P&C Transition Grant 26-27 Application Form
Form Preview

Grant Overview - P&C Transition Grant 26-27

* indicates a required field

Instructions for Applicants

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

Incomplete applications and/or applications received after the closing date will not be considered.

Application Number

This field is read only.

Grant overview

The NSW Government has committed grant funding to support approved Outside of School Hours (OOSH) providers through a suite of grant programs. One of these is the P&C Transition Grant Progam.

P&C Transition Grant Program purpose

The P&C Transition Grant Program is designed to support approved OOSH services that have transitioned to P&C ownership as a result of the Provider Category Review.

P&C Transition Grant Program objectives

The objectives of the P&C Transition Grant are to:

1. Support approved parent-run OOSH services that are transitioning to P&C ownership.
2. Support P&Cs who are taking on responsibility for transitioning OOSH services.
3. Ensure continuing access for NSW Government primary school students to approved OOSH services impacted by the Provider Category Review.

Applicants may seek up to $10,000 per application to reimburse mandatory one-off costs directly associated with the transition to P&C ownership, pending eligibility as detailed in the guidelines which are available here.

All applicants must read the guidelines before beginning their applications.

Grant Program Name

This field is read only.
The program this submission is in.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the department expressly reserves its right to accept or reject this application at its discretion;
- they must bear the costs of preparing and submitting this application and the department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- they have read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked ‘Commercial-in-confidence’ or ‘Confidential’ is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.
- the information requested on this form is being collected by the NSW Department of Education (The department). The department will use the information to assess, manage and acquit applications for funding through the P&C Transition Grant Program.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- the information it provides to the department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;

- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.
- 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 grant 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 P&C Transition Grant Program.
- you have the right to access and correct the information you provide. If you wish to do so, please contact the department at OOSHGrants@det.nsw.edu.au

Eligibility Confirmation

Please declare this application meets the P&C Transition Grant Program eligibility criteria:

- Applicants must be an approved OOSH provider.
- The application must benefit an approved OOSH service operating in NSW. One application is allowable per service location.
- The benefiting OOSH service must have transitioned to P&C ownership as a result of the recent Provider Category Review.
- The approved OOSH provider must have transitioned to P&C as a result of the Provider Category Review.
- Applications must be submitted by an authorised officer: a person legally able to enter into agreements on behalf of the approved service provider.

I confirm that the applicant and project is eligible according to the criteria outlined in the program guidelines *

☐ Yes

Contact Details

* indicates a required field

Applicant Name

The applicant name should be the same as the entity name from the from the Australian Business Register below. The applicant name and address should be the same as the Provider name and address (this may be different from the Service address). Service Information can be provided on page 3 of this application.

Please reach out to OOSHGrants@det.nsw.edu.au if you are having trouble with this section.

Applicant Details

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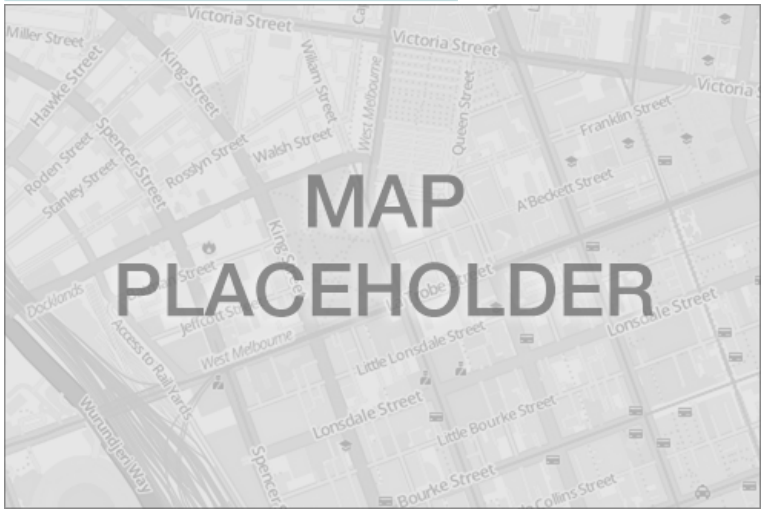
Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address
Address



Applicant Postal Address
Address

Applicant Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Applicant Email Address *

Must be an email address.

