SCFP 2024/25 - Application - Category 1
Form Preview

About the grant

* indicates a required field

Instructions for Applicants

Before you apply please read the Surf Club Facility Program 2024/25 Guidelines and related materials available on the [fund website](#) to make sure you understand all relevant requirements.

Application Number

This field is read only.

Program Details

About the Surf Club Facility Program

The NSW Government recognises the critical role Surf Life Saving Clubs have in local communities delivering on-beach safety, training and education and keeping people active and connected. The Surf Club Facility Program (the Program) is part of the NSW Government's ongoing commitment to support the upgrade of local Surf Life Saving Clubs. The Program is in its eighth year, and since round one (2017/2018) the NSW Government has invested over $28 million in Surf Life Saving Clubs to create fit-for-purpose facilities in local communities to increase participation, access, and safety on our NSW beaches. In the 2023/24 Budget the NSW government announced an additional $5 million over four years to enhance the Program. The 2024/2025 round will continue to support the upgrade, expansion, and construction of new, safe and inclusive Surf Club facilities in NSW.

Key objectives The Program aims to assist eligible Surf Life Saving Clubs throughout NSW to create new and upgraded inclusive and accessible facilities incorporating best practice design principles that:

- Remove 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
- Increase the use of Surf Life Saving facilities by other community groups and/or the public
- Improve safety at Surf Life Saving facilities and the beaches they patrol
- Improve the financial and/or environmental sustainability of Surf Clubs.

The categories are defined by the total project cost of the scope of works for which you are applying.

Category 1 - Facility Improvements Projects - Projects with a total project cost less than $100,000

Provides grants from $30,000 up to $100,000 per project. Grant requests in this category do not require a co-contribution, however, organisations may contribute to the project, and this will be considered favourably during the merit assessment process.

Category 2 - Small-Medium Construction Projects - Projects with a total project cost from $100,000 up to $500,000

Provides grants from $30,000 up to $400,000 per project. Applications in this category require a financial co-contribution that is a minimum 25% of the grant amount requested.

Category 3 - Large Construction Projects - Projects with a total project cost of $500,000 or more

Provides grants from $30,000 up to $1,000,000 per project. Applications in this category require a financial co-contribution that is at least equal to, or greater than the grant amount requested.

Disclaimer

The Applicant acknowledges and agrees that:

- 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.

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

Surf Club Facility Program 2024/25 Guidelines.

Please declare this application meets the Program eligibility criteria:

- Applicant organisation is an eligible applicant
- Applicant has a valid Incorporation number and/or ABN
- Proposed project is in an eligible location and in NSW
- Grant request is a minimum of $30,000 and does not exceed the maximum allowable in the category selected
- The applicant organisation can confirm that if successful they will provide Public Liability Insurance with a minimum $20 million cover
- Applicants will notify the Department if grant funding is secured from another NSW Government source.

I confirm that, to my knowledge that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *

☐ Acknowledged

Category 1 - Facility Improvements Projects - Projects with a total project cost up to $100,000.

Your application is for Category 1 - Facility Improvements Projects

Provides grants from $30,000 up to $100,000 per project. Grant requests in this category do not require a co-contribution, however, organisations may contribute to the project, and this will be considered favourably during the merit assessment process.

Category 1 applications close 1pm, 14 October 2024.

These projects must be completed within 12 months of notification of program outcomes.

I have read the grant program guidelines and understand this application is for Category 1 - Facility Improvement Projects *

