

Establishment Grant Application Form 21 Round 2

Form Preview

Introduction

The NSW Government is investing \$120 million to expand before and after school care to make places available to all parents with children at government primary schools that need it.

The Establishment Grant Program is designed to encourage and support the establishment of new services to increase the number of approved BASC places for NSW government primary school children.

Applicants may seek up to \$40,000 (GST inclusive) to support establishment and operating expenses, pending eligibility as detailed in the Establishment Grant guidelines.

Before completing this application form, please ensure that you have read and understood the guidelines, which can be accessed here:

- [BASC Reform Establishment Grant Program Guidelines 2021](#)

To be eligible for Establishment Grant applicants must satisfy a number of eligibility criteria. Incomplete applications will not be considered.

If you have any questions in regards to your application please contact **BASCGrants@det.nsw.edu.au** and request a call from a grants team member.

Applicant Details

* indicates a required field

Privacy Notice

The Department of Education pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view the department's detailed privacy statement, go [here](#).

The information requested on this form is being collected by the Department of Education. The department will use the information to assess, manage and acquit applications for funding through the Before and After School Care (BASC) Reform Grants Programs.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested it may impact upon the success of your grant application. All BASC Reform forms will clearly identify any mandatory information.

The department might share the information with other department officers and external agencies for the purpose of processing and assessing the application, and for monitoring and evaluation of the BASC Reform Grants.

You have the right to access and correct the information you provide. If you wish to do so, please contact the department at BASCGrants@det.nsw.edu.au

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Applicant Details

Enter organisation details below.

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

The applicant name should be the same as the entity name from the Australian Business Register below

Applicant 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.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Applicant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

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Type of Applicant

Please select your organisation/entity type: *

- NSW Non-Government School
- NSW Catholic School
- P&C Operated Not-For-Profit Provider
- Other Not-For-Profit Provider
- For-Profit-Provider
- Local Council
- Sole Trader

All applicants must demonstrate its service will support government school students. Evidence of this will be required on Page 3.

Applicant Contact Details

This is the only person we will correspond with about this grant. This will ensure the protection of both your privacy and your data. You must let us know if you change the contact person.

Admin Contact Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be a person's name.

Position *

Must be the position held in the organisation.

Primary Phone Number *

Must be an admin contact phone number and an Australian phone number

Primary Email *

Must be an admin contact email address

Previous BASC Grants

Has the applicant received other funding through the BASC Reform grants program? *

- Yes No

Please provide details of your previous BASC Reform grants here *

Provide Application ID if known

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Do any of these grants have overdue acquittals? *

Yes

No

OSHC Approved Provider Details

Please provide information about the approved provider that operates or will operate the OSHC Service this application relates to.

Please provide the approved provider's trading name *

Please provide the approved provider number? *

Format: PR-XXXXXXXX

Service Information

* indicates a required field

OSHC Service Details

Please provide information about the new OSHC service that this application relates to.

Name of the new OSHC service *

Name of the OSHC service this application relates to

Please provide the service approval number *

Format: SE-XXXXXXXX

Please provide the date the service was approved *

Must be a date.

When did this service open to children?

Must be a date and no earlier than 1/1/2021.

Please provide the address of this service *

Please provide the state electorate (district) this service is in. *

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Don't know the name of your state electorate (district)?

Go to the Electoral Commission's [District Lookup page by clicking here](#) and entering the address of the OSHC service on the lookup page.

Please provide the council area (LGA) the service is in. *

Don't know the name of your local council?

Go to the Electoral Commission's [LGA Lookup page by clicking here](#) and entering the address of the OSHC service on the lookup page.

OSHC Service Location

Is the service based on a NSW Government school site? *

Yes

No

School Site

What is the name of the school where the OSHC Service is located ? *

Current Schools

Schools currently supported by this service *

Please include all schools, including (if applicable) the one where the service is located.

What is the percentage of number of NSW Public School students of total enrolments? *

Must be a number.

Do not include % symbol.

Please provide evidence that you provide access to NSW public school students. *

Attach a file:

This evidence could include communication to parents and other marketing material or supporting letters from local principals.

Provide the names of schools you hope to be supporting at the end of this project. *

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Provide the names of the schools you are hoping to be supporting in the future that you are not supporting at the moment.

Approved Places

Number of approved places for this service *

Must be a number.

