

Sport Facilities Grant 2025

Form Preview

Contact Information

* indicates a required field

***Please note:** in this example form - contact fields have been linked to feed into the contact directory area. If you use this form, double check you are happy with the 'contact type' fields. To learn more about contact types see [Help Hub](#).

Contact information

**Name of organisation
applying for this grant ***

**Name of Person
completing form**

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN. Successful applicants who do not have an ABN will need to be eligible to complete an ATO Statement By Supplier form.

Postal Address *

Address

Address Line 1, Suburb/Town, and Postcode are required.
Must reside within the Wollongong Local Government Area

Contact person *

Title

First Name

Last Name

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Position or title

Contact telephone number *

Contact email address: *

About You

* indicates a required field

What do you or your organisation do? *

Word count:

Must be no more than 100 words.

What Sportsfield does this grant relate to

Please list your key partnerships (if applicable):

Have you or your organisation previously received funding from us? *

- ☐ Yes
☐ No

If yes, what was the name of the project?

If yes, what was the total funded?

Do you have any grants outstanding from Wollongong City Council that have not been acquitted? *

- ☐ Yes
☐ No

If yes, provide details.

How many active members are in your club/ association

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How many members in your club/ association from 2024 (previous season)

How many female members are in your club

How many members have identified with a disability

Does your club hold a lease or license on the sportsfield you are applying for

☐ Yes

☐ No

Project Description

* indicates a required field

Project Name *

Estimated Project start date: *

Must be a date and between 1/7/2026 and 1/7/2027.

Estimated Project end date: *

Must be a date and between 1/1/2026 and 31/12/2026.

Amount requested: *

\$

Must be a whole dollar amount (no cents) and no more than 100000.

Other Confirmed Funding

Must be a dollar amount.

Total project cost: *

\$

Brief project description: *

Must be no more than 250 words.

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Project Outcomes

* indicates a required field

Will this project directly increase club operational efficiency, or participation in your sport? *

Consider benefits to the broader community, participation, outcomes of activity

Will this project directly increase accessibility, safety, satisfaction or opportunity for the players/ spectators/ officials/volunteers in your sport? *

Will this project improve opportunities for gender equity at your facility? *

Describe tasks/events within your project.

Will this project provide increased participation opportunities for juniors, the ageing population or disadvantaged members of the community? *

Will this project provide opportunities for shared use of facilities to other user groups to increase sportsground training and competition capacity? *

Will this project address an existing challenge / shortfall in your sport?

What will be the direct impact on your sport and participants at a local, district and regional level if the project doesn't

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progress? (Minimum 50 words).

Budget

Year 1 Budget (all figures are GST exclusive):*

Outline your project budget including details of other funding that has been confirmed and applied for. The budget must balance (total income = total expenditure). Include the Sports Facilities Grant you are applying for, and any other funding sources, in the income column. Please don't add commas to figures, eg. write \$1000 not \$1,000.

Income Description \$		Expenditure Description \$	
WCC Grant	10000	Project example	10000

External funding for the project:

Total confirmed funding

\$

Confirmed funding sources

Total unconfirmed funding

\$

Unconfirmed funding sources

Documentation Check List

Letters of support

Attach a file:

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Examples: letter of support from local association or state sporting body

Detailed Scope of Works & Project Plan

Attach a file:

Attach proposed plans, existing plans/ drawings/ photos

Attach a file:

Create a single document that has all relevant information in one document to upload.

Quotations

Attach a file:

Any additional documentation, please upload here

Attach a file:

If there is additional documentation not outlined above, please include here.

Declaration and Privacy Statement

* indicates a required field

Declaration and Privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group (where relevant).

I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact the Wollongong City Council immediately if any information provided in this application changes or is incorrect.

Wollongong City Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Should you need to change or access your personal details, please contact sportsgrants@wollongong.nsw.gov.au

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

**I am authorised
to complete this
application and have
read and understood the**

☐ Yes

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declaration and privacy statement *

Authorised Person's Name *	Title	First Name	Last Name
Date of declaration *			