </ul>				
Describe how you project will meet an identifiable need within your community. *				
Word count: Must be no more than 150 words.				
Please attach photos of your current facility (if relevant) to justify the need for your project.  Attach a file:				
A maximum of 1 file may be attached. The upload should be used to evidence the current condition of your facility. If you would like to upload multiple photos, please add to a pdf/doc etc. and attach as one file.				
Please attach any evidence that supports the need for your project scope. Attach a file:				

Attach any reports, facility audits, structural reports, feasibility studies, need to address sport facility guidelines and technical designs. You may upload more than one document here if required.

#### Community consultation

Describe community and stakeholder consultation, management, and project support. $\mbox{*}$			
Must be no more than 150 words.  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			
Please attach any letters of support from local sport/community groups/schools and support letters from Members of Parliament, Government (if available) and/o			
evidence of any formal consultation undertaken  Attach a file:			
Accuent a me.			
A maximum of 1 file may be attached. This is a letter of support, NOT PROJECT CONSENT/APPROVAL. If you have more than one letter of support, please combine and upload as one document.			
Additional letters of support Attach a file:			
Additional letters of support Attach a file:			
Facility Usage			
* indicates a required field			
Current Use			
Please select the season/s your facility is used: *  □ Summer □ Winter □ Not applicable, project is a new facility			
Summer			
How many weeks are in the training and competition season? *  Must be a whole number (no decimal place).			

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W	v	ı		L	ᆫ	ı

How many weeks are	
HOW Illally WEEKS are	
in the training and	
competition season? *	Must be a whole number (no decimal place)

#### Summer User Groups

Please enter details of the user group below. Add more groups by clicking '**Add More**' or '+/-'.

Please enter number of users per week.

Organisation Name	Number of female users	Number of male users	Number of self- described users	User Group Type	Community Beneficiary
	Must be a number.	Must be a number.	this includes non-binary, inter-sex, transgender and any other self described genders. Must be a number.	Club members are users from your organisation. Community users are other groups that use the facility.	Does the User provide opportunities that benefit any of these community groups. Tick all that apply.
					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+
					☐ All of the above
					☐ None of the above

#### Winter User Groups

Please enter details of the user group below. Add more groups by clicking '**Add More**' or '+/-'.

Organisation Name	Number of female users	Number of male users	Number of self- described users	User Group Type	Community Beneficiary
	If none, enter zero (0). Must be a number.	If none, enter zero (0). Must be a number.	If none, enter zero (0). this includes non-binary, inter-sex, transgender and any other self described genders. Must be a number.	Club members are users from your organisation. Community users are other groups that use the facility.	Does the User provide opportunities that benefit any of these community groups. Tick all that apply.
			namber.		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+
					☐ All of the above
					☐ None of the above

**Annual Major Events** 

Do you currently hold any m	
○ Yes	○ No
Major Event	

	etails of the curr ing ' <b>Add More</b> '		t/s that you hos	st at the facility.	Add more
Event name *					
Number of pa	rticipants *	Must be a nu	mber.		
Number of sp	ectators *	Must be a nu	mber.		
Total number attendees *	of	This number/	amount is calcula	ated.	
Proposed Us	se				
Please enter de	etails of user gro	oups that will us	se the facility at	the completion	of your project.
Please select *	the seasons y	our facility w	ill be used aft	er your projec	t is completed
□ Summer □	Winter				
Summer					
How many we be in the train competition s	ning and	Must be a wh	ole number (no c	lecimal place).	
Winter					
How many we be in the train competition s	ning and	Must be a wh	ole number (no c	lecimal place).	
Summer Us	er Groups				
Please enter de <b>More</b> ' or '+/-'.	etails of the use	r group <b>PER W</b>	<b>EEK</b> below. Add	l more groups b	y clicking ' <b>Add</b>
Organisation Name	Number of female users	Number of male users	Number of self- described users	User Group Type	Does the User provide opportunities that benefit any of these community groups
	Must be a	Must be a	Must be a	Club members	Does the User provide

		from your organisation. Community users are other groups that use the facility.	opportunities that benefit any of these community groups. Tick all that apply.
			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+
			□ All of the above
			□ None of the above

#### Winter User Groups

Please enter details of the user group **PER WEEK** below. Add more groups by clicking '**Add More**' or '+/-'.

Organisation Name	Number of female users		Number of self- described users	User Group Type	Community Beneficiary
	Must be a number.	Must be a number.	Must be a number.	Club members are users from your organisation. Community users are other groups that use the facility.	Does the User provide opportunities that benefit any of these community groups. Tick all that apply.
					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+
					☐ All of the above
					□ None of the above
Proposed Ar	nnual Major	Events			
Will there ha	any major ovo	nts hold at th	o facility after	the completi	on of your
Will there be a project? *	any major eve	nts neid at th	e lacility after	the completi	on or your
○ Yes			○ No		
Proposed Ma	ajor Event				
Enter details of a result of the p		nnual major ev	ents that will be	e held at the pro	ject facility as
Add more even	ts by clicking ' <b>A</b>	.dd More' or '+	<b>/-</b> '.		
Event name *					
Number of pa	rticipants *				
Must be a numbe	er.				
Number of sp	ectators *				
Must be a number	r.				
Total number	of attendees	*			
This number/amo	ount is calculated.				

Facility Use Totals

CURRENT ANNUAL USE Total female visits	PROPOSED ANNUAL USE Total female visits
This number/amount is calculated.	This number/amount is calculated.
Total male visits	Total male visits
This number/amount is calculated.	This number/amount is calculated.
Total self-described visits	Total self-described visits
This number/amount is calculated.	This number/amount is calculated.
Total event visits	Total event visits
This number/amount is calculated.	This number/amount is calculated.
TOTAL	TOTAL
This number/amount is calculated.	This number/amount is calculated.
Criterion 2: Project Scope and De	eliverables (20% weighting)
* indicates a required field	
Project Scope	
An example could be:  • Purchase an electronic moveable baffles • Upgrade amenities block for disability ac	
Please use dot points to list your Project	t Scope (what the project will deliver). *
Word count: Must be no more than 300 words. Please use dot points to list what the project will d	eliver.
Provide an overview of particular items scope but not funded by Safe Shooting F	
Word count: Must be no more than 150 words.	

Refer to <u>Program guidelines</u> regarding items that the Fund will not support.

Please provide any supporting documentation such as a facility design brief, concept, schematic or detailed design plans * Attach a file:
Project Scope - detailed (where significant new and additional project scope identified to be delivered)
Please clearly outline the scope of works relating to the EXISTING project that has already been funded by the NSW Government: *
Word count:
Must be no more than 400 words.
Please upload any supporting documents that clearly demonstrate the existing scope and/or new scope to be delivered: * Attach a file:
This may include design documents, project briefs, schematics, concept designs etc.
Design Principles
Applications should focus on the highest standard of design that incorporates identified design principles.
Select the Design Principles that have been incorporated into the project:  ☐ Inclusive, accessible & universally designed (beyond compliant)  ☐ Placed-based, connected & co-located (community & neighbourhood integration)  ☐ Alignment to sport facility design guides & technical specifications  ☐ Environmentally sustainable design & climate change resilient  ☐ Future proof (flexible & adaptable)  ☐ New technology & innovative approaches  ☐ Health & Safety (Crime prevention through environmental design and Child Safety)
Inclusive and Universal Design Principles
Briefly identify how the project aligns with Universal Design principles to demonstrate how the project brings the community together and/or is usable by all people to the greatest extent possible. *
Word count:  Must be no more than 150 words.  See Appendix A of the Program Guidelines for more information on Universal Design.

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#### **Design Upload**

Provide supporting documentation such as a facility design brief, concept, schematic or detailed design plans.

#### **Designs / Plans Upload** Attach a file:

A maximum of 1 file may be attached.

If you would like to upload multiple documents, please add to a pdf/doc etc. and attach as one file.

#### Criterion 3: Project Affordability / Budget (20% weighting)

\* indicates a required field

Please complete the following section in order to demonstrate the income sources, and expenditure required to complete your project.

Prior to doing so please review the following documents on the Safe Shooting Program website:

- Safe Shooting Program 2024/25 <u>Guidelines</u>: refer specifically to sections on Eligible Projects and Ineligible Projects to ensure your budget only includes eligible scope items.
- Frequently Asked Questions

#### Regarding GST when requesting your funding:

- **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, for each instalment.
- **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 by trades to deliver the works.

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

Where information provided in other documents does not match information presented in your application form, the information presented in the application form will be used for the purposes of assessing your application. Mismatched financial information (without a clear rationale or explanation) may affect your scoring against the project affordability merit criterion.

The total project cost and your financial co-contribution should relate only to the scope of works for which you are seeking grant funding.

Co-contributions can include:

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- your Applicant cash co-contribution (recorded in the section below), and/or
- secured grants, financial donations or external funding (recorded in the section **Co-contribution from secured grants, financial donations or external funding**).

#### When submitting your budget, the following must be supplied:

- Provide a clear project budget. The budget should clearly identify and itemise all project costs.
- Provide evidence of robust itemised cost planning and include supporting documentation (e.g. quotes from relevant suppliers). Provision of more than one quote will be weighted more highly.
- Provide evidence of approval for committed financial co-contribution(s), where relevant e.g. a letter from your organisation stating you have the funds available for this project or another source.

A co-contribution is not required; however, organisations may contribute financially or inkind to the project and this will be considered as part of the merit assessment process.

#### NOTE:

The total project cost is made up of the grant amount, any financial cocontribution from the applicant and the contingency.

The Office of Sport will not cover any costs that exceed the total project cost. Any additional costs must be covered by the grant recipient.

Total Project Cost *	
Must be a dollar amount.	
What is the total budgeted cost (dollars) of your p	roject?

#### **Total Amount Requested**

\$

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

#### Total Amount Requested is outside the allowable limit

You have entered an amount outside of the allowable \$10,000.00 - \$50,000.00 range, please edit this field above.

#### Contingency

- Contingency refers to additional project funding that will only be used if the project actual costs exceed the expected total project cost.
- A contingency of 5% 10% of total project cost may be included but this is not mandatory.
- If you are purchasing an off the shelf item only, project contingency is unlikely to be needed.

Any application that includes contingency must be clear about whether the amount will be funded by the awarded grant, by a financial co-contribution from the applicant, or a combination of both. Note that any unspent contingency funded by the awarded grant must be returned to Office of Sport.

<ul> <li>Please indicate here how y</li> <li>By the grant request only</li> <li>By the applicant only</li> <li>Combination of both</li> <li>The project does not include</li> </ul>		vered:
You have indicated your continued requested. Use this section to		
How much contingency is k  Must be a dollar amount.	peing allocated from total	amount requested? *
You have indicated your continuithis section to indicate what a		covered by the applicant. Use
How much is your organisa	tion allocating as conting	ency for this project? *
Must be a dollar amount.		
Contingency Summary		
Total Contingency Amount	Total Project Cost excluding Contingency	Contingency as a % of total project cost
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. A contingency of 5% - 10% of total project cost may be included but this is not mandatory.
Applicant Cash Co-cont	ribution Amount	
Applicant Cash Contributions  Must be a whole dollar amount (no Cash contributions only. Enter 0 in	o cents).	
	funding co-contribution(s) were moved to be allocate licable, this evidence shou	e.g., minutes of a Council / d to the project, letter from ald be accompanied by a
You may upload more than 1 file	here	

		r than your own) co al donations, exteri No		
Co-contribution	ution from sec	cured grants, find	ancial dona	tions or external
		ner funding that you a or not. All amounts sł		
Please note, d	lo not include the	amount requested ur	nder this grant.	
Туре	Status	Amount Expected	Notes	Evidence of Contribution
		Must be a dollar amount.		
Co-contrib	utions summa	ry		
Total cash co-contrib	outions	Co-contri	ibution %	
This number/an	nount is calculated.	This nu	ımber/amount is	calculated.

#### Expenditure

Please include all expenditure items, including contingency items, for this project.

Project budgets should not include any ineligible costs (refer to the Program Guidelines) and these will be removed by assessors if included, at the absolute discretion of the Office of Sport.

- Organisations that are registered for GST: do not include GST in the fields below.
- Organisations that are not registered for GST: include GST in the fields below.

Expenditure Description	Expenditure Type	Expenditure amount	Funding Source Notes	
Eg: 10 Electronic targets, concreting		What is the cost of this item? Must be a dollar amount.	##PLEASE NOTE## Include any Any unspent funds additional not provided by the here grant amount requested must be returned to Office of Sport. This Includes Contingency.	tes

### Provide evidence of robust itemised cost planning and include supporting documentation (e.g., quotes from relevant suppliers).

Please attach itemised cost planning/quotes. \*

Attach a file:

Provision of more than one quote grant submission) will be weighte		nat are recent (within 3-6 months of			
Project Budget Balancii	ng				
Use this section to ensure all i match Total Project Budget.	ncome and project costs balar	nce. The Total Income must			
Both validation check figures	below should be \$0.				
Validation check 1: Total II your total project budget).		minus Total Project Cost (i.e.			
This number/amount is calculated	d.				
Validation check 2: All Expenditure items minus Total Project Cost. This MUST be \$0					
This number/amount is calculated.					
Project Funding Summary					
Project Costs Total Project Cost (excluding contingency)	Contingency Contingency covered by grant amount	Contributions Total Amount Requested			
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.			

Contingency covered by applicant

This number/amount is

**Total Contingency Amount** 

This number/amount is

A contingency of 5% - 10% of total project cost may be included

but this is not mandatory.

calculated.

calculated.

**Total Cash Co-contribution** 

calculated.

**Total Income** 

calculated.

This number/amount is

This number/amount is

#### Project proceeding with reduced funding

Total Project Cost (including contingency)

This number/amount is

calculated.

Will your project proceed if the full funding amount requested is not approved? * ○ Yes ○ No
By selecting 'no' to the above question, you acknowledge that even if partial funding is warranted and deemed appropriate by the Assessment Panel, and the reduction may be minor, you do NOT wish to accept partial funding if it was offered. If you are prepared to accept a grant that is less than you have requested, please YES to the question above.
Comment about the project proceeding/not proceeding if the full grant amount is not approved: $\mbox{*}$
Capacity to manage ongoing operational costs
Provide evidence of the applicant's capacity to fund and manage ongoing operations including routine and lifecycle maintenance costs.
Upload evidence of your financial capacity. * Attach a file:
e.g. copies of annual reports, of bank statements and scheduled/cyclic maintenance schedules
Criterion 4: Project Deliverability and Applicant Capability (30% weighting)
* indicates a required field
Project Schedule
Project Scheduled Start Date *
Must be a date and no later than 31/5/2025.
Note regarding project construction (if applicable):
Physical onsite works that are part of the construction of new, or enhancement of existing facilities constitute the commencement of project construction. These works include, but are not limited to, early works construction packages, site clearing and demolition, earthworks or building works.

#### **Project Scheduled Completion Date \***

Must be a date and no later than 31/5/2026.

#### **Estimated Project Delivery Milestones**

Please complete the following table with further details about the stages/phases involved in your project. Please consider including information on stages relating to:

•	P	la	n	n	ın	a

- Design
- Procurement of contractors
- Construction
- Fit out
- Certification
- Commencement of operations

You can insert more rows by clicking the '+' icon

Project Stage	Start date	End date	Explanatory notes
One per row. Add more rows if you want to list additional activities.	Must be a date.	add Must be a date.	Add notes if you need to provide more context.

#### **Detailed Project Schedule and Plans**

Do you have a detailed pro and/or comprehensive deli	oject schedule, project management plan, ga very plan etc.? *	antt chart,
○ Yes	○ No	
Please upload a detailed prand/or comprehensive delivation Attach a file:	roject schedule, project management plan, very plan (if available) *	gantt chart,
Please name your file/s clearly: e.	.g. Project Schedule -XX. More than one file may be up	loaded here.
Project assumptions, co	onstraints and dependencies	
List any assumptions, cons	straints and dependencies in delivering the	project *
Word count:		

#### Project Delivery Governance

Must be no more than 200 words.

Is your project being delivered in partnership with another organisation? \*

○ Yes

○ No

This may include where you have an agreement with another organisation (e.g. Council) to deliver the project on your behalf.

Demonstrate proven experience in delivering similar size projects. This should consider the applicant's proposed project management resources and any specialist external resources to be engaged to deliver the project. *	
Word count: Must be no more than 150 words.	
Project Management Experience	
Demonstrate proven experience in delivering similar size projects. This should consider the applicant's proposed project management resources and any specialist external resources to be engaged to deliver the project. *	
Word count: Must be no more than 150 words.	
If the land is owned by the Office Sport, please ensure that this is clear in the Landowner. Consent upload below.	S
Is the land owned by NSW Office of Sport? *  ○ Yes  ○ No	
Proof of Landowners Consent	
Applicants must submit a landowner consent form for the project on the land on which the facility is to be developed. This must be on the Office of Sport Landowner Consent template. (Download this from the Supporting Documents page on the Program Website.)	t
Please attach your property or landowner's consent * Attach a file:	
Applications must submit landowner consent on Office of Sport landowner consent form.	
Lease/Tenure Arrangements	
Additional information also sought includes evidence of applicant's tenure and lease arrangements.	
Do you lease the project location or facility? *  ○ Yes  ○ No	
What is the end date of your current lease/licence? *	

Must be a date. Please note long term leases/licences are required for eligibility for this funding.
Upload current lease/licence * Attach a file:
Other comments about the tenure of the facility, if applicable
Ward sout
Word count: Must be no more than 150 words.
Development Approvals/Consent
Does your project require development approval? *  ○ Yes  ○ No
Does your project have an approved Development Application? *  ○ Yes  ○ No
Please upload a copy of your project's approved Development Application * Attach a file:
If a Development Application has not yet been submitted or approved, you must provide an accurate timeframe for this to occur and evidence to support this. Projects should have undergone at least preliminary community consultation and have near final design documentation
Please outline the current status of gaining an approved development application for your project *
Tor your project
Word count: Must be no more than 150 words.
Please provide a date by which your Development Application is expected to be submitted $\boldsymbol{\ast}$
Must be a date.

Please provide evidence to support the near-submission of your Development Application. Projects should have undergone at least preliminary community consultation and have near final design documentation \*

Attach a file:

You may upload more than one document here
Please upload evidence that your project does not require development approval
Attach a file:
This should include a signed letter from a suitable representative of the Council or consent authority that clearly demonstrates an understanding of the project scope and clearly confirms that a Development Application will not be required for the project.
Planning Considerations
Are there any serious planning, construction, zoning, environmental and/or Native Title impediments to delivering the project? *  O Yes  O No
Please outline the planning impediments to delivering the project, and any existing strategies to overcome these impediments *
Word count: Must be no more than 200 words.
Please upload any relevant approvals/documentation relating to further planning considerations and/or planning impediments  Attach a file:
Procurement Management
Outline which procurement / tender processes will need to be undertaken as part of the project and how this will be managed *
Word count: Must be no more than 150 words.

