

# SCFP 2024/25 - Application - Category 2

## 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:

- Reduce 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.

# SCFP 2024/25 - Application - Category 2

## Form Preview

### **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

# SCFP 2024/25 - Application - Category 2

## Form Preview

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 2 - Small-Medium Construction Projects - Projects with a total project cost between \$100,000 and \$500,000**

**You have chosen the application for Category 2 - Small-Medium Construction Projects - Projects with a total project cost between \$100,000 and \$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 2 applications close 1pm, 11 November 2024.

These projects must be completed within 24 months of notification of program outcomes.

I have read the information and understand this application is for Category 2 - Small - Medium Construction Projects \*

☐ Agreed

Contact Details

\* indicates a required field

Applicant Details

Applicant \*

☐ Individual      ☐ Organisation

Organisation Name

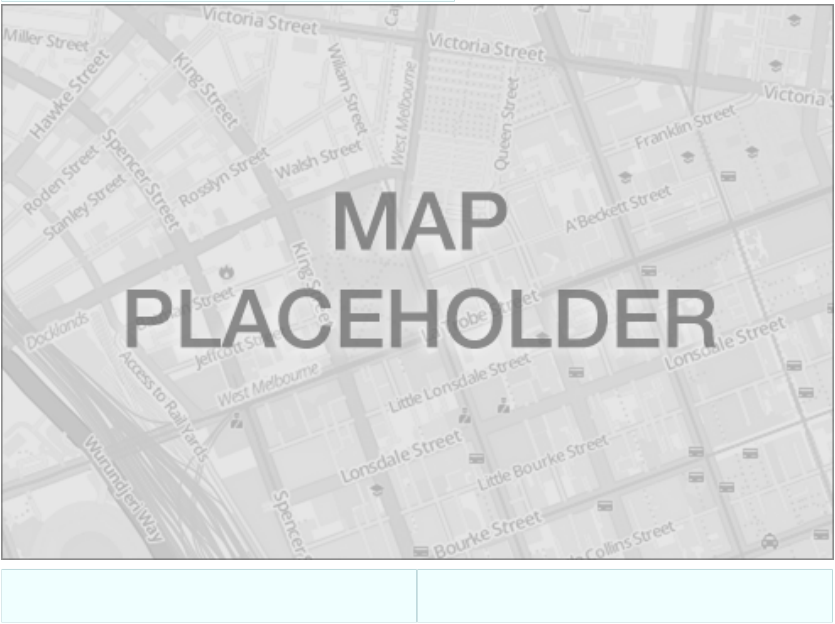
|       |            |           |
|-------|------------|-----------|
|       |            |           |
| Title | First Name | Last Name |
|       |            |           |

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

# SCFP 2024/25 - Application - Category 2

## Form Preview

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? \***

- ☐ 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                                  | <a href="#">More information</a> |
| 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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

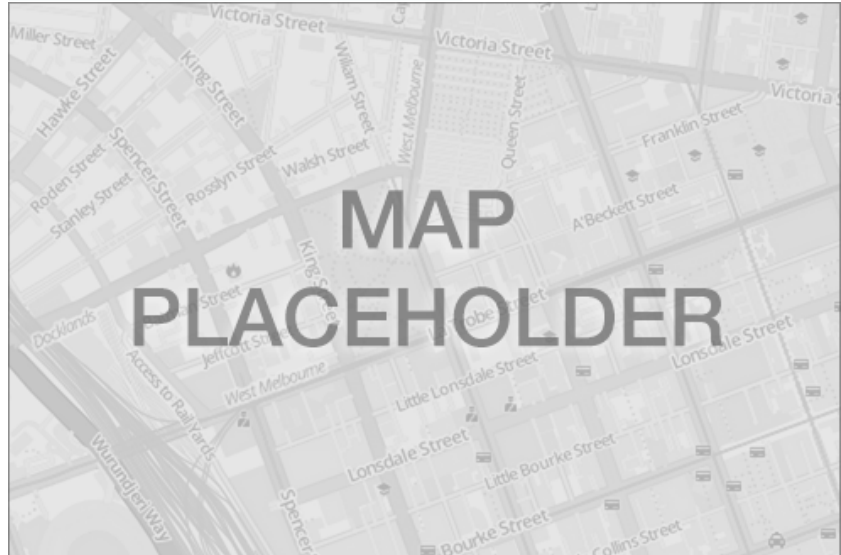
Must be an ABN.

# SCFP 2024/25 - Application - Category 2

## Form Preview

**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.

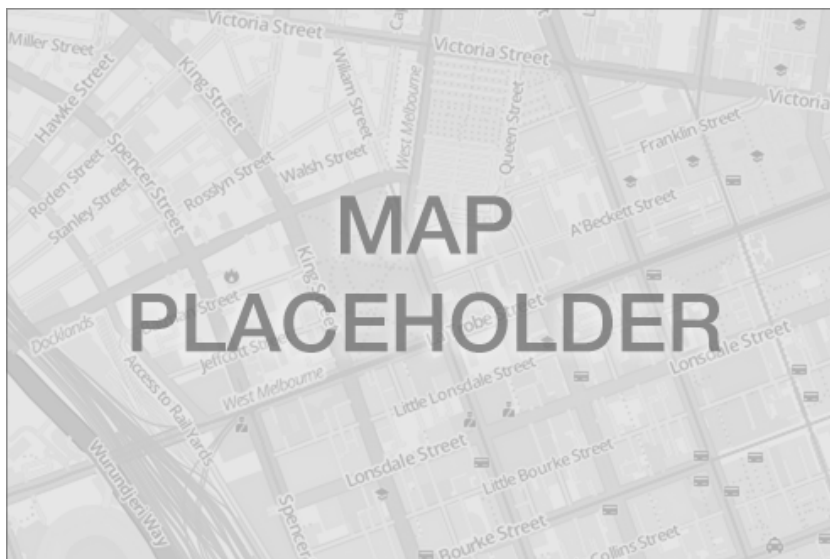
Anticipated start date \*

Anticipated end date \*

Primary location of your initiative  
Address

# SCFP 2024/25 - Application - Category 2

## Form Preview



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 2 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 2027.**

**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 this project align with the aim of the Program and to one or more of the objectives of this Program? Select all that apply to your project. \***

- ☐ Reduce 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.

# SCFP 2024/25 - Application - Category 2

## Form Preview

**Explain how the project will reduce barriers to increase usage/participation in Surf Life Saving in your community, 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 300 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 300 words.

This could be details of your community profile, key user groups, project beneficiaries including those in the general community. Priority will be given to projects who clearly demonstrate the need and/or urgency.

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

Word count:

Must be no more than 300 words.

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

Word count:

Must be no more than 300 words.

**Provide evidence of the need and the project urgency. This could be details of your community profile, key user groups, project beneficiaries including those in the general community, building condition reports and photos. Priority will be given to projects who clearly demonstrate the need and/or urgency \***

Word count:

Must be no more than 300 words.

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

# SCFP 2024/25 - Application - Category 2

## Form Preview

Attach a file:

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

**Describe how you engaged community and stakeholder for consultation \***

Word count:

Must be no more than 300 words.

**Provide evidence of community and stakeholder support for the project \***

Attach a file:

**Describe how the project aligns to the Surf Life Saving NSW Strategic Plan, the Office of Sport Strategic Plan or other strategies. \***

Word count:

Must be no more than 300 words.

View the [Office of Sport Strategic Plan](#) or the [Surf Life Saving NSW Strategic Plan](#).

## 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

# SCFP 2024/25 - Application - Category 2

## Form Preview

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 '+/-'.

# SCFP 2024/25 - Application - Category 2

## Form Preview

**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.

# SCFP 2024/25 - Application - Category 2

## Form Preview

**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 number.

### Winter

**How many weeks will be 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.

# SCFP 2024/25 - Application - Category 2

## Form Preview

**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? \***



# SCFP 2024/25 - Application - Category 2

## Form Preview

☐ 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 inclusive 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 400 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.

**Where relevant, describe how the design of the facility will specifically cater to the targeted communities, and how these changes were informed through consultation or evidence. \***

Word count:

Must be no more than 150 words.

### 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, and specifically how the project incorporates one or more of the following (select all that apply); \***

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

At least 1 choice must be selected.

Refer to Appendix A and B of the program guidelines.

**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.

### Inclusive and universal design

**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

**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.

### 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.

### New technology & innovative approaches

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

# SCFP 2024/25 - Application - Category 2

## Form Preview

Word count:

Must be no more than 150 words.

e.g. Automated and digitally controlled lighting, automated doors, digital displays and wayfinding

### Future proof – flexible and adaptable

**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. Universal changerooms i.e. Change room 1 and 2 (not male/female), function rooms are adaptable rooms with moveable walls

### 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: Value for Money and Project Affordability (Budget)

\* indicates a required field

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.

Co-contributions can include:

- 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.

# SCFP 2024/25 - Application - Category 2

## Form Preview

- 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.

**Grant requests in Category 2** require a **minimum financial co-contribution of 25%** of the grant amount requested.

### NOTE:

**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?

Grant request and/or total project cost do not align with Category 2 guidelines

**Your Total Amount Requested and/or your Total Project Cost does not align with the category you selected.**

**Category 2** - provides grant amounts from \$30,000 to \$400,000 - with a total project cost between \$100,000 and \$500,000

**Please amend the Total Amount Requested and/or your Total Project Cost or your application may be deemed ineligible for funding.**

## 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 2 projects** - contingency at least 5% - 10% of total project cost should be included.

# SCFP 2024/25 - Application - Category 2

## Form Preview

### Please indicate here how your contingency will be covered:

- ☐ 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.  
Refer to the Program Guidelines for recommended % for your category but this should be 5% - 10% (depending on project complexity) of Total Project Cost.

**Your contingency amount is too low. Refer to the Program Guidelines for recommended % for your category but this should be 5% - 10% (depending on project complexity) of Total Project Cost.**

**Please adjust your total contingency amount.**

## Applicant Cash Co-contribution

**Refer to the Program Guidelines for minimum co-contribution for your category which, for Category 2, is a minimum of 25% of the grant amount requested.**

### Applicant Cash Co-contribution \*

# SCFP 2024/25 - Application - Category 2

## Form Preview

\$

Must be a dollar amount.

What is the total monetary amount the applicant will be contributing to the project?

**Please upload evidence of approval for committed co-contribution \***

Attach a file:

Evidence may include a letter from Council or club stating the project has allocated funding within the project delivery period and/or a copy of approved budget to support this

**Are any organisations (other than your own) contributing cash towards this project (e.g. grants, financial donations, external funding etc.)? \***

☐ Yes

☐ No

### Co-contribution from secured grants, financial donations or external funding

If you have received funding from another NSW Government for this project, you must clearly show how the Surf Club Facility Program will be used to fund significant new and additional scope. That is, this funding cannot be used to fund the same scope items as other grants already received.

All amounts should be GST exclusive.

**Please note, do not include this grant request as a co-contribution.**

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

| Income type | Income status | Income amount            | Notes | Evidence of Contribution |
|-------------|---------------|--------------------------|-------|--------------------------|
|             |               | \$                       |       |                          |
|             |               | Must be a dollar amount. |       |                          |

### Co-contributions summary

**Total cash co-contributions**

\$

This number/amount is calculated.

**Co-contribution %**

This number/amount is calculated.

Percentage of applicant contribution to Grant Amount Requested.

