

# Transport Grant Application Form October 21

## 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 Transport Grant Program is designed to provide funding for transport solutions designed to increase access to BASC services. Access for students in small, regional and/or rural schools is a particular priority with this grant program.

Applicants may seek up to \$85,000 (GST inclusive) to fund transport-related expenses, pending eligibility as detailed in the BASC Transport Grant guidelines.

Before completing this application form, you should have read the BASC Reform Transport Grant Program Guidelines 2021, which are available [here](#).

Incomplete applications will not be considered.

If you have any questions in regards to these eligibility criteria, please contact **BASCGrants@det.nsw.edu.au** and a BASC Grants team member will be in touch.

### 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](mailto:BASCGrants@det.nsw.edu.au)

### Applicant Details

Enter organisation details below.

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### 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	<a href="#">More information</a>
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: \***

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- 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, and whether the grant has been acquitted

### 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 OSHC service that this application relates to.

**Name of the existing OSHC service \***

Name of the OSHC service this application relates to

**Please provide the service approval number \***

Format: SE-XXXXXXXX

**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.

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### 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 the names of all schools, including (if applicable) the name of the school where this 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.

**What new schools will this service support should the application be successful? \***

Provide the names of any school that you hope this service will support as a result of this project.

**Please provide evidence of the demand for your service from these schools. \***

Attach a file:

This evidence could include copies of: parent surveys; letters or emails from parents who wish to use the transport service; letters of support from the proposed new school; waiting lists

## Activity Details

\* indicates a required field

### Activities

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

### Activity Name \*

For records management purposes only. "Transport service for..." and the name of your service or your organisation 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 (200 words recommended)

### These activities will: \*

- Create a new transport service
- Maintain an existing transport service
- Expand an existing transport service

### Explain how the transport solution proposed in this application will benefit your service. What changes will it create? What difference will it make? Be specific. \*

Word count:

Must be no more than 250 words.

Include benefit to the service, as well as to the students and parents (200 words recommended)

### What other new activities, programs or policies do you have planned in the next twelve months, that are hoped will benefit this service? \*

Word count:

Must be no more than 250 words.

### Project Time frame

Provide an estimated start and finish date for this project.

### Project Start Date \*

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Must be a date.

Applications will not be approved for projects that have already commenced.

### **Project End Date \***

Must be a date and no later than 30/12/2022.

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

## Regulatory Requirements

**If your request for funding is successful, it will be a requirement under your funding agreement with the Department of Education that you meet all regulatory and legal requirements related to the transport of children in your care.**

**Failure to meet these requirements will lead to the termination of your funding agreement with the Department of Education and the return of all grant moneys.**

These regulatory and legal requirements may include (but are not limited to):

- Appropriate licencing and training of drivