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

**Women and Girls Facilities 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, McDonald Recreation Reserve Changeroom Upgrade) \*

|  |
| --- |
|  |

**Project Description**

In 50 words or less, describe the project scope. Be specific about what you are delivering (for example, Construction of a new unisex player and umpire change facilities at McDonald Recreation Reserve for the benefit of netball, football, cricket and tennis. The shared change facilities will be designed to AFL and Netball Victoria design guidelines.)\*

|  |
| --- |
|  |

**Facility Category and Type**

Please select the relevant Facility Category for your proposed project. You may select more than one.

|  |
| --- |
| **Drop down list** – Aquatic Facility, Athletics Track, BMX/Skate Facility, Croquet Court, Cycling Facility, Equipment Fitness Station, Golf, Hockey Pitch, Indoor Court, Indoor Equestrian, Lawn Bowls, Motorsport Track, Other, Outdoor Climbing, Outdoor Court, Outdoor Oval, Outdoor Pitch, Outdoor Pool, Planning, Play Space, Sports Lighting, Sports Pavilion, Walking Paths/Trails |

Please select the relevant Facility Type for your proposed project. You may select more than one.

|  |
| --- |
| **Drop down list** – Car ParkingCoaches Boxes, Connecting Paths, Cricket Practice Wickets, Drainage, Fencing, Irrigation, Landscaping, Lighting, Outdoor Art Installations, Outdoor Exercise Equipment, Players BenchesPortable Equipment, Safety Netting, Scoreboards, Spectator Seating, Spectator Shelters |

What is the highest level of competition played at the facility?

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

|  |  |
| --- | --- |
| Does any of the project beneficiaries 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 LandO Crown LandO Department of EducationO Department of Energy, Environment and Climate ActionO Other |
| How is the land managed? | O CouncilO Committee of Management (Council)O Committee of Management (DEECA)O LicenceO LeaseO Hire AgreementO 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 |

**PARTICIPATION**

**If ‘Active Recreation’ selected in previous section:**

Total Weekly Participation Numbers

|  |  |  |
| --- | --- | --- |
|  | **Current** | **Proposed** |
| Total Weekly Participation Numbers |  |  |
| Total Weekly Hours of Facility Use |  |  |
| Total Weekly Participation Numbers |  |  |

**If ‘Sport’ selected in previous section:**

List the facility user groups (please include legal names). Please also ensure the numbers below match the information in the Schedule of Use.

|  |  |
| --- | --- |
| Name of primary beneficiary club/ league/association:  |  |
| **Participants (enter participation numbers)** | **Current** | **Proposed** |
| Boys Junior (0-17) |  |  |
| Men’s Senior (18+) |  |  |
| Girls Junior (0-17) |  |  |
| Women’s Senior (18+) |  |  |
| Non-binary Junior (0-17) |  |  |
| Non-binary Senior (18+) |  |  |
| **TOTAL** |  |  |
| Do you have a 2nd or 3rd Club to be added?  | Yes or No. If yes, provide details as above. |

**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) |  |  |

**ESD Benefits**

Tick the ESD benefits derived from this project.

|  |  |
| --- | --- |
| [ ]  Optimise site/structure potential (e.g.: building orientation, windows energy ratings scheme (WERS), connection to sustainable transport) | [ ]  Enhance indoor environmental quality (eg: natural light, ventilation, thermal control, drought proofing) |
| [ ]  Optimise energy use (e.g.: solar system, natural ventilation systems, geothermal heating or cooling, provide electric car recharge parking space) | [ ]  Optimise operation and maintenance practices (e.g.: LED light bulbs, recycle bins, reduce energy costs) |
| [ ]  Protect and conserve water (e.g.: water harvesting, using rain water, water recycling) | [ ]  Use of environmentally friendly products (e.g.: maximise use of recycled materials, non-toxic materials) |
| [ ]  None |  |

**Design Benefits**

Tick the principles of Universal Design that will be incorporated into the project. \*

|  |  |
| --- | --- |
| [ ]  Equitable Use - The design is useful and marketable to people with diverse abilities. | [ ]  Tolerance for Error - The design minimizes hazards and the adverse consequences of accidental or unintended actions. |
| [ ]  Flexibility in Use - The design accommodates a wide range of individual preferences and abilities. | [ ]  Low Physical Effort - The design can be used efficiently and comfortably and with a minimum of fatigue. |
| [ ]  Simple and Intuitive Use - Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level. | [ ]  Size and Space for Approach and Use - Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility. |
| [ ]  Perceptible Information - The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities. |  |

|  |  |
| --- | --- |
| Enter the estimated TOTAL number of people employed through planning, project management and construction for the duration of the project (for example: 5, enter numbers only): \* |  |
| Enter the TOTAL duration in months that the above created jobs will be employed for: \* |  |
| Enter the TOTAL number of people employed in ongoing jobs to operate the facility (i.e. facility management) if applicable: \* |  |

**ASSESSMENT CRITERIA**

**Assessment Criteria Weighting:**

* Project need and readiness - 40% - Q1, Q2, Q3
* Project outcomes- 40% - Q4
* Consultation and engagement- 20% - Q5

**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 project needed? Note: the suburb where the project is located will be considered as per 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.** Describe the project scope, including all components. Detail any Universal Design principles and ESD initiatives.

|  |
| --- |
|  |

**3.** What project planning has been done to date? Outline what steps will be taken to finish the works within 24 months.

|  |
| --- |
|  |

**4.** Explain how the project will:

• Increase participation and/or support existing participation of women and girls in community sport and active recreation. Please detail any current and future activities, programs and activations that will result from the project

• Support existing and proposed initiatives, policies and/or practices that support gender equality

• Improve participation for women and girls from communities that participate less in community sport and active recreation (as per Section 1.3).

Where applicants have identified delivery of an All Abilities Participation Initiative, explain how the project will:

• Partner and co design with local disability service providers and networks

**• support sustainable participation of people with disability**

**5.** 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.

Evidence must be provided of community consultation and its findings and/or outcomes where there is any impact of the proposed project on residential or community amenity.

Evidence must include:

• How the local community has been consulted/informed about the proposed project (for example, on site consultation, letter box drop, social media posts)

• Local community consultation findings and outcomes of any engagement (community consultation report, summary of resident feedback, recent master plan).

A further guidance note related to this requirement is available at the SRV website.

|  |
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|  |

**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 $1,000,000 |
| 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** | **$** |

**PARTICIPATION INITIATIVE \***

***\* This section is only required to be completed if the applicant is seeking additional funding to conduct a participation initiative.***

|  |  |
| --- | --- |
| Is Council seeking additional funding of up to $50,000 toconduct participation programs for people with adisability at the funded facility, for up to 2 years? \* | Yes/No |
| Participation Initiative Amount Requested  |  |

**1. Please describe the proposed activities/programs to be delivered and why they are needed. \***

|  |
| --- |
|  |

**2. List the target group that Council intends to engage through the participation initiative.**

|  |
| --- |
|  |

**3. Who are the proposed delivery partner/s? *Please note that in-principle letters of commitment from delivery partners, including clubs are mandatory supporting documents.***

|  |
| --- |
|  |

|  |  |
| --- | --- |
| When do you expect the initiative to commence? | Yes/No |
| Does Council commit to delivering the initiative for up totwo years at the funded facility? | Yes/No |
| Does Council commit to collaborating with Sport andRecreation Victoria and the proposed delivery partnersto complete a detailed Participation Initiative DeliveryPlan to further plan for the delivery of the initiative? | Yes/No |

**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****.**

**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 \*  |  |