Applicant Website

Must be a URL.

Does the applicant organisation have an Australian Business Number (ABN)? *
○ Yes ○ No

Applicant Organisation 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.

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

Primary Contact Details

Primary Contact *
Title First Name Last Name

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

This is the address we will use to correspond with you about this grant.

Outside Of School Hours Approved Provider Details

Please enter the approved provider name

Please enter the provider approval number

Format: PR-00000000

Service Information

* indicates a required field

Outside Of School Hours Service Details

Please provide information about the Outside Of School Hours (OOSH) service that this application relates to.

Please note one application is allowable per service location as per the guidelines.

OOSH Approved Service Details

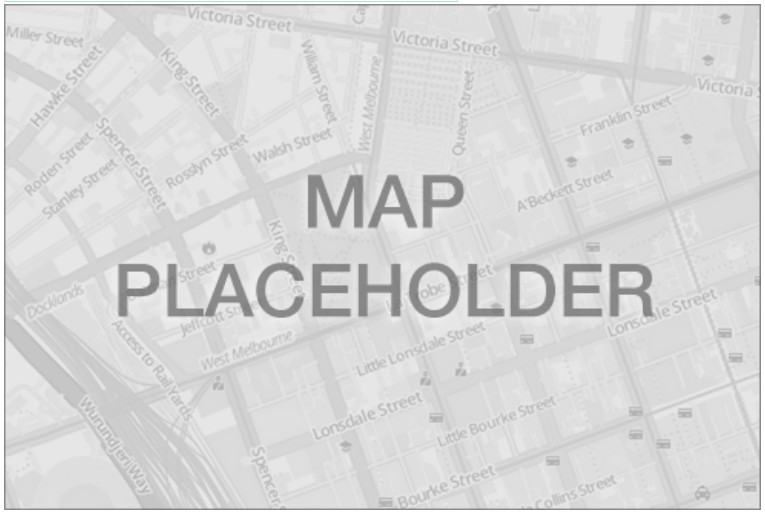
Please enter the approved service name *

Name of the OOSH service this application relates to

Please enter the service approval number *

Format: SE-00000000

Please provide the address of this service *
Address



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

Please provide the date the service was approved *

Must be a date.

When will/did this service open to children? *

Must be a date.

OOSH Service Location

Is this service based on a NSW public primary school site? *

○ Yes ○ No

NSW Public Primary School Site

What is the name of the NSW public primary school where this OOSH 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.

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 approved OOSH Provider (new Provider Approval from the NSW Regulatory Authority)
- Evidence of the establishment of a new OOSH Service (new Service Approval from the NSW Regulatory Authority)
- Right to Occupy for OOSH Service

Please upload provider approval documentation
Attach a file:

Please upload service approval documentation
Attach a file:

Please upload right to occupy documentation
Attach a file:

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

Project Details

* indicates a required field

Below are the stated objectives of the P&C Transition Grant Program. You should reference these objectives as you answer the questions relating to your proposed project and its expected outcomes. Projects that do not align with the objectives of the P&C Transition Grant Program cannot be supported.

The objectives of the P&C Transition Grant are to:

1. Support approved parent-run OOSH services that are transitioning to P&C ownership.
2. Support P&Cs who are taking on responsibility for transitioning OOSH services.
3. Ensure continuing access for NSW Government primary school students to approved OOSH services impacted by the recent Provider Category Review.

Please note the primary location of your initiative should match the Service address.

Title *

Word count:
Must be no more than 25 words.
Provide a name for your initiative. Your title should be short but descriptive.