#### Conflict of Interest

Any conflict of interest could affect the performance of the grant. There may be a conflict of interest, or perceived conflict of interest, if any key personnel, decision makers, member of a committee and/or advisors involved in delivering this project:

- has a professional, commercial or personal relationship with a party who is able, or may be perceived, to influence the application selection process, such as a NSW Government officer;
- has a relationship with, or an interest in, an organisation, which is likely to interfere
  with or restrict the applicants from carrying out the proposed activities fairly and
  independently; or
- has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives funding under the Fund

personal gain because the organisation re	ceives funding under the Fund
Does your organisation or any key person delivering this project have any conflict optential third parties or contractors? *	
• Yes	○ No
Please outline these conflicts and how th	ey will be managed *
Word count: Must be no more than 150 words.	
Risk Management Plan	
Projects will not be funded if they represent a reputational risk to the NSW Government. If the you are expected to have a risk management mitigate these risks.	ne project is a risk to the community, then
Please provide advice on any risks you may are project, and how you will work to control them	
Do you have a Risk Management Plan and ○ Yes	d/or Risk Register for your project? *  No
Risk Mitigation Strategies	
Provide an overview of the key risks to the probe managed for the project.	oject, typically 3-5 risks. Describe how risks wil
Risk Description	What will you do to reduce the risk?
Please attach the Risk Management Plan Attach a file:	and/or Risk Register for this project *
The risk management plan and/or risk register cont	ains all identified risks, their causes and impacts,

and how they are controlled.

Job Creation
How many full-time equivalent (FTE) jobs will be created or retained in the delivery (design & construction) of the project? *
Must be a number.
How many part-time equivalent (PTE) jobs will be created or retained in the delivery (design & construction) of the project? *
Must be a number.
How many full-time equivalent (FTE) jobs will be created or retained during operation (eg facility managers/program managers) of the project? *
Must be a number.
How many part-time equivalent (PTE) jobs will be created or retained during operation (eg facility managers/program managers) of the project? *
Must be a number.
Applicant organisation has met key reporting and acquittal obligations for previous Office of Sport funded projects.
If successful, the Office of Sport will undertake a check for any overdue reporting and acquittal obligations for previous Office of Sport funded projects.
A Funding Agreement may not be executed if these obligations are not met.
Does your organisation have any overdue reporting and acquittal obligations for previous Office of Sport funded projects? *  ○ Yes ○ No ○ Unsure
Please provide details of any overdue reporting and acquittal obligations for previous Office of Sport funded projects.
Please upload details of any overdue reporting and acquittal obligations for previous Office of Sport funded projects (if applicable).  Attach a file:

### Safe Shooting Program 2024/25 Application Form

#### **Outcomes and Project Data**

#### \* indicates a required field

Outcomes are the changes that you believe will be generated as a result of, or influenced by your project.

Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation
- Actions, behaviour
- Social, financial, environmental, physical conditions

Outcomes can be realised immediately or in the medium to long term and there is an assumption that achievement of short term outcomes leads to achievement of longer term outcomes.

For instance if you increase the motivation and confidence of participants this usually leads to sustained increase in participation.

# What are the expected outcomes of the project? \* Word count:

Describe the things you expect to achieve in terms of project outcomes/benefits.

List your expected outcomes that you will occur as a result of your project. (Select the '+' button to add additional lines).

Outcome	Indicator	Measurement method	How does your outcome link to Program Guidelines
eg. increase in participation	eg. increase in participation due to addtional lighting.	eg. how the outcome will be measured.	eg. refer to Program objectives within the Guidelines.

#### **Project Data**

#### 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

000	hich gender group will the project primarily benefit? * Female Male Self-Described All Genders		
De	escription *		
Ta	arget communities		
	hat is the primary community (if any) that your project demonstrates benefit ? *		
0	People from culturally and linguistically diverse (CALD) backgrounds First Nations/Aboriginal people People with a disability Regional and remote		
	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+ All of the above None of the above		
Project Type			
0	ease select the most relevant project type *  Construction of new sport infrastructure project  Construction of improved, upgraded or replaced infrastructure		
000000	hich of the following represents your highest competition training level? * Neighbourhood Local Regional State National/International High Performance Centres of Excellence		