○ Agreed

Contact Details

* indicates a required field

Applicant Details

Applicant *

○ Individual   ○ Organisation
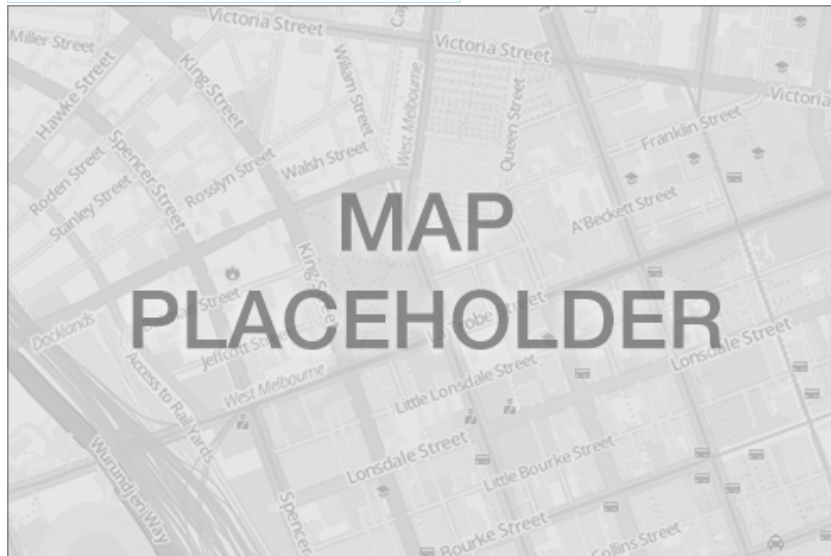
Organisation Name

[ ]

Title	First Name	Last Name
[ ]	[ ]	[ ]

For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address

Address

[ ]

[ ]

[ ]   [ ]

Applicant Postal Address

Address

[ ]

[ ]

Applicant Primary Phone Number *

[ ]

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

Applicant Email Address *

[ ]

Must be an email address.

Applicant Website

[ ]

Must be a URL.

Primary Contact Details

Primary Contact *

Title	First Name	Last Name

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

[ ]

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

Primary Contact Email *

[ ]

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

Applicant Organisation Details

Does the applicant organisation have at least $20 million in public liability insurance, or is willing to obtain $20 million in public liability insurance if the application is successful? *

○   Yes
○   No, but willing to obtain

Applicants are required to hold at least $20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide evidence that the applicant organisation holds Public Liability Insurance. *

Attach a file:

Applicants are required to hold at least $20 million public liability insurance in order to enter into a funding deed with the NSW Government.

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

○   Yes   ○   No

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

Must be an ABN.

Applicant Incorporation number

Please click on the following link/s to find your number/s as applicable:

- NSW Incorporated Associations Register
- ASIC Registers
- ACNC
- Office of Registrar of Indigenous Corporations

Applicant Organisation Incorporation Number *

Joint Applications

Successful applications where the project will be managed and delivered by a project partner such as the local council, the Office of Sport will enter into a tri-partite agreement between the Surf Life Saving Club. and project partner.

Please indicate if another organisation will manage and deliver your project in partnership with your club. e.g the local council. *

○ Yes   ○ No

Applications should be submitted by the Surf Life Saving Club.. The partnership arrangement should be formalised at the time of application.

Partner Organisation Details

Please detail the Tripartite Organisation involved in this application.

Partner Organisation Name *

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.
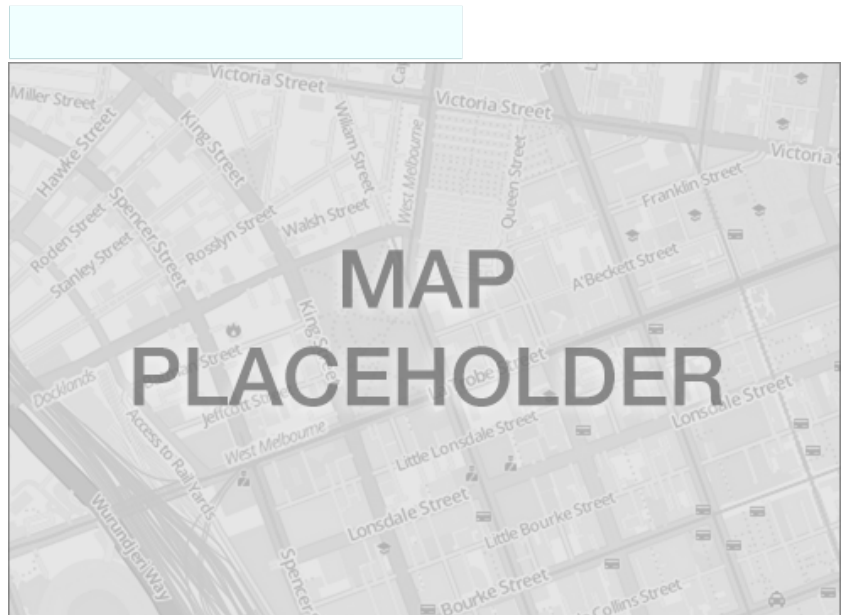
Partner Organisation ABN *

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

Must be an ABN.

Partner Organisation Address *

Address

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

Please attach a letter confirming that the Tripartite/Partnership arrangement with this organisation is valid and current for this project. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Facility Arrangements

Please indicate if your facility: *
- ○ is owned by the Surf Life Saving Club.
- ○ is leased by the Surf Life Saving Club.

What is the end date of your current lease? *

Must be a date.

Upload a copy of the current lease. *
Attach a file:

Other comments about the tenure of the facility, if applicable

Word count:
E.g. who the lease arrangements are with?

Project Details

* indicates a required field

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.
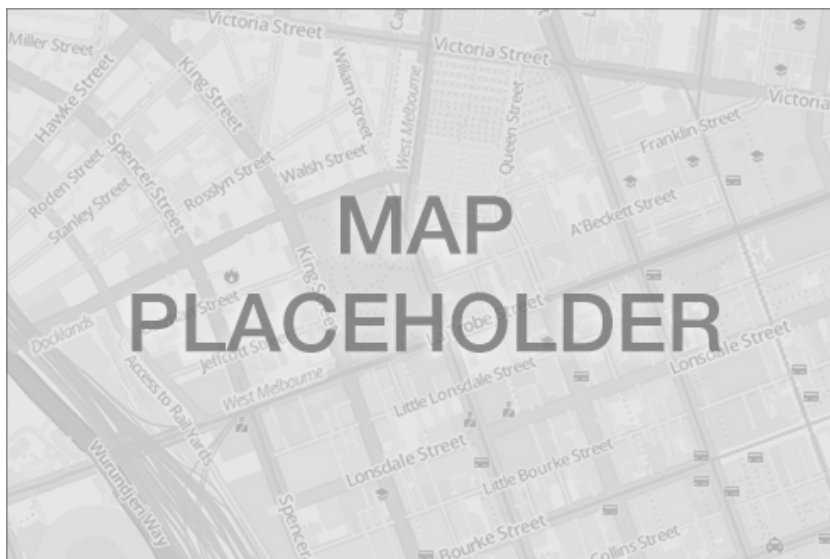
Anticipated start date *

Anticipated end date *

Primary location of your initiative
Address

Any, but at least one field is required.
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.

Project end dates entered are outside of those allowed in category 1 of this program

The Surf Club Facility Program will not fund **projects that have commenced construction or are completed prior to the execution of a funding agreement.**

All projects funded under this category of the program are expected to be completed by **March 2026.**

Review the dates entered and consider if your project is eligible for funding under this program.

Criterion 1 : Strategic Justification

* indicates a required field

How does your project align with the aim and objectives of the Program? Select all that apply. *

☐   Remove 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 (CALD) communities, and LGBTQIA+ people
☐   Increase the use of Surf Life Saving facilities by other community groups and/or the public.
☐   Improve safety at Surf Life Saving facilities and the beaches they patrol.
☐   Improve the financial and/or environmental sustainability of surf clubs.
At least 1 choice must be selected.

Describe how your project will remove 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 (CALD) communities, and LGBTQIA+ people *

Word count:
Must be no more than 200 words.

Describe how your project will increase the use of Surf Life Saving facilities by other community groups and/or the public. *

Word count:
Must be no more than 200 words.

Describe how your project will improve safety at Surf Life Saving facilities and the beaches they patrol. *

Word count:
Must be no more than 200 words.

Describe how your project will improve the financial and/or environmental sustainability of surf clubs. *

Word count:
Must be no more than 200 words.

Describe how the proposed project will meet an identifiable need within your community. Priority will be given to projects who clearly demonstrate the need and/or urgency. *

Word count:
Must be no more than 200 words.