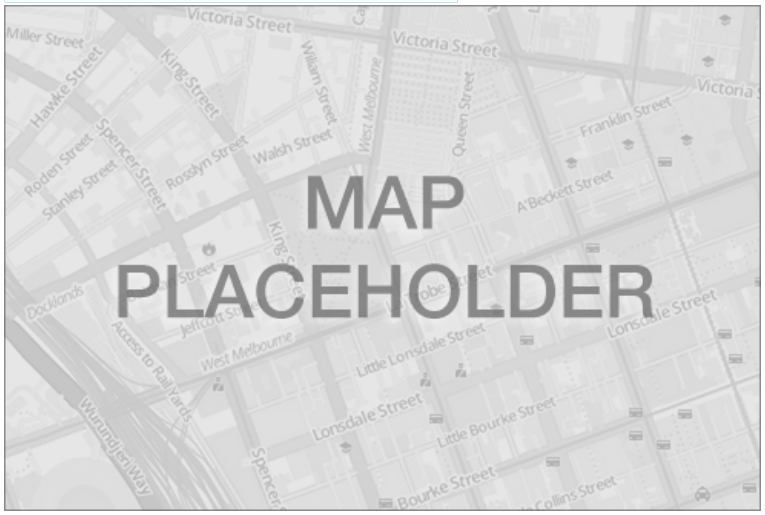
Brief description *

Word count:
Must be no more than 50 words.
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative
Address



Any, but at least one field is required.
Primary location does not need to be a specific address, and can be postcode, suburb, state, etc If delivered online, please specify the area of focus for delivery.

Please update anticipated start / end date

You have indicated above that your project starts / ends before 30/06/2026, however the timeframe for delivery under this program must begin / end after 01/07/2026. Please update the start / end date to ensure your project meets the program guidelines.

Project Focus

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

Word count:
Must be no more than 500 words.
Briefly list (bullet points) the expenses that the funding will cover.

Objectives and Outcomes

* indicates a required field

Objectives

P&C Transition Grant Program purpose

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Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur due to the implementation of your project.

What are the expected outcomes of the project? *

Word count:
Must be no more than 500 words.
Describe what you want the project to achieve. Program goals and outcomes should be realistic, measurable, and achievable.

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

Word count:
Must be no more than 500 words.
Describe the changes you will see if the expected outcomes of the project occur.

Budget

* indicates a required field

Total Project Cost *

$
What is the total budgeted cost (dollars) of your project?

Total Amount Requested *

$
What is the total financial support you are requesting under this grant?

It is in your best interest to review the P&C Transition Grant 26-27 Program Guidelines to ensure you are only requesting funding support for appropriate expenditure. Please include all expenditure items (including the amount requested and any GST attracted) that you are seeking to fund under the grant.

You are required to provide supporting documentation for project expenditure that will be covered by a successful grant application.

Evidence of the payment of costs related to the transition of ownership to a P&C in the form of itemised, dated receipts and certified paid invoices.

Expenditure items without supporting documentation will not be funded.

Expenditure description	Expenditure amount (inc. GST)	Will this be paid for by this grant?	Supporting Documentation
	$		
	Must be a dollar amount.		e.g. quotations and formal estimates

Total Project Budget

Total Expenditure Amount

$
This number/amount is calculated.

Additional Funding

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, and exactly what this funding is going to be spent on.

Supporting documentation is required to support any assertion around available funds. This documentation could include supporting letters from accountants or treasurers, or grant funding confirmation.

Source of additional funding

Upload supporting documentation for additional funding sources if required
Attach a file:

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc. This may be different to the contact person listed earlier in this application form).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;

- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared
- To the best of my knowledge the statements made within this application are true and correct
- 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 funding agreement
- I declare that I do not have any matters which might give rise to a real or perceived conflict of interest

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

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.

How did you find the online application process?

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 60 minutes.

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