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| Community Sports Infrastructure Loans Scheme |
| Application Form |

## Organisation details

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| Name of organisation: |       | ABN/ICN: |       |
| Main street address: |       |
| Town / suburb: |       | Postcode: |       | State: |       |
| Postal address (if different from above): |       |
| Town / suburb: |       | Postcode: |       | State: |       |

## Authorised person (the person who is authorised by the organisation to make the application)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |       | First name: |       | Last name: |       |
| Position: |       |
| Phone: |       | Email:  |       |

## Project details

|  |  |
| --- | --- |
| Project name: |       |
| Project description: (brief project description no more than 50 words) |       |
| Project address: |       |
| Town / suburb: |       | Postcode: |       | State: |       |
| Proposed start date: |       | Proposed end date: |       |

## Project benefits (which sport or activities will your project benefit)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation: |       | ABN/ICN: |       |
| Primary contact: | Title: |       | First name: |       | Last name: |       |
| Phone: |       | Email: |       |
| **Which sports or active recreation activities will benefit from the project?**(for example. basketball, netball, badminton and volleyball) |
|       |

## Land details

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| **Who owns the land where the project is to be located?**(for example. Council, Department of Environment, Land, Water and Planning, Department of Education and Training, etc) |
|       |
| **Who is the land manager?**(for example. Council, Department of Environment, Land, Water and Planning, Department of Education and Training, etc) |
|       |
| **Describe your organisation’s tenure over the land.**(for example: own; lease; licence) |
|       |
| **Are permits or approvals required before project can commence?** (for example, building or planning approval, DELWP/Ministerial approval for Crown Land. If yes, please outline the status of these approvals) |
|       |

## Financial details

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| Income | Expenditure |
| Loan request amount | $       | Project Planning | $       |
| Your organisation | $       | Project Construction | $       |
| Local Government | $       | Project Management | $       |
| State Government  | $       | Contingency | $       |
| Federal Government | $       | Other (please specify)       | $       |
| Club Contributions  | $       | Other (please specify)       | $       |
| Community Contributions | $       | Other (please specify)       | $       |
| Philanthropic Contributions | $       | Other (please specify)       | $       |
| Other (please specify)       | $       | Other (please specify)       | $       |
| Other (please specify)       | $       | Other (please specify)       | $       |
| **Total Income** | **$** | **Total Expenditure** | **$** |

## Declaration

I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify Department of Health and Human Services of any changes to this information and any circumstances that may affect this application. I acknowledge that Department of Health and Human Services may refer this application to external experts or other government departments for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative grant funding opportunities. I understand that Department of Health and Human Services is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made, Department of Health and Human Services 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |       |
| Print Name: |       | Position: |       |
| (To be signed by a person with delegated authority to apply - i.e. CEO, Director) |

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