Upload evidence of identifiable need e.g. photos of current conditions, notice of non-compliance, WHS logs, etc. *
Attach a file:

You can upload as many documents that you have to support your application.

Facility Usage Data

* indicates a required field

The collection of facility usage, encompassing both current and proposed use, is a key component of the grant application. This data provides the Office of Sport a clear and comprehensive picture of how the facility is currently utilised and how this project proposes to optimise and/or expand with the NSW Government funding.

When entering the usage figures, please enter them as weekly usage figures and the form will auto calculate the annual usage figures.

Current Use

Please select the season/s your facility is used by your organisation and other community organisations: *
☐ Summer ☐ Winter

Summer

How many weeks are in the training and competition season? *

Must be a number.

Winter

How many weeks are in the training and competition season? *

Must be a number.

Summer User Groups

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

Organisation Name *

Number of female users *

Must be a number.

Number of male users *

Must be a number.

Number of self-described users *

Must be a number.

User Group Type *

Club members are users from your organisation. Community users are other groups that use the facility.

Community Beneficiary *

☐ 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

Does the User provide opportunities that benefit any of these community groups. Tick all that apply.

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 *

Must be a number.
If none, enter zero (0).

Number of male users *

Must be a number.
If none, enter zero (0).

Number of self-described users *

Must be a number.
If none, enter zero (0).

User Group Type *

Club members are users from your organisation. Community users are other groups that use the facility.

Community Beneficiary *

☐ 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
Does the User provide opportunities that benefit any of these community groups. Tick all that apply.

Annual Major Events

Do you currently hold any major events at the facility? *
○ Yes   ○ No

Major Event

Please enter details of the current major event/s that you host at the facility. Add more events by clicking '**Add More**' or '**+/-**'.

Event name *

Number of participants *

Must be a number.

Number of spectators *

Must be a number.

Total number of attendees *

This number/amount is calculated.

Proposed Use

Please enter details of additional user groups that you will use the facility as a result of the project.

Please select the seasons your facility will be used after your project is completed *
☐ Summer ☐ Winter

Summer

How many weeks will be in the training and competition season? *

Must be a whole number (no decimal place).

Winter

How many weeks will be 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 '**+/-**'.

Organisation Name *

Number of female users *

Must be a number.

Number of male users *

Must be a number.

Number of self-described users *

Must be a number.

User Group Type *

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 *

☐ 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

Does the User provide opportunities that benefit any of these community groups. Tick all that apply.

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 *

Must be a number.

Number of male users *

Must be a number.

Number of self-described users *

Must be a number.

User Group Type *

Club members are users from your organisation. Community users are other groups that use the facility.

Community Beneficiary *

☐ 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

Does the User provide opportunities that benefit any of these community groups. Tick all that apply.

Proposed Annual Major Events

Will there be any major events held at the facility after the completion of your project? *

○ Yes   ○ No

Proposed Major Event

Enter details of any proposed annual major events that will be held at the project facility as a result of the project.

Add more events by clicking '**Add More**' or '**+/-**'.

Event name *

Number of participants *

Must be a number.

Number of spectators *

Must be a number.

Total number of attendees

This number/amount is calculated.

Total Facility Use

CURRENT ANNUAL USE

Total Female visits

This number/amount is calculated.

Total Male visits

This number/amount is calculated.

Total self-described visits

This number/amount is calculated.
Current facility visits by those self-described

Total Event visits

This number/amount is calculated.

TOTAL

This number/amount is calculated.

PROPOSED ANNUAL USE

Total female visits

This number/amount is calculated.

Total Male visits

This number/amount is calculated.

Total self-described visits

This number/amount is calculated.

Total Event visits

This number/amount is calculated.

TOTAL

This number/amount is calculated.

Criterion 2: Project Scope and Design

* indicates a required field

List the full scope of works in dot form, proposed for the project and components that are to be delivered. *

Must be no more than 300 words.
You can reference if this is part of a larger facility project, but the scope of work should be restricted to the components to be delivered with this grant and any co-contribution.

