**Regional Community Sports Infrastructure Fund – Round 2**

**Planning Stream**

**Application Form Template**

**Applicant Details**

**Please note:** This application form is to be used only for drafting your application. All Regional Community Sports Infrastructure Fund submissions must be made via the online portal.

**APPLICANT INFORMATION**

**Please note:** Only Rural and Regional Victorian Local Government Authorities (LGAs) and Alpine Resorts Victoria (ARV) are eligible to apply to the RCSIF.

LGAs/ARV must discuss potential project/s with their SRV representatives to receive feedback on eligible projects before submitting their application/s.

**Sporting and recreation clubs, sporting associations and leagues, educational institutions, not-for-profit community organisations, businesses and individuals cannot directly apply to the RCSIF.**

Local clubs and organisations are advised to contact their LGA or ARV if they wish to express interest and seek support from the RCSIF.

|  |  |
| --- | --- |
| Name of Application Organisation |  |
| Your Organisation's Australian Business Number (ABN): |  |

**Registered Address**

|  |  |
| --- | --- |
| Country |  |
| Street Address |  |
| Suburb/Town |  |
| State |  |
| Postcode |  |
| Is Postal Address same as Registered Address? | Yes or No |

**CONTACT DETAILS**

**Contact Details of Authorised Person**

This is the person considered the Chief Executive Officer/Financial Delegate (of the LGA/ARV).

|  |  |
| --- | --- |
| Title |  |
| Given Name |  |
| Surname |  |
| Position |  |
| Phone/Direct |  |
| Mobile |  |
| Email |  |

**Contact Details of Management Person**This is the person considered the main contact for application and project queries.

|  |  |
| --- | --- |
| Title |  |
| Given Name |  |
| Surname |  |
| Position |  |
| Telephone |  |
| Email |  |

**Primary Club Contact Details**

This is the person considered the main contact of the primary beneficiary club/league/association

|  |  |
| --- | --- |
| Title |  |
| Given Name |  |
| Surname |  |
| Position |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| **Sport and Recreation Victoria Contact.**  Have you discussed your project with your Sport and Recreation Victoria primary contact? | Yes or No |
| Name of Sport and Recreation Victoria Officer: |  |

**PROJECT OVERVIEW**

**Project Name:**

In 10 words or less give your project a name (for example, ABC Council Sport and Recreation plan 2024 – 2034)

|  |
| --- |
|  |

**Project Description**

In 50 words or less, describe the project scope. Be specific about what you are delivering (for example, Development of a Council wide Sport and Recreation plan 2024 – 2034 to provide a strategic approach to address the needs of the population.)

|  |
| --- |
|  |

**Facility Category and Type**

**For Facility Planning projects only:** What is the highest level of competition played at the facility?

|  |
| --- |
| **Drop down list** - Social / community use, Local competition, Regional competition or tournaments  State level, Semi-professional, Other |

|  |  |
| --- | --- |
| Does this facility receive revenue directly from gaming machines? | Yes or No |

**When will your project take place?**

Please provide dates for anticipated project milestones. Attach a [Project Management Framework](https://sport.vic.gov.au/resources/project-management-framework-fact-sheet-and-form) template to support these dates.

**Please note:** it is a requirement of the program that projects **must be completed within 24 months** of an Executed Grant Agreement.

|  |  |
| --- | --- |
| Anticipated Project Start Date |  |
| Anticipated Project Completion Date |  |

|  |  |
| --- | --- |
| Who owns the land? | O Council Land  O Crown Land  O Department of Education  O Department of Energy, Environment and Climate Action  O Other |
| How is the land managed? | O Council  O Committee of Management (Council)  O Committee of Management (DEECA)  O Licence  O Lease  O Hire Agreement  O Joint Use Agreement/Proposal (DoE)  O Other |
| Do you have approval from the landowner? | Yes/No/NA |
| Are any permits or approvals required before the  project can commence? | Yes/No |
| If yes, please list the type of permit or approval and outline the status. |  |
| Following project completion, has your organisation planned for the asset renewal of this project? | Yes/No |
| Does the completed Aboriginal Heritage Planning Tool indicate if a Cultural Heritage Management Plan (CHMP) is required for the activity? If yes, please provide detail in your assessment criteria responses. | Yes/No |
| Has your organisation completed a Gender Impact Assessment (GIA) for the proposed project? | Yes/No |
| If no, please outline when you intend to complete a GIA. |  |
|  |  |

**PROJECT LOCATION/ADDRESS**

**Please note as per the guidelines for this program each project requires a separate application. Bundled or multiple site projects will not be accepted.**

Provide the address of where most of your planned project will take place including town/suburb and postcode:

|  |  |
| --- | --- |
| Country |  |
| Street Address |  |
| Suburb/Town |  |
| State |  |
| Postcode |  |

|  |  |
| --- | --- |
| Has the site of the proposed project been recently impacted by natural disaster/s? \* | Yes or No |
| If yes, please provide further details |  |

**SPORT/ACTIVE RECREATION**

**Please note as per the guidelines for this program each project requires a separate application. Bundled or multiple site projects will not be accepted.**

Provide the address of where most of your planned project will take place including town/suburb and postcode.

|  |  |
| --- | --- |
| Does your project predominately benefit: \* | Sport or Active Recreation? |