Required Documentation

You are required to provide the following documentation:

- Evidence of the establishment of a new OSHC Service (new Service Approval from the NSW Regulatory Authority)
- Right to Occupy for OSHC Service
- Must provide evidence of care to NSW Public School students (i.e., letter of support from school)
- Evidence of unmet demand for OSHC services (i.e., parent surveys or letter from school)

Please check off the following documents to upload *

- New service approval
- Right to occupy
- Evidence of care to public school students
- Evidence of unmet demand

Please upload New service approval *

Attach a file:

Please upload Right to occupy *

Attach a file:

Please upload evidence of care to public school students *

Attach a file:

Please upload Evidence of unmet demand *

Attach a file:

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If you have not supplied one or more of the required documents, please explain why here. *

Activity Details

* indicates a required field

Please provide some information on how you would use this funding.

Activity Name *

For records management purposes only. "Costs towards establishing a new service at..." followed by the location of your service is fine.

Brief project description *

Word count:

Must be no more than 100 words.

Briefly summarise your project. You will have the opportunity to provide expenditure detail below.

What are you proposing to do with the funding, should you be successful? *

Word count:

Must be no more than 250 words.

Briefly list (bullet points) the specific activities that will take place and where they will take place

How will these activities help establish your service? *

Word count:

Must be no more than 250 words.

Include benefit to the service, as well as to the students and parents

What other activities, programs or policies do you have planned in the next twelve months, that you hope will help establish this service? *

Word count:

Must be no more than 250 words.

Project Time frame

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Please provide the date the service opened as the project start date. The project end date should be the estimated date all grant funding would be spent.

Project Start Date *

Must be a date.

This should be the date this new service opened to students.

Project End Date *

Must be a date.

Your acquittal and final report will be due six weeks after this date.

Activity Outcomes

* indicates a required field

Enrolments

These questions relate to the average level of enrolments at this service.

What were the number of enrolments when this service began? *

Must be a number.

Type 0 if service has not yet opened.

What is your target average enrolments per day at the end of this project? *

Must be a number.

Outcomes

What are the expected outcomes of the project? *

Describe what you want the project to achieve in terms of benefits for the service and/or its students and their families

How will you know if these outcomes have been achieved? *

Describe the changes you will see if the expected outcomes of the project occur

Project Budget and Funding Request

* indicates a required field

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Budget

Please provide details of the expenditure for which you are seeking funding support.

Please confirm these expenditure items by choosing "Yes" or "No" from the drop down menu.

Budget tips:

- It is in your best interest to review the grant guidelines to ensure you are only requesting funding support for appropriate expenditure.
- Ensure that your budget estimates are as accurate as possible.
- You should upload documentation that supports your expenditure (eg quotations and/or formal estimates).

In certain circumstances, we may reimburse for expenses already incurred. In these cases, the expenditure **MUST** be:

- directly related to the establishing of a new service, and
- supported by receipts for payment that are legible and dated

All dollar amounts should include GST.

Budget

Expenditure details	\$ Estimated cost (inc GST)	Will be paid for by this grant?	Supporting documentation
			Eg quotations and estimates
	\$		
	\$		
	\$		

Total Project Budget

Total Expenditure Amount

\$

This number/amount is calculated.

Funding Request

Please enter the amount of funding you are requesting in this application (**inc GST**).

Total Amount Requested *

\$

Must be a whole dollar amount (no cents) and no more than 40000.
What is the total financial support you are requesting in this application?

Additional Funding

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If your Total Amount Requested is less than the Total Expenditure Amount, you must tell us where the additional funding is coming from (e.g. loan, accumulated funds, fundraising, fees).

If you have obtained funding from alternate grant programs for this project, you must tell us whether this funding is confirmed or not, what this funding is going to be spent on, and support this where possible with appropriate documentation.

Source of additional funding

Upload supporting documentation for additional funding sources if required

Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that:

- I am an appropriately authorised person to submit this application
- To the best of my knowledge the statements made within this application are true and correct
- I understand that information contained within this application may be disclosed to reviewers and assessors, viewed by agency staff responsible for the administration of the Before and After School Care Implementation Fund, and used in the promotion of the Before and After School Care Reform Program
- I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval or funding agreement
- I declare that I do not have any matters which might give rise to a real or perceived conflict of interest

I agree *

Yes

No

Authorised Officer *

Title First Name Last Name

Authorised Officer Position *

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Authorised Officer Primary Phone Number *

Must be an Australian phone number.

Authorised Officer Primary Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

NOTE: If errors occur and are red-flagged on the page click on the 'Save Progress' button and they'll rectify once completed correctly.

Please indicate how you found the online application process:

- Very easy Easy Neutral Difficult Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Do you feel that more information/resources would have helped you write your application?

- Yes No

What information/resources would these be?

If we held information/training sessions on the grant writing process, would you be interested in attending?

- Yes No