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. Select all that apply. *

☐ Inclusive and universal design
☐ Functional design - flexible, adaptable (future proof)
☐ Environmentally sustainable/climate change resilient design
☐ Operational/financial sustainability
☐ New technology & innovative approaches
☐ Health and safety

At least 1 choice must be selected.

Please provide any supporting documentation such as a facility design brief, concept, schematic or detailed design plans *

Attach a file:

Failure to provide supporting documentation may negatively impact the merit assessment score your application receives. You can upload as many documents that you have to support your application.

Inclusive and Universal Design Principles

Describe how Inclusive and Universal design principles have been incorporated into this project including what materials, technologies and practices have been applied *

Word count:
Must be no more than 150 words.
e.g. parenting rooms, international wayfinding, lockable easy opening light weight doors on all shower and toilet cubicles.

Functional design - flexible, adaptable (future proof)

Describe how the project delivers on this design principle including what materials, technologies and practices have been incorporated *

Word count:
Must be no more than 150 words.
e.g. energy and water conservation, sustainable and climate resilient materials

Environmentally sustainable/climate change resilient design

Describe how the project delivers on this design principle including what materials, technologies and practices have been incorporated *

Word count:
Must be no more than 150 words.
e.g. LED lighting

Operational/financial sustainability

Describe how the project delivers on this design principle including what materials, technologies and practices have been incorporated *

Word count:
Must be no more than 150 words.
e.g. SMART technology for building and amenities access

New technology & innovative approaches

Describe how the project delivers on this design principle including what materials, technologies and practices have been incorporated *

Word count:
Must be no more than 150 words.
e.g. Automated and digitally controlled lighting, automated doors, digital displays and wayfinding

Health and safety

Describe how the project delivers on this design principle including what materials, technologies and practices have been incorporated *

Word count:
Must be no more than 150 words.
e.g. ZIP tap over sink, visual and tactile indicators for stairs and pathway, automated and movement sensor lighting on pathways and entry/exits

Criterion 3: Project Affordability and Deliverability (Budget)

* indicates a required field

Information for Category 1 Applications

The total project cost and your financial co-contribution should relate only to the scope of works for which you are seeking grant funding. Where your financial co-contribution exceeds the minimum requirement for your category, the project will be looked upon more favourably during the merit assessment process.

Your total project cost and total amount requested should be entered exclusive of GST.

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.

NOTE:

Category 1 projects - Grant requests in this category do not require a co-contribution, however, organisations may contribute to the project, and this will be considered favourably during the merit assessment process.

Contingency generally will not be required for these projects and should not be included in the budget, unless it can be justified.

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

Total Project Cost *

$

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

Total Amount Requested *

$

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

Your total amount requested and/or your total project cost does not align with the category you selected.

Category 1: *provides grant amounts from $30,000 to $100,000 - with a total project cost up to $100,000*

Please review your total amount requested and/or your total project cost to match your category.

Project Contingency

Contingency refers to additional funding that will only be used if the project actual costs exceed the expected total project cost. Most quotes will itemise a contingency cost in addition to the total project cost.

The total project cost is made up of the grant amount, any financial co-contribution from the applicant and the contingency. The application must be clear about whether the contingency will be funded by the awarded grant, by the financial co-contribution from the applicant or a combination of both.

In all circumstances the minimum financial co-contribution required must be maintained, which in some circumstances may lead to a reduced grant amount being paid.

Contingency should be relevant to the size and the complexity of the project. As a guide:

- **Category 1 projects** - contingency generally will not be required for these projects and should not be included in the budget, unless it can be justified.

Please indicate here if you will be including contingency, and how it will be applied:
○ No contingency for this project
○ By the grant request only
○ By the applicant only
○ Combination of both

You have indicated your contingency for this project will be covered by the grant amount requested. Use this section to indicate what amount will be allocated.

How much contingency is being allocated from total amount requested? *

Must be a dollar amount.

You have indicated your contingency for this project will be covered by the applicant. Use this section to indicate what amount will be allocated.

How much is your organisation allocating as contingency for this project? *

Must be a dollar amount.

Contingency Summary

Total Contingency Amount

This number/amount is calculated.

Total Project Cost ex Contingency

This number/amount is calculated.