**If ‘Sport’ selected. Which sport/activity types will benefit from this project?**

Select which sport/activity types will predominantly benefit from this project (maximum 4 sports). \*

|  |
| --- |
| Drop down list |

**PROJECT OUTCOMES**

**Benefitting Demographic**

Tick which demographic/s will predominantly benefit from this project.

|  |  |  |  |
| --- | --- | --- | --- |
| Aboriginal and Torres Strait Islander People | Economically Disadvantaged Communities | People with Disability | People from LGBTIQA+ communities |
| People from different cultural backgrounds | Women and Girls |  |  |

**Equity and Equality Benefits**

Tick any gender equality initiatives that will be incorporated into this project. \*

|  |  |  |
| --- | --- | --- |
| Ground usage policies | Programming opportunities | Equality through scheduling |
| Coaching opportunities | Umpiring opportunities | Committee of Management composition |
| Marketing and promotion strategies | Safety | Club management practices |
| Other (Please specify) |  |  |

**ASSESSMENT CRITERIA**

**Assessment Criteria Weighting:**

* Project need and readiness - 50% - Q1
* Project outcomes- 30% - Q2, Q3
* Consultation and engagement- 20% - Q4

**Applications need to address the below Assessment Criteria in this application form, as outlined in the Regional Community Sports Infrastructure Fund Guidelines.**

**1.** Why is the planning project needed?

**Facility Planning projects**: will need to address how the proposed facility addresses a gap in single or multi-use infrastructure provision and the planning supports project readiness.

• Confirm the project scope can be delivered within budget and the programs timeframe.

Note: the suburb where the project is located will be considered, in accordance with the Australian Bureau of Statistics Index of Relative Socio-Economic Disadvantage, 2021 and in-line with the Investment Priorities (as per Section 1.3).

|  |
| --- |
|  |

**2.** How will the planning project result in infrastructure delivery, system improvements, investment prioritisation, policy, management, or programmatic changes that improve the health, social and economic wellbeing of the community?

Note: Facility Planning applications will specifically need to identify how the proposed works will develop documentation to ensure infrastructure project readiness.

|  |
| --- |
|  |

**3.** Explain how participation of those individuals and communities who participate less will be benefit through the completed planning project

|  |
| --- |
|  |

**4.** Detail:

• The consultation and engagement that has occurred with the local community and other stakeholders for the project

• Any further consultation and engagement that will occur for the project

• **Facility Planning projects:** will need to detail all relevant consultation in the Project Management Framework including for individuals and communities who participate less

• **Municipal Planning projects:** will need to detail consultation and engagement in the draft project brief methodology. This should include reference to those individuals and communities who participate less,

stakeholders and project partners.

**PROJECT BUDGET**

**Please ensure you have reviewed the funding ratios in the guidelines applicable for your project. Please also ensure all amounts are excluding GST.**

**Funding Request**

|  |  |
| --- | --- |
| Amount Requested from this Program | Max $40,000 |
| Total Project Cost **(excluding GST)**\* |  |

Please provide details of the income and expenditure for your project, excluding GST. Submit your budget using the categories provided. If you cannot provide enough details in this section, please provide a summary here and the details on a separate sheet (sheets) using the same categories.

Make sure that the total income equals the total expenditure.

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME (excluding GST)** | | **EXPENDITURE (excluding GST)** | |
| Amount Requested from this Program \* | $ | Project Construction \* | $ |
| Grant (State) other than this Program | $ | Professional Planning/Advice | $ |
| Grants (Commonwealth) | $ | Project Management | $ |
| Contributions (Your Organisation) | $ | Contingencies, Escalations and Allowances (minimum 10% of total project cost) | $ |
| Contributions (Philanthropic Trusts and Corporations) | $ | In Kind Expenses | $ |
| Contributions (Public) | $ | Other Expenses | $ |
| Grants (Local) | $ | Other Expenses Description |  |
| Grants (Other) | $ | **TOTAL EXPENDITURE** | **$** |
| In Kind Contributions | $ |  | |
| Other Income | $ |
| Other Income Description |  |
| **TOTAL INCOME** | **$** |

**SUPPORTING DOCUMENTS**

**Please review the Regional Community Sports Infrastructure Fund Guidelines – Round 2 (Section 5) to confirm which supporting documents are mandatory for this funding stream. If these documents are not provided the Department reserves the right to consider your application ineligible.**

**Please also refer to the Supporting Documents Checklist on the SRV website to assist with preparing your application. This checklist can also be submitted with your application if you wish to provide any additional comments**

**When preparing your files, please ensure all supporting documents are all clearly named and dated.**

**Once all files have been finalised and ready for submission, please zip them all into one compressed folder and email them to (quoting the project name in the subject line)** [**communityinfrastructure@sport.vic.gov.au**](mailto:communityinfrastructure@sport.vic.gov.au)**.**

**DECLARATION**

I certify that I am authorised to submit a grant application on behalf of the applicant organisation. I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify DJSIR of any changes to this information and any circumstances that may affect this application. I acknowledge the Privacy Collection Notice in the Introduction section of this application.

I understand that DJSIR is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made for information of an applicant, DJSIR will consult with the applicant before any decision is made to release the application or supporting documentation. I understand that this is an application only and may not necessarily result in funding approval. I understand that if this application is successful, that funding will be subject to terms and conditions set out in agreement with the department. I have read and understood the Program Guidelines.

|  |  |
| --- | --- |
| Please check this box to confirm that you accept the declaration | Tick box for yes |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email address |  |
| Date |  |