Which of these facility types best represents your project? \*

	Administration facilities Canteen/Kiosk/Kitchen Changeroom new/upgraded Clubhouse/Amenity Digital technology uplift/smart technology Fixed capital equipment Irrigation & drainage Landscaping and pathways Lighting / smart metering Solar project Storage Water harvesting				
	Aquatic - pool Aquatic - waterways Administration facilities Canteen/Kiosk/Kitchen Changeroom new/upgraded Clubhouse/Amenity Court resurfacing Cycle/running/walking trails Digital technology uplift/smart technology Fixed capital equipment Fixed outdoor exercise equipment/exercis Grandstand Golf project Indoor sport facility Irrigation & drainage Landscaping and pathways Lighting / smart metering Modular amenity facility Motor sport Natural turf field resurface Solar project Storage Synthetic field resurface Water harvesting Other:	,			
Sp	Sport and/or Community Beneficiaries				
0	mary Project Beneficiary * Clay Target Shooting Pistol	<ul><li> Rifle</li><li> Other:</li></ul>			
As the primary sport user, what is the indicative percentage of use? *  Must be a whole number (no decimal place) and no more than 100.					

Does the project have any other beneficiaries? *					
○ Yes	○ No				
Other Project Beneficiaries					
Please ensure you do not select the beneficiary already selected as the primary project beneficiary above.					
Consular Dustrat Dan Galaria					
Secondary Project Beneficiaries *	□ Laws Davila (Dlind / Vision Immaired Count)				
☐ Adventure Camping	☐ Lawn Bowls (Blind / Vision Impaired Sport)				
☐ Aeromodelling	☐ Little Athletics				
☐ Archery / Archery Field	☐ Masters swimming ☐ Mixed Martial Arts				
☐ Athletics	☐ Mixed Martial Arts				
<ul><li>☐ Australian Football League</li><li>☐ Badminton</li></ul>	☐ Modern Pentathlon				
	☐ Motorcycling				
☐ Balloon Soccer (Powerchair Sport)	☐ Motorsport				
☐ Ballooning	<ul><li>☐ Mountain Biking</li><li>☐ Netball</li></ul>				
<ul><li>□ Ballroom Dancing</li><li>□ Baseball</li></ul>	□ Netball (Deaf Sport)				
□ Basketball	□ Non-Sport - Recreational Dancing				
☐ Basketball (Deaf Sport)	□ NSW Institute of Sport				
☐ Basketball (Wheelchair Sport)	☐ Orienteering				
☐ Biathlon	□ Outrigger				
☐ Billiards	☐ Ottrigger ☐ Oztag Football				
☐ Blind Cricket (Blind / Vision Impaired Sport					
☐ Blindsport NSW	☐ Para - cycling				
☐ BMX - Freestyle / Racing	□ Parachute				
☐ Bobsleigh	□ Paragliding				
□ Bocce	□ PCYC				
□ Boccia	□ Pistol				
□ Bowls	□ Polo				
☐ Boxing	□ Polocrosse				
☐ Calisthenics	□ Pony Club				
☐ Campdraft	□ Powerlifting				
☐ Canoeing	□ Racquetball				
☐ Carriage Riding	☐ Racquetball (Deaf Sport)				
☐ Cerebral Palsy Sport and Recreation	☐ Regional Academies of Sport				
Association of NSW	- Regional Academies of Sport				
☐ Cheerleading	☐ Riding for the disabled				
☐ Clay Target Shooting	□ Rifle				
☐ Climbing / Rock Climbing	□ Road Racing				
☐ Council	□ Rodeo				
□ Cricket	□ Roller Blading				
☐ Cricket (Deaf Sport)	□ Roller Derby				
□ Croquet	□ Roller Skating				
☐ Curling	□ Rowing				
☐ Cycling Track	□ Royal Life Saving				
□ Dancesports	☐ Rugby (Powerchair Sport)				
□ Darts	□ Rugby League				
☐ Deafsports Australia	☐ Rugby League (Wheelchair Sports)				
☐ Disabled Winter Sports	□ Rugby Union				
☐ Diving	□ Sailing				
□ Dodgeball	☐ Sailing (disability)				