Contingency as a % of total project cost

This number/amount is calculated.
Minimum 10% - Maximum 20%

Funding Sources

Grant requests in Category 1 do not require a co-contribution, however, organisations may contribute to the project and this will be considered favourably during the merit assessment process.

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, Council cash contribution

Co-contributions

Please outline details of **any other funding** that you are seeking as part of the project, whether it has been confirmed or not. All amounts should be GST exclusive.
Please note, do not include this grant request as a co-contribution.

If a cash co-contribution is being provided, applicants are to provide evidence of approval for committed funding co-contribution(s)

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. Or minutes of a club meeting where funds were moved to be allocated to the project
- **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 status	Income amount	Notes	Evidence of Contribution
		$		
		Must be a dollar amount.		

Your total combined cash co-contribution

This number/amount is calculated.

Expenditure

Please include all expenditure items that you are seeking to fund under the grant.

Please do not include any ineligible items as listed in the Program Guidelines. Any ineligible items identified at assessment stage will be removed at the absolute discretion of the Office of Sport.

Expenditure description	Expenditure Type	Expenditure amount (ex. GST)	Expenditure GST	Expenditure amount (inc. GST)	Funding Source	Notes
		$	$	$		
		Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.		Include any additional notes here

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 will be weighted more highly

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.
Must be $0.

Validation check 2: All Expenditure items (exc. gst) minus Total Project Cost. This MUST be $0.

$ [   ]

This number/amount is calculated.
Must be $0. This check ensures you have listed all expenditure for your Total Project Cost.

Project Funding Summary

Project Costs

Total Project Cost (excluding contingency)

[   ]

This number/amount is calculated.

Total Project Cost (including contingency)

[   ]

This number/amount is calculated.

Contingency

Contingency covered by grant amount

[   ]

This number/amount is calculated.

Contingency covered by applicant

[   ]

This number/amount is calculated.

Total Contingency Amount

[   ]

This number/amount is calculated.

Contributions

Total Amount Requested

[   ]

This number/amount is calculated.

Total cash co-contributions

[   ]

This number/amount is calculated.

Total Income

[   ]

This number/amount is calculated.

Project proceeding with reduced funding

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 change your response to this question above.

Comment about the project proceeding/not proceeding if the full grant amount is not approved: *

[   ]

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 *

Attach a file:

e.g. copies of annual reports, of bank statements and scheduled/cyclic maintenance schedules

Capacity to deliver

Describe how your organisation will manage potential project cost overruns *

Word count:

Include processes your organisation has in place to monitor project expenditures and identify potential project cost overruns early.

Upload evidence to support your project management financial capabilities

Attach a file:

Criterion 3: Project Affordability and Deliverability

* indicates a required field

Landowners Consent

All applications must demonstrate the project has landowners consent. This includes where the applicant is the landowner.

Please use the Office of Sport template available in supporting documents on the Office of Sport website.

Please provide evidence of landowner consent *

Attach a file:

A template for obtaining Landowners Consent is available on the program supporting documents.

Development Application

In relation to a Development Application the following applies:

Category 1 - Development Application must be approved or evidence that a Development Application is not required must be provided, as it is expected these projects can commence and be completed quickly.

Development Application Status *

○ Development Application not required
○ Development Application is approved
○ Development Application submitted and awaiting approval

○   Development Application not yet submitted

Please upload a copy of your project's approved Development Application *
Attach a file:

Please provide a date by which your Development Application is expected to be approved *

Must be a date.

Evidence of DA submission *
Attach a file:

You have indicated that a Development Application has not yet been submitted. 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 *

Word count:
Must be no more than 150 words.

Please provide a date by which your Development Application is expected to be submitted *

Must be a date.

Please provide evidence to support the near-submission of your Development Application. *
Attach a file:

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.

Project Plan

Provide a project plan that illustrates key project tasks and forecast delivery timeline that demonstrates your ability to complete the project within 12 months of notification of grant request outcome.

Project Tasks	Start Date	End Date	Explanation notes
One per row. Add more rows if you want to list additional activities.	Must be a date.	Must be a date and no later than 31/3/2026.	Add notes if you need to provide more context.

