Introduction

* indicates a required field

About the Her Sport Her Way grant program (HSHW)

Her Sport Her Way (2019-2023) is a four-year strategy that aims to build a stronger NSW sport sector where women and girls are valued, recognised, and have equal choices and opportunities to lead and participate.

It provides a clear role for the NSW Government to work with the sector and new partners in innovative ways to shape the future of women's sport.

The Her Sport Her Way Grant Program (the Program) is a key initiative under this strategy and supports Her Sport Her Way annual action plans, sports participation plans and Office of Sport Strategic Plan 20202-2024.

It provides support to NSW State Sporting Organisations (Organisations) to develop and deliver new initiatives to increase participation of women and girls in sport, on and off the field, and build cultures of diversity and inclusion. This year the Program continues to have a particular focus on initiatives that target adolescent girls.

Eligible applicants

Eligible applicants are:

• NSW State Sporting Organisations. <u>Check your eligibility against Recognised State Sporting Organisations in NSW.</u>

Eligible Organisations are encouraged to partner with other Organisations, including those with specific experience working with women and girls and underrepresented communities.

Our organisation is a Recognised NSW State Sporting Organisation. * Agreed

Ineligible Applicants

Ineligible applicants are any organisation types not listed in the 'Eligible Applicants' section, and include (but are not limited to):

Sporting clubs and associations • Individuals

An Eligible Applicant will be deemed not eligible for funding under this program if they are an organisation named: (i) by the <u>National Redress Scheme for Institutional Child Sexual Abuse</u> on its list of institutions that have not joined or not signified their intent to join the Scheme; or (ii) in the Royal Commission into Institutional Responses to Child Sexual Abuse that has not yet joined the National Redress Scheme.

The organisation is not one of the ineligible applicants listed above * ○ Agreed

Primary Sport *					
Does the project be ○ Yes	nefit any other sport	*	No		
Please ensure you do beneficiary above.	not select the beneficia	у а	already selected as t	he	primary project
Other Project Benef	iciaries *				
☐ Archery / Archery Field			Little Athletics		Sailing
☐ Athletics	☐ Flying Disc / Ultimate Frisbee		Motorcycling		Skateboarding
☐ Australian Football League	☐ Football		Motorsport		Skiing
☐ Badminton☐ Baseball	☐ Gliding☐ Goal Ball (Blind / Vision Impaired Sport)		Netball Orienteering		Snooker Snowboarding
□ Basketball□ Bocce□ Boccia□ Boxing□ Clay Target	☐ Golf ☐ Gridiron ☐ Gymnastics ☐ Handball ☐ Hang Gliding		Paddle Sports Parachute Paragliding Pistol Polo		Softball Squash Surfing Swimming Table Tennis
Shooting Cricket Croquet Cycling Track Dancesports Darts Diving Dragon Boating Endurance Riders Equestrian	 ☐ Hockey ☐ Ice Hockey ☐ Ice Skating ☐ Judo ☐ Karate ☐ Karting ☐ Kung Fu ☐ Lacrosse ☐ Lawn Bowls 		Polocrosse Pony Club Rifle Roller Blading Roller Derby Roller Skating Rowing Rugby League Rugby Union		Tennis Tenpin Bowling Touch Football Triathlon Volleyball Water Polo Water Skiing Weightlifting Wrestling
Insurance					
Organisations approved for funding by this program are required to have a minimum Public Liability Insurance cover of \$5 million. It is recommended, but not a condition of funding, that applicant organisations have Personal Accident, Professional Indemnity and Directors and Officers insurance. Organisations that employ staff must comply with the Workplace Injury Management and Workers Compensation Act 1998 (NSW).					
The organisation ha	s public liability insu	rar	nce for at least \$5	mi	llion? *
	the application is suc n Public Liability Insu				

Applicant Organisation * indicates a required field	Details
Organisation Name * Organisation Name	
Does your organisation have ○ Yes	an ABN? *
Applicant ABN * The ABN provided will be used to check that you have entered the	look up the following information. Click Lookup above to ABN correctly.
Information from the Australian Busi	iness Register
ABN	
Entity name	
ABN status	
Entity type Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	1010 IIII OIII OIII OIII OIII OIII OIII
Tax Concessions	
Main business location	
Must be an ABN. Please click on the following link to fi	ind your ABN: https://www.abr.business.gov.au/
	an Australian Company Number and/or a NSW Fair er and/or Indigenous Incorporation Number? *
Please choose from list below ☐ Australian Company Number ☐ NSW Fair Trading Incorporation	

☐ Indigenous Incorporation Number

At least 1 choice must be selected.

Please click on the following links to find your number/s as applicable:

- Australian Company Number
- NSW Fair Trading Incorporation Number
- Indigenous Incorporation Number

Australian Company N	umber *
NSW Fair Trading Inco	progration Number *
Indigenous Incorporat	ion Number *
Organisation Postal Address	ddress *
Address Line 1, Suburb/Tow Australia	n, State/Province, Postcode, and Country are required. Country must be
Organisation Street Ad Address	ddress *



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Organisation Phone Number *

Must be an Australian phone number. Please include area code eg. 02 9999 9999

Organisation Email *

Must be an email address.

Organisation generic email address preferable if one available.

Organisation Website

Must be a URL. This is optional.

Organisation social media (e.g. Facebook, Twitter, Instagram etc. if relevant)

This is optional.

Primary Contact Details (Authorised Representative)

The Authorised Organisation Contact will receive formal correspondence from the Office of Sport and will be the organisation's authorised delegated contact who has delegated authority to sign on behalf of the organisation and should be, for example, the General Manager, CEO or Executive Officer, President, Organisation Board or Committee of Management Chair, Chancellor. It is your responsibility to update the Office of Sport of any contact details change during the delivery of the project.

Name *

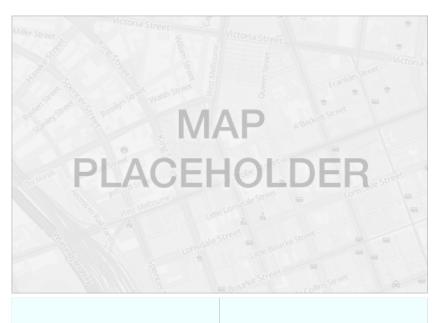
Title First Name Last Name

Position) *	
Busines	s Phone Numl	ber *
	n Australian phor clude area code e	
Mobile I	Phone *	
Must be a	n Australian phor	no number
	n Australian phor	ne number.
Email A	ddress *	
Must be a	n email address.	
Δdmin	istration/Pro	ject Contact
Admini	istration, 10	Jeer contact
		-
		to the Primary cont d have day to day c
the Offic	e of Sport would	
the Offic (above)	e of Sport would is signing fundir	d have day to day cong agreements only
the Offic (above)	e of Sport would	d have day to day c
the Offic (above) I Name * Title	e of Sport would is signing fundir First Name	d have day to day cong agreements only
the Offic (above)	e of Sport would is signing fundir First Name	d have day to day cong agreements only
the Offic (above) I Name * Title	e of Sport would is signing fundir First Name	d have day to day cong agreements only
Name * Title Position	e of Sport would is signing fundir First Name	d have day to day cong agreements only. Last Name
Name * Title Position Busines	e of Sport would is signing fundir First Name * * * * * * * * * * * * *	d have day to day cong agreements only. Last Name ber * ne number.
Name * Title Position Busines	e of Sport would is signing fundir First Name * * * * * * * * * * * * *	d have day to day cong agreements only. Last Name ber * ne number.
Name * Title Position Busines	e of Sport would is signing fundir First Name * * * * * * * * * * * * *	d have day to day cong agreements only. Last Name ber * ne number.
Name * Title Position Busines Must be a Please inc	e of Sport would is signing fundir First Name * * * * * * * * * * * * *	Last Name ber * ne number. ng. 02 9999 9999
Name * Title Position Busines Must be a Please inc. Must be a	e of Sport would is signing fundir First Name ** ** ** ** ** ** ** ** **	Last Name ber * ne number. ng. 02 9999 9999
the Offic (above) Name * Title Position Busines Must be a Please inc Mobile I	e of Sport would is signing fundir First Name * * * * * * * * * * * * *	Last Name ber * ne number. ng. 02 9999 9999

Project Details

* indicates a required field

Project Title *
Must be no more than 10 words. Will be used in correspondence and publication. Please use proper casing. A unique title that identifies your project.
Project Description *
Word count: Must be no more than 100 words. Please provide a short description for publication purposes (What and where)
Project Description - Detailed Brief (optional)
Word count: Must be no more than 250 words. This can be used to provide a more detailed description of the program. This section is optional.
Project Location
Please provide the main location of the project - must be in NSW.
Projects delivered across multiple locations or state-wide delivery should be outlined in the project scope and need description.
Name of Park/Reserve/Facility *
Project Location Name
Street Address * Address



Address Line 1, Suburb/Town, State/Province, and Postcode are required. Coordinates Required. Country must be Australia

- The Her Sport Her Way grant program provides grants from \$10,000 \$50,000 per project
- Applicants may apply for more than one project, or multiple locations however the maximum available to any one organisation is \$50,000 p.a.
- The 25% contribution applies to each application

Is your organisation applying for more than one grant application? * \bigcirc Yes \bigcirc No

How many applications is this organisation submitting? *

Whole numbers only. Maximum of 4

What is your priority ranking of this project? *

This is the organisation's priority ranking of this project compared to other submitted projects. Whole numbers only. Maximum of 4

Project Type

Participation Projects that aim to reduce barriers to participation for women and girls and create innovative, inclusive sport experiences that reflect what women and girls want.

Leadership Projects that aim to attract, develop, and retain female coaches, officials and leaders, and projects that recognise and celebrate their achievements.

Capability Projects that aim to build the capability of Organisations to increase the participation of women and girls both on and off the field, and projects that build gender inclusive sporting cultures and environments.

Project Type * O Participation O Leadership O Capability Choose your project type, individual applications are required for different project types
Project Data
* indicates a required field
Gender and Age Groups
Which gender group will the project primarily benefit? * Female Male Self-Described All Genders 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
Self-Described
Description
Target Communities
What are the target communities of this project? * ☐ 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

□ None of the above	
Please complete the questions below detailing the number of participants currently registered with your organisation/club, and the anticipated numbe will be registered as a direct result of your proposed project.	r that
How many participants are currently registered with your club/organisation?	*
Must be a number.	
How many current registered participants are female? *	
Must be a number.	
How many additional female participants do you anticipate will register with organisation as a result of your proposed project? *	your
Must be a number.	
How many current registered participants identify as non-binary or have no specific gender group? *	
Must be a number.	
How many additional non-binary/no specific gender group participants do yo anticipate will register with your organisation as a result of your proposed project? *	u
Must be a number.	
How many current registered participants are male? *	
Must be a number.	
How many additional male participants do you anticipate will register with y organisation as a result of your proposed project? *	our
Must be a number.	

Participant Numbers
Total current number of participants
This number/amount is calculated.
Total anticipated number of participants
This number/amount is calculated.
Participation Increase
Do you anticipate that your proposed project will also increase participation among any of the community groups already identified above? * ○ Yes ○ No
Participation Increase continued
If you anticipate that your proposed project will also increase participation among any of the community groups already identified above (Disadvantaged communities (low SEIFA), People from culturally and linguistically diverse (CALD) backgrounds, First Nations/Aboriginal people, People with a disability, Regional and remote), please provide details of the group in question and, including clear figures where possible, the increase in participation you anticipate as a result of your project.
Which community groups do you anticipate will enjoy an increase in participation as a result of your project, and by how much? Include clear figures where possible. *
possible.
Program Objectives
* indicates a required field
Applicants should demonstrate how the project aligns with Her Sport Her Way annual action plans, sports participation plans, or other relevant strategies including Office of Sport Strategic Plan 2020-2024 and its focus on underrepresented populations
 Her Sport Her Way Strategy Office of Sport Strategic Plan 2020-2024
Which of the following program objectives will the project address? * ☐ Increase the number of women and girls playing sport ☐ Improve the retention of adolescent girls ☐ Increase the number of women and adolescent girls in leadership positions both on and off the field

☐ Improve gender inclusive sporting cultures and environments. At least 1 choice must be selected. Select all that apply
How will the project increase the number of women and girls playing sport? *
Word count: Must be at least 50 words.
Supporting evidence (optional) Attach a file:
How will the project improve the retention of adolescent girls? *
Word count: Must be at least 50 words.
Supporting evidence (optional) Attach a file:
How will the project increase the number of women and adolescent girls in leadership positions both on and off the field? *
Word count: Must be at least 50 words.
Supporting evidence (optional) Attach a file:
How will the project improve gender inclusive sporting cultures and environments? *

Word count: Must be at least 50 words.		
Supporting evidence (optional) Attach a file:		
Actuell a lile.		
Merit Assessment - Criterion 1		
* indicates a required field		
Demonstrate how the project meets at *	least one of the obje	ectives of the program
Word count: Must be at least 100 words.		
Supporting evidence (optional) Attach a file:		
Demonstrate how the project aligns wi	th strategies of your	sport. *
Word count: Must be at least 100 words.		
Supporting evidence (optional) Attach a file:		
Provide details and supporting evidence project(s) where relevant *	e of National Organis	sation support for
Word count: Must be at least 100 words.		
Supporting evidence (optional) Attach a file:		

