P&C Transition Grant 23-24 Application Form
Form Preview

Introduction

Grant Overview

The NSW Government has committed over $16 million in grant funding to support approved providers of Before and After School Care through a suite of grant programs. One of these is the P&C Transition Grant Program.

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

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

All applicants should read the guidelines before beginning their applications.

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

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.

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

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

Do you have any overdue BASC grant acquittals? If so, provide details below, including why the acquittal is overdue. *

Provide Application ID if known

OSHC Approved Provider Details

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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 will/did this service open to children? *

Please provide the address of this service *

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

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.

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.

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

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 expenses that the funding will cover

Project Time frame

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.

Project Budget and Funding Request

* indicates a required field

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 must upload documentation that supports your expenditure (eg quotations and/or formal estimates). We cannot fund expenditure that is not supported by appropriate documentation.

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

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 *

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.

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

○ Yes   ○ No