Project Plan Upload
Attach a file:

If you have a project plan, upload it here

The Surf Club Facility Program will not fund **projects that have commenced construction or are completed prior to the execution of a funding agreement.**

All projects funded under this category of the program are expected to be completed by **March 2026.**

Review the end date entered and consider if your project is eligible for funding under this program.

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.	
			$	

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.

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

Outcome	Indicator - what are the measures?	Measurement method	How does your outcome link to Program Objectives
Select the outcomes you expect to achieve in terms of project outcomes/benefits.	Explain what the measures are e.g. increase in participation by 10% from previous year		Explain further the outcome against the grant program objectives

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

Which gender group will the project primarily benefit? *
- ○ Female
- ○ Male
- ○ Self-Described
- ○ All Genders

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+
- ◯ All of the above
- ◯ None of the above

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+
- ☐ All of the above
- ☐ None of the above

Project Type

Please select the most relevant project type *
- ◯ Construction of new sport infrastructure project
- ◯ Construction of improved, upgraded or replaced infrastructure

Which 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? *
- ◯ Aquatic – pool
- ◯ Administration facilities
- ◯ Canteen/Kiosk/Kitchen
- ◯ Changeroom new/upgraded
- ◯ Clubhouse/Amenity
- ◯ Digital technology uplift/smart technology
- ◯ Fixed capital equipment
- ◯ Fixed outdoor exercise equipment/exercise area
- ◯ Indoor sport facility

○ Irrigation & drainage
○ Landscaping and pathways
○ Lighting / smart metering
○ Modular amenity facility
○ Solar project
○ Storage
○ Water harvesting

Select any other facility types that represent your project
☐ Aquatic – pool
☐ Administration facilities
☐ Canteen/Kiosk/Kitchen
☐ Changeroom new/upgraded
☐ Clubhouse/Amenity
☐ Digital technology uplift/smart technology
☐ Fixed capital equipment
☐ Fixed outdoor exercise equipment/exercise area
☐ Irrigation & drainage
☐ Landscaping and pathways
☐ Lighting / smart metering
☐ Modular amenity facility
☐ Solar project
☐ Storage
☐ Water harvesting
☐ Other:

Sport and/or Community Beneficiaries

Primary Project Beneficiary *
○ Surf Life Saving
○ Surfing
○ Swimming

Does the project have any other beneficiaries? *
○ Yes   ○ No

Secondary Project Beneficiaries *
☐ Adventure Camping   ☐ Little Athletics
☐ Aeromodelling   ☐ Masters swimming
☐ Archery / Archery Field   ☐ Mixed Martial Arts
☐ Athletics   ☐ Modern Pentathlon
☐ Australian Football League   ☐ Motorcycling
☐ Badminton   ☐ Motorsport
☐ Balloon Soccer (Powerchair Sport) ☐ Mountain Biking
☐ Ballooning   ☐ Netball
☐ Ballroom Dancing   ☐ Netball (Deaf Sport)
☐ Baseball   ☐ Non-Sport – Recreational Dancing
☐ Basketball   ☐ NSW Institute of Sport
☐ Basketball (Deaf Sport)   ☐ Orienteering
☐ Basketball (Wheelchair Sport)   ☐ Outrigger

☐ Biathlon
☐ Billiards
☐ Blind Cricket (Blind / Vision Impaired Sport)
☐ Blindsport NSW
☐ BMX – Freestyle / Racing
☐ Bobsleigh
☐ Bocce
☐ Boccia
☐ Boxing
☐ Calisthenics
☐ Campdraft
☐ Canoeing
☐ Carriage Riding
☐ Cerebral Palsy Sport and Recreation Association of NSW
☐ Cheerleading
☐ Clay Target Shooting
☐ Climbing / Rock Climbing
☐ Council
☐ Cricket
☐ Cricket (Deaf Sport)
☐ Croquet
☐ Curling
☐ Cycling Track
☐ Dancesports
☐ Darts
☐ Deafsports Australia
☐ Disabled Winter Sports
☐ Diving
☐ Dodgeball
☐ Dragon Boating
☐ Education/Schools
☐ Eight Ball
☐ Endurance Riders
☐ Equestrian
☐ Fencing
☐ Floorball
☐ Flying Disc / Ultimate Frisbee
☐ Football
☐ Football / Futsal (Blind / Vision Impaired Sport)
☐ Football / Futsal
☐ Football / Futsal (Deaf Sport)
☐ Football (Powerchair Sport)
☐ Gaelic Football
☐ Gliding
☐ Goal Ball (Blind / Vision Impaired Sport)
☐ Golf
☐ Golf (Amputee)
☐ Golf (Blind / Vision Impaired Sport)
☐ Gridiron
☐ Gymnastics
☐ Handball
☐ Hang Gliding