□ Dragon Boating	☐ Show Jumping
☐ Education/Schools	□ Skateboarding
☐ Eight Ball	☐ Skeleton
☐ Endurance Riders	☐ Skiing
□ Equestrian	□ Snooker
□ Fencing	☐ Snooker (Deaf Sport)
☐ Floorball	☐ Snowboarding
☐ Flying Disc / Ultimate Frisbee	☐ Social and Community Groups
☐ Football	□ Softball
☐ Football / Futsal (Blind / Vision Impaired	☐ Speedway
Sport)	
☐ Football / Futsal	$\square$ Squash
☐ Football / Futsal (Deaf Sport)	☐ Surf Life Saving
☐ Football (Powerchair Sport)	□ Surfing
☐ Gaelic Football	□ Swimming
☐ Gliding	☐ Synchronised Swimming
☐ Goal Ball (Blind / Vision Impaired Sport)	☐ Table Tennis
□ Golf	□ Table Tennis (Deaf Sport)
☐ Golf (Amputee)	□ Taekwondo
☐ Golf (Blind / Vision Impaired Sport)	□ Tai Chi
☐ Gridiron	☐ Tennis
☐ Gymnastics	☐ Tennis (Blind / Vision Impaired Sport)
☐ Handball	☐ Tennis (Wheelchair Sports)
☐ Hang Gliding	☐ Tenpin Bowling
☐ Hockey	☐ Touch Football
☐ Hockey (Powerchair Sport)	☐ Track and Road Cycling (Wheelchair
	Sports)
☐ Hockey (Wheelchair Sports)	Trail walking/running/riding
☐ Ice Hockey	☐ Transplant Sports
☐ Ice Racing	☐ Triathlon
☐ Ice Skating	□ Underwater Sports
☐ Ice Speed Skating	□ University Sports
☐ Indoor Bowls	☐ Volleyball
□ Judo	□ Wakeboarding
☐ Judo (Deaf Sport)	☐ Water Aerobics
□ Jujitsu	☐ Water Polo
☐ Karate	□ Water Skiing
☐ Karting	□ Weightlifting
☐ Kayaking	☐ Wheelchair Dancing
☐ Kendo (laido/Jodo)	☐ Wheelchair Sport NSW
☐ Kickboxing	□ Wrestling
☐ Kickboxing	☐ Yachting
	☐ YMCA/ YWCA
☐ Kung Fu	
□ Lacrosse	□ Other:
□ Lawn Bowls	
No more than 10 choices may be selected.	

#### **Declaration and Authorisation**

\* indicates a required field

Declaration

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.						
in the Funding Guidelines.		J		,			
	,						
			·				
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 understand that if the project is successful, the organisation is required to have a minimum Public Liability Insurance cover of \$5 million for the duration of the project.  The applicant organsation 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 oin the Scheme.  I understand that the standard funding agreement terms and conditions are published on the Office of Sport website and no amendments will be considered unless essential to the delivery of a funded project.  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	n 10 choices	may be selected.					
Authorisation							
l agree *	□ Yes						
Name of authorised	Title	First Name	Last Name				
person *	Must be a authorised	senior staff member volunteer	, board member or	appropriately			
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.				
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					
Email Address for information	by EDM from th	ne Office of Spo	rt		
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					
Applicant Feedback					
You are nearing the end of the application process. Before you review your application and click the <b>SUBMIT</b> button please take a few moments to provide some feedback.					
How did you find the online ap	pplication proce		<ul><li>Very difficult</li></ul>		
How many minutes in total did it take you to complete this application? *					
Estimate in minutes i.e. 1 hour 60					
How did you find out about the Safe Shooting Program? *  Office of Sport newsletter  Social media (e.g. Facebook, LinkedIn etc.)  Member of Parliament  Word of mouth					