**Your cash co-contribution amount is too low. Refer to the Program Guidelines for minimum co-contribution for your category which, for Category 2, is 25% of the grant amount requested.**

**Please adjust your total co-contribution amount.**

### Expenditure

# SCFP 2024/25 - Application - Category 2

## Form Preview

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.**

| 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. | Select if expenditure is being covered by the grant amount or cash contribution | 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 and quotes and cost estimates that are recent (within 3-6 months of grant submission) 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.

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

\$

This number/amount is calculated.

### Project Funding Summary (exclusive of GST)

#### Project Costs

Total Project Cost (excluding contingency)

\$

This number/amount is calculated.

#### Contingency

Contingency covered by grant amount

#### Contributions

Total Amount Requested



# SCFP 2024/25 - Application - Category 2

## Form Preview

**Total Project Cost (including contingency)**

\$

This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

**Contingency covered by applicant**

This number/amount is calculated.

**Total cash co-contributions**

This number/amount is calculated.

**Total Contingency Amount**

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

## Criterion 4: Project Deliverability and Applicant Capability

\* indicates a required field

### Landowners Consent

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

**Landowners consent must be on the Office of Sport template available in [supporting documents](#) on the Office of Sport website.**

**Please provide evidence of landowner consent. \***

Attach a file:

# SCFP 2024/25 - Application - Category 2

## Form Preview

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 2 projects** - Development Application must be approved or evidence that a Development Application is not required must be provided.

#### Development Application Status \*

- ☐ Development Application is approved
- ☐ Development Application submitted and awaiting approval
- ☐ Development Application not yet submitted
- ☐ Development Application not required

#### 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.

Planning Considerations

**Are there any serious planning, construction, zoning, environmental and/or Native Title impediments to delivering the project? \***

☐ Yes ☐ 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 150 words.

**Please upload any relevant approvals/documentation relating to further planning considerations and/or planning impediments**

Attach a file:

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:

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

You can add more rows by **Add More** or '+'/'-'

# SCFP 2024/25 - Application - Category 2

## Form Preview

| 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. | Must be a date. | Add notes if you need to provide more context. |
|   |                 |                 |  |

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 2027.**

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

## Detailed Project Schedule and Plans

Provide a detailed project plan that illustrates key project tasks and milestones and forecast delivery timeline.

Notification of program outcomes is expected from March 2025 onwards. Projects cannot commence construction prior to the execution of a funding agreement.

**Category 2** - All projects funded under this category of the program are expected to be completed by **March 2027.**

**Do you have a detailed project schedule, project management plan, gantt chart, and/or comprehensive delivery plan etc.? \***

☐ Yes

☐ No

**Please upload a detailed project schedule, project management plan, gantt chart, and/or comprehensive delivery plan \***

Attach a file:

Please name your file/s clearly: e.g. Project Schedule. More than one file may be uploaded here.

## Assumptions, Constraints and Dependencies

List any assumptions, constraints, and dependencies in delivering the project.

Please include only one assumptions, constraints, or dependencies per row. Add more rows if you need to list additional risks or dependencies.

**Assumptions, Constraints or Dependencies description**

**How this will be managed?**

|  |  |
|--|--|
| For example, you may require approval, have stretched resources, or time constraints for delivery. | You should provide an explanation of how you will prevent or treat the assumption, constraint or dependency. |
|  |  |

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.

Please include only one person per row.

| Name   | Organisation | Role | Experience |
|--|--------------|------|------------|
| One per row. Add more rows if you want to list additional key project personnel. |              |      |            |
|  |              |      |            |

Project Management Capabilities

**Demonstrate capacity to deliver the project and complete within the timeline for the relevant category through the provision of documentation such as schematic plans, current cost plans, robust strategies for procurement, project management and risk management. \***

Word count:  
Must be no more than 150 words.

**Upload evidence schematic plans, robust strategies for procurement, project management and risk management(if relevant or available)**

Attach a file:

**Describe how the 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:

Conflicts 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:

# SCFP 2024/25 - Application - Category 2

## Form Preview

- 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

**Does your organisation or any key personnel/decision makers involved in delivering this project have any conflict of interests with the project or any potential third parties or contractors? \***

☐ Yes

☐ No

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

Word count:

Must be no more than 150 words.