☐ Oztag Football
☐ Paddle Sports
☐ Para - cycling
☐ Parachute
☐ Paragliding
☐ PCYC
☐ Pistol
☐ Polo
☐ Polocrosse
☐ Pony Club
☐ Powerlifting
☐ Racquetball
☐ Racquetball (Deaf Sport)
☐ Regional Academies of Sport

☐ Riding for the disabled
☐ Rifle
☐ Road Racing
☐ Rodeo
☐ Roller Blading
☐ Roller Derby
☐ Roller Skating
☐ Rowing
☐ Royal Life Saving
☐ Rugby (Powerchair Sport)
☐ Rugby League
☐ Rugby League (Wheelchair Sports)
☐ Rugby Union
☐ Sailing
☐ Sailing (disability)
☐ Show Jumping
☐ Skateboarding
☐ Skeleton
☐ Skiing
☐ Snooker
☐ Snooker (Deaf Sport)
☐ Snowboarding
☐ Social and Community Groups
☐ Softball
☐ Speedway

☐ Squash
☐ Surf Life Saving
☐ Surfing
☐ Swimming
☐ Synchronised Swimming
☐ Table Tennis
☐ Table Tennis (Deaf Sport)
☐ Taekwondo
☐ Tai Chi
☐ Tennis
☐ Tennis (Blind / Vision Impaired Sport)
☐ Tennis (Wheelchair Sports)
☐ Tenpin Bowling

☐ Hockey
☐ Hockey (Powerchair Sport)

☐ Hockey (Wheelchair Sports)
☐ Ice Hockey
☐ Ice Racing
☐ Ice Skating
☐ Indoor Bowls
☐ Judo
☐ Judo (Deaf Sport)
☐ Jujitsu
☐ Karate
☐ Karting
☐ Kayaking
☐ Kendo (Iaido/Jodo)
☐ Kickboxing
☐ Korfball
☐ Kung Fu
☐ Lacrosse
☐ Lawn Bowls

☐ Lawn Bowls (Blind / Vision Impaired Sport)

☐ Touch Football
☐ Track and Road Cycling (Wheelchair Sports)
☐ Trail walking/running/riding
☐ Transplant Sports
☐ Triathlon
☐ Underwater Sports
☐ University Sports
☐ Volleyball
☐ Wakeboarding
☐ Water Aerobics
☐ Water Polo
☐ Water Skiing
☐ Weightlifting
☐ Wheelchair Dancing
☐ Wheelchair Sport NSW
☐ Wrestling
☐ Yachting
☐ YMCA/ YWCA
☐ Other: _____

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 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 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 any false declaration may render this application ineligible/invalid;
- All relevant conflicts of interest have been declared;
- I confirm any additional costs to deliver the project that exceed funding allocated will be covered by the applicant; and
- 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 join the Scheme.

Authorisation

I agree *   ☐ Yes

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.

Declaration by person submitting this form

The declaration below must be agreed to by a person who is submitting this form on behalf of the organisation.

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 $20 million 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.

At least 9 choices must be selected.

Person submitting this form *

Title	First Name	Last Name

Position *

Phone Number *

Must be an Australian phone number.

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 the Office of Sport

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 **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

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 Surf Club Facility Program? *

○ Office of Sport newsletter
○ Social media (e.g. Facebook, LinkedIn etc.)
○ Member of Parliament
○ Word of mouth

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