**Regional Community Sports Infrastructure Fund – Round 1**

**All** **Abilities Infrastructure 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 Pavilion Accessibility Upgrade.) \*

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| --- |
|  |

**Project Description**

In 50 words or less, describe the project scope. Be specific about what you are delivering (For example: *Upgrade of the existing pavilion to include ramped access, widened entry way and accessible amenities.*) \*

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| --- |
|  |

How is the facility categorised by your LGA/ARV? Select all that apply: \*

|  |
| --- |
| **Drop down list** – Local; Neighbourhood; Municipal; Sub Municipal; Regional; State; National; Other |

**When will your project take place?**

Please provide dates for anticipated project milestones. Attach a [Project Management Framework](https://sport.vic.gov.au/__data/assets/word_doc/0018/155106/Project-Management-Framework.doc) 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 \* |  |

|  |  |
| --- | --- |
| **Select the tenure your organisation has over the**  **land (choose an option)** | O Freehold - own the land  O Trustee - Crown land entrusted to Local Government  O Crown Land - Committee of Management  O Department of Education Land - Joint Use Agreement  O Lease  O License |
| **Do you have approval from the landowner?** | Yes/No/NA |
| [**Has your organisation completed an Aboriginal Heritage**](https://www.firstpeoplesrelations.vic.gov.au/cultural-heritage-management-plans)  [**Planning Tool regarding your proposed project.**](https://www.firstpeoplesrelations.vic.gov.au/cultural-heritage-management-plans) | Yes or No |
| **Does the tool indicate a Cultural Heritage Management Plan (CHMP) is required for the activity?** | Yes or No |
| **If relevant, please include further information or CHMP updates.** |  |
| **Has your organisation completed a Gender Impact Assessment (GIA) for the proposed project? \*** | Yes or No |
| **If no, please outline when you intend to complete a GIA.** |  |
| **Does this facility receive revenue directly from gaming machines? \*** | Yes or No |
|  |  |

**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 Number of Weeks Per Year |  |  |

**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 LGBTIQ+ 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 Round 1 Guidelines.**

**1a.** Why is the project needed? *(Explain the participation issue the project is seeking to address. Describe the links to relevant plans for example LGA/ARV plans, master plans, State Sporting Association plans). \**

|  |
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|  |

**1b.** Please list (and provide website links to) the relevant plans/strategies referenced in 1a. Please ensure that you also identify the relevant pages numbers for each document. **Note:** Copies of plans/strategies are no longer required to be submitted as supporting documents. \*

|  |
| --- |
|  |

**2.** Describe the project scope, including all components and their consistency with the Access Audit. \*

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**3.** What project planning has been completed to date. Outline what steps will be taken to complete the project within twenty-four (24) months. \*

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|  |

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

* Increase community sport and active recreation participation opportunities for people with disability.
* Improve opportunities for people with disability that also identify as belonging to other groups that participate less in community sport and active recreation (as per Section 1.3)
* Implement Universal Design principles.

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

* partner with local disability service providers and networks.

**5.** Detail:

* Codesign activities, including consultation and engagement that has occurred with the community and other stakeholders for the project (particularly people with a disability and/or organisations supporting people with a disability)
* 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 community has been consulted/informed about the proposed project (e.g. on site consultation, letter box drop, social media posts)
* Community consultation findings and outcomes of any engagement (community consultation report, summary of resident feedback, recent masterplan)

*(*[*Please click here to review the Guidance note on the SRV website for further information*](https://sport.vic.gov.au/__data/assets/pdf_file/0027/176832/Community-Consultation-and-amenity-impacts-October-2021.pdf) )

|  |
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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 to  conduct participation programs for people with a  disability 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. \***

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| --- |
|  |

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

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| --- |
|  |

**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.***

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| --- |
|  |

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

**SUPPORTING DOCUMENTS**

**Please review the Regional Community Sports Infrastructure Fund Guidelines (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.**

**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 \* |  |