## Risk Management Plan

Please provide advice on any risks you may anticipate in the process of delivering this project, and how you will work to control them.

Projects will not be funded if they represent a significant risk to the community and or reputational risk to the NSW Government. If the project is a risk to the community, then you are expected to have a risk management plan which outlines what steps are needed to mitigate these risks.

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

☐ Yes

☐ No

## Risk Mitigation Strategies

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

**Risk Description**

**What will you do to reduce the risk?**

|  |  |
|--|--|
|  |  |
|--|--|

**Please attach the Risk Management Plan and/or Risk Register for this project \***

Attach a file:

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

# SCFP 2024/25 - Application - Category 2

## Form Preview

### 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 |                    | Provide a brief outline of the outcome against the grant program objectives |
|  |  |                    |   |

# SCFP 2024/25 - Application - Category 2

## Form Preview

### 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



# SCFP 2024/25 - Application - Category 2

## Form Preview

**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
- ☐ Aquatic – waterways
- ☐ 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
- ☐ Aquatic – waterways
- ☐ 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
- ☐ Other:

**Sport and/or Community Beneficiaries**

**Primary Project Beneficiary \***

- ☐ Surf Life Saving

# SCFP 2024/25 - Application - Category 2

## Form Preview

- ☐ Surfing
- ☐ Swimming

### Does the project have any other beneficiaries? \*

- ☐ Yes
- ☐ No

### Secondary Project Beneficiaries \*

- |   |   |
|---|---|
| <input type="checkbox"/> Adventure Camping                                      | <input type="checkbox"/> Little Athletics                 |
| <input type="checkbox"/> Aeromodelling  | <input type="checkbox"/> Masters swimming                 |
| <input type="checkbox"/> Archery / Archery Field                                | <input type="checkbox"/> Mixed Martial Arts               |
| <input type="checkbox"/> Athletics  | <input type="checkbox"/> Modern Pentathlon                |
| <input type="checkbox"/> Australian Football League                             | <input type="checkbox"/> Motorcycling                     |
| <input type="checkbox"/> Badminton  | <input type="checkbox"/> Motorsport                       |
| <input type="checkbox"/> Balloon Soccer (Powerchair Sport)                      | <input type="checkbox"/> Mountain Biking                  |
| <input type="checkbox"/> Ballooning   | <input type="checkbox"/> Netball                          |
| <input type="checkbox"/> Ballroom Dancing                                       | <input type="checkbox"/> Netball (Deaf Sport)             |
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Non-Sport – Recreational Dancing |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> NSW Institute of Sport           |
| <input type="checkbox"/> Basketball (Deaf Sport)                                | <input type="checkbox"/> Orienteering                     |
| <input type="checkbox"/> Basketball (Wheelchair Sport)                          | <input type="checkbox"/> Outrigger                        |
| <input type="checkbox"/> Biathlon   | <input type="checkbox"/> Oztag Football                   |