Upload letter of National Organisation support for project(s) where relevant, community and stakeholder consultation and support letters

Describe community and stakeholder co	nsultation and proje	ect support. *
Word count:		
Must be at least 100 words.		
Supporting evidence (optional) Attach a file:		
Provide relevant attachments and support letters		
Demonstrate how the project aligns with	n Her Sport Her Way	strategy and the
Office of Sport Strategic Plan 2020-2024 populations *		
Word count:		
Must be at least 100 words.		
Supporting evidence (optional) Attach a file:		
Merit Assessment - Criterion 2		
* indicates a required field		
Provide a clear project description inclu	ding evidence of key	deliverables/outputs
*		
Word count:		
Must be at least 100 words. Describe why the project is a priority need, what is	ssue does the project add	dress?
Upload evidence (optional)		
Attach a file:		

Provide details on who the target group is and how they will be engaged during the project *
the project ·
Word count:
Must be at least 100 words.
Please provide specific key user groups that will benefit from this project
Number of participants *
Must be a number. How many participants will benefit?
now many participants will belieft:
Provide details on how and where the project will be delivered *
Word count:
Must be at least 100 words.
E.g. specific/multiple locations or state-wide delivery
Upload evidence (optional)
Attach a file:
Provide evidence/data to support the project need *
Word count:
Must be at least 100 words.
Upload evidence (optional) Attach a file:
Account a file:
This could be letters of support from partnerships, local councils, associations etc.
Provide details on what approaches will be taken to improve the experience an
offerings for the target group *
Word count:
Must be at least 100 words.

Page 15 of 23

Upload evidence/data to support approaches to improvement (optional)

Attach a file:
Outline measures that will be used to learn throughout the project and build evidence on what is working or needs changing *
evidence on what is working or needs changing *
Word count: Must be at least 100 words.
Supporting evidence (optional) Attach a file:
Demonstrate how the project seeks to sustain sports participation within the community beyond the end of the grant period *
grama period
Word count: Must be at least 100 words.
Supporting evidence (optional)
Attach a file:
Marit Assessment Criterian 3
Merit Assessment - Criterion 3
* indicates a required field
Project Timeframe
Please provide your anticipated project start and completion dates
Proposed start date of project *
Must be a date and no earlier than 1/2/2023.
Anticipated finish date of project *
Must be a date and no later than 30/6/2024.
Key Project Milestones

Provide a	detailed proje	ct plan that	outlines	project t	tasks and	milestones
schedule a	and informatio	n about del	liverables	against	timelines	

Please complete the following table with further details about the stages/phases involved in your project.

Project stage	Start Date	End date
	Must be a date and no earlier	Must be a date and no later than
	than 1/2/2023.	30/6/2024.
Upload project plan (option	nal)	
Attach a file:	•	
	to start the project in 2023,	and have it completed by
30 June 2024. *		
Word count:		
Must be between 100 and 250 wo	ords.	
	ience in delivering similar s	
	l skills you possess in order	to deliver the project
successfully *		
Ward county		
Word count: Must be between 100 and 250 wo	ards	
Must be between 100 and 250 wc	orus.	
	partners in delivering the pro	oject? *
O Yes	O No	pacity to deliver the project
Evidence of project partners will t	pe considered as adding to your cap	pacity to deliver the project
Declaration Details		
Project Partner Details		
To add another Project Partne	r, click on ADD MORE	
Project Partner Name *		
Organisation Name		
Contact Name *		
Title First Name La	ast Name	

Email *	
Must be an email address.	
Business Phone *	
Must be an Australian phone number. Please include area code eg. 02 9999 9999	
Role in Partnership *	
Contribution to the project *	
Word count: List the partnership and then a brief description of	what the contribution is.
Upload letter/s of support * Attach a file:	

Merit Assessment - Criterion 4

* indicates a required field

Please complete the following section in order to demonstrate the income sources, and expenditure required to complete your project.

Prior to doing so please review the following:

Refer specifically to sections in the Program Guidelines on *Financial co-contribution, Ineligible project costs and Eligible projects* to ensure your grant request only includes eligible scope items. Costs identified as ineligible can be included in your budget but cannot form part of the grant requested.

INELIGIBLE PROJECT COSTS

The Program will NOT fund the following projects or project components:

- Retrospective funding, where projects have commenced or completed at the time of application
- Projects that have already been funded by the NSW Government unless significant new and additional scope is identified
- Project will not be completed by June 2024
- Project administration costs and staff wages. Although staff wages directly related to the project can be included as part of your co-contribution.