| <input type="checkbox"/> Billiards  | <input type="checkbox"/> Paddle Sports                    |
| <input type="checkbox"/> Blind Cricket (Blind / Vision Impaired Sport)          | <input type="checkbox"/> Para - cycling                   |
| <input type="checkbox"/> Blindsport NSW   | <input type="checkbox"/> Parachute                        |
| <input type="checkbox"/> BMX – Freestyle / Racing                               | <input type="checkbox"/> Paragliding                      |
| <input type="checkbox"/> Bobsleigh  | <input type="checkbox"/> PCYC                             |
| <input type="checkbox"/> Bocce  | <input type="checkbox"/> Pistol                           |
| <input type="checkbox"/> Boccia   | <input type="checkbox"/> Polo                             |
| <input type="checkbox"/> Boxing   | <input type="checkbox"/> Polocrosse                       |
| <input type="checkbox"/> Calisthenics   | <input type="checkbox"/> Pony Club                        |
| <input type="checkbox"/> Campdraft  | <input type="checkbox"/> Powerlifting                     |
| <input type="checkbox"/> Canoeing   | <input type="checkbox"/> Racquetball                      |
| <input type="checkbox"/> Carriage Riding  | <input type="checkbox"/> Racquetball (Deaf Sport)         |
| <input type="checkbox"/> Cerebral Palsy Sport and Recreation Association of NSW | <input type="checkbox"/> Regional Academies of Sport      |
| <input type="checkbox"/> Cheerleading   | <input type="checkbox"/> Riding for the disabled          |
| <input type="checkbox"/> Clay Target Shooting                                   | <input type="checkbox"/> Rifle                            |
| <input type="checkbox"/> Climbing / Rock Climbing                               | <input type="checkbox"/> Road Racing                      |
| <input type="checkbox"/> Council  | <input type="checkbox"/> Rodeo                            |
| <input type="checkbox"/> Cricket  | <input type="checkbox"/> Roller Blading                   |
| <input type="checkbox"/> Cricket (Deaf Sport)                                   | <input type="checkbox"/> Roller Derby                     |
| <input type="checkbox"/> Croquet  | <input type="checkbox"/> Roller Skating                   |
| <input type="checkbox"/> Curling  | <input type="checkbox"/> Rowing                           |
| <input type="checkbox"/> Cycling Track  | <input type="checkbox"/> Royal Life Saving                |
| <input type="checkbox"/> Dancesports  | <input type="checkbox"/> Rugby (Powerchair Sport)         |
| <input type="checkbox"/> Darts  | <input type="checkbox"/> Rugby League                     |
| <input type="checkbox"/> Deafsports Australia                                   | <input type="checkbox"/> Rugby League (Wheelchair Sports) |
| <input type="checkbox"/> Disabled Winter Sports                                 | <input type="checkbox"/> Rugby Union                      |
| <input type="checkbox"/> Diving   | <input type="checkbox"/> Sailing                          |
| <input type="checkbox"/> Dodgeball  | <input type="checkbox"/> Sailing (disability)             |
| <input type="checkbox"/> Dragon Boating   | <input type="checkbox"/> Show Jumping                     |
| <input type="checkbox"/> Education/Schools                                      | <input type="checkbox"/> Skateboarding                    |
| <input type="checkbox"/> Eight Ball   | <input type="checkbox"/> Skeleton                         |