- Appearance fees, prize money, trophies, and presentation functions
- Entertainment, hospitality, catering, food and drink
- Events that are organised for the primary purpose of fundraising, including charity fundraising events
- Purchase of land, rental of premises or associated occupancy payments
- General running costs including capital equipment or office equipment
- Insurance (public liability, general liability, etc.)
- Infrastructure projects (eg. construction, upgrade, maintenance, and repairs).

Each application will be checked for eligibility by the Office of Sport. All applications including those with uncertain eligibility assessment will be referred to the Grant Assessment Panel for final determination on eligibility.

GST

- **Organisations registered for GST:** When applying for funding please exclude GST from the amount of funding requested in your project budget. GST will be paid to your organisation if successful, for each instalment.
- **Organisations not registered for GST:** When requesting funding for your project, please include GST in the costs for your project budget. Please ensure that quotes you receive are inclusive of GST that will be charged.

NOTE: Please ensure that financial information presented in the application form below matches financial information presented in other documents provided (cost evidence, quotes etc). Mismatched financial information (without a clear rationale or explanation) may effect your scoring against the project affordability merit criterion.

Are you registered for GST? If you do not have an ABN, you will not be registere for GST. * O Yes No				
Budget Declaration				
Items listed in the Budget Expenditure with a funding source of 'this grant application' does not include any of the cost items and/or project components listed above. *				

Budget Expenditure

The budget should be reasonable, based on valid cost estimates and realistic funding model including:

- Provide a clear and detailed budget. The budget should clearly identify project costs and funding sources
- Provide evidence to support budgeted costs e.g., detailed estimates or assumptions, quotes
- Provide evidence of approval for committed funding co-contribution(s). All applications are required to provide a minimum 25% financial or in-kind co-contribution of the total project cost. (e.g. volunteer labour, project administration, partner contribution, facility hire) Volunteer hours should be calculated at \$50 per hour.

Reminder:

○ I confirm

- If your Organisation is registered for GST, please list expenditure items exclusive of GST. If successful, GST will be added to your grant amount at the point of invoicing.
- If your Organisation is NOT registered for GST please list expenditure items inclusive of GST.

	To	add	another	item	click on	ADD	MORE
--	----	-----	---------	------	----------	------------	-------------

Item description	Item cost	Upload quote or cost estimates	Funding Source
	\$		
Budget Expenditu	ıre Total		
Total Expenditure A	mount		
This number/amount is cannot be a superior to the control of the c			
Will the project proc ○ Yes	eed if the full grant a	amount requested is	not approved? *
Comments relating t	o the ability to proce	eed without full fundi	ng (optional) *
Amount requeste	d		
Amount Requested > \$ Must be between \$10,000		nan 75% of total project co	ost
Difference between	total project cost and	d Amount requested	
Amount Requeste	ed must not excee	d your Budget Exp	enditure Total

The amount you have requested exceeds your Budget Expenditure Total. Please

amend Amount Requested before continuing *

Noted

Your % of co-contribution	on to the project				
Must be at least 25% of the to	tal project cost				
Confirm co-contribution O I confirm	*				
Upload evidence of co-c Attach a file:	ontribution *				
This could be a spreadsheet o	utlining expenditure				
Declaration					
* indicates a required field					
	isation e.g. CEO, G	a person who has delegated authority to eneral Manager, member of the Board of			
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 \$5 million for the duration of the project. □ The applicant organsation 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 and no more than 9 choices may be selected.					
Title First Name	Last Name				

Position *		
Business Phone Number *		
Must be an Australian phone number.		
Mobile Phone *		
Must be an Australian phone number.		
Email Address *		
Markharan		
Must be an email address.		
Child Safe Reporting Obligations		
Is your organisation aware of the NSW ○ Yes	Child Safe Scheme? *	k
Is your organisation working to embed systems, policies and processes? * O Yes No	the 10 Child Safe Sta	andards in it's O Not applicable
	Onsarc	O Not applicable
Sport Shorts Newsletter		
If you would like to subscribe to the Office of your details <u>here</u> .	Sport "Sport Shorts" n	ewsletter please fill in
Application Feedback		
Please provide us with feedback regarding the continue to improve this for applicants. This application.		
Please rate your experience completing O Very easy and simple to complete O Somewhat easy and simple to complete O Somewhat difficult to complete O Very difficult to complete	this application forr	m: *
Please estimate how many hours you sp	ent completing this	application *
Must be a whole number (no decimal place).		