# SCFP 2024/25 - Application - Category 2

## Form Preview

- |  |   |
|--|---|
| <input type="checkbox"/> Endurance Riders                                  | <input type="checkbox"/> Skiing                                     |
| <input type="checkbox"/> Equestrian  | <input type="checkbox"/> Snooker                                    |
| <input type="checkbox"/> Fencing   | <input type="checkbox"/> Snooker (Deaf Sport)                       |
| <input type="checkbox"/> Floorball   | <input type="checkbox"/> Snowboarding                               |
| <input type="checkbox"/> Flying Disc / Ultimate Frisbee                    | <input type="checkbox"/> Social and Community Groups                |
| <input type="checkbox"/> Football  | <input type="checkbox"/> Softball                                   |
| <input type="checkbox"/> Football / Futsal (Blind / Vision Impaired Sport) | <input type="checkbox"/> Speedway                                   |
| <input type="checkbox"/> Football / Futsal                                 | <input type="checkbox"/> Squash                                     |
| <input type="checkbox"/> Football / Futsal (Deaf Sport)                    | <input type="checkbox"/> Surf Life Saving                           |
| <input type="checkbox"/> Football (Powerchair Sport)                       | <input type="checkbox"/> Surfing                                    |
| <input type="checkbox"/> Gaelic Football                                   | <input type="checkbox"/> Swimming                                   |
| <input type="checkbox"/> Gliding   | <input type="checkbox"/> Synchronised Swimming                      |
| <input type="checkbox"/> Goal Ball (Blind / Vision Impaired Sport)         | <input type="checkbox"/> Table Tennis                               |
| <input type="checkbox"/> Golf  | <input type="checkbox"/> Table Tennis (Deaf Sport)                  |
| <input type="checkbox"/> Golf (Amputee)                                    | <input type="checkbox"/> Taekwondo                                  |
| <input type="checkbox"/> Golf (Blind / Vision Impaired Sport)              | <input type="checkbox"/> Tai Chi                                    |
| <input type="checkbox"/> Gridiron  | <input type="checkbox"/> Tennis                                     |
| <input type="checkbox"/> Gymnastics  | <input type="checkbox"/> Tennis (Blind / Vision Impaired Sport)     |
| <input type="checkbox"/> Handball  | <input type="checkbox"/> Tennis (Wheelchair Sports)                 |
| <input type="checkbox"/> Hang Gliding                                      | <input type="checkbox"/> Tenpin Bowling                             |
| <input type="checkbox"/> Hockey  | <input type="checkbox"/> Touch Football                             |
| <input type="checkbox"/> Hockey (Powerchair Sport)                         | <input type="checkbox"/> Track and Road Cycling (Wheelchair Sports) |
| <input type="checkbox"/> Hockey (Wheelchair Sports)                        | <input type="checkbox"/> Trail walking/running/riding               |
| <input type="checkbox"/> Ice Hockey  | <input type="checkbox"/> Transplant Sports                          |
| <input type="checkbox"/> Ice Racing  | <input type="checkbox"/> Triathlon                                  |
| <input type="checkbox"/> Ice Skating                                       | <input type="checkbox"/> Underwater Sports                          |
| <input type="checkbox"/> Indoor Bowls                                      | <input type="checkbox"/> University Sports                          |
| <input type="checkbox"/> Judo  | <input type="checkbox"/> Volleyball                                 |
| <input type="checkbox"/> Judo (Deaf Sport)                                 | <input type="checkbox"/> Wakeboarding                               |
| <input type="checkbox"/> Jujitsu   | <input type="checkbox"/> Water Aerobics                             |
| <input type="checkbox"/> Karate  | <input type="checkbox"/> Water Polo                                 |
| <input type="checkbox"/> Karting   | <input type="checkbox"/> Water Skiing                               |
| <input type="checkbox"/> Kayaking  | <input type="checkbox"/> Weightlifting                              |
| <input type="checkbox"/> Kendo (Iaido/Jodo)                                | <input type="checkbox"/> Wheelchair Dancing                         |
| <input type="checkbox"/> Kickboxing  | <input type="checkbox"/> Wheelchair Sport NSW                       |
| <input type="checkbox"/> Korfball  | <input type="checkbox"/> Wrestling                                  |
| <input type="checkbox"/> Kung Fu   | <input type="checkbox"/> Yachting                                   |
| <input type="checkbox"/> Lacrosse  | <input type="checkbox"/> YMCA/ YWCA                                 |
| <input type="checkbox"/> Lawn Bowls  | <input type="checkbox"/> Other: <input type="text"/>                |
| <input type="checkbox"/> Lawn Bowls (Blind / Vision Impaired Sport)        |   |

## Declaration and Authorisation

\* indicates a required field

### Declaration

# SCFP 2024/25 - Application - Category 2

## Form Preview

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 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.

## 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

# SCFP 2024/25 - Application - Category 2

## Form Preview

**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 \***

|  |
|--|
|  |
|--|

**Applicant Project Contact Primary Phone Number \***

|  |
|--|
|  |
|--|

Must be an Australian phone number.

**Applicant Project Contact Primary Email \***

|  |
|--|
|  |
|--|

Must be an email address.

Opt-in to future communications

# SCFP 2024/25 - Application - Category 2

## Form Preview

**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 its 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 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

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

Estimate in minutes i.e. 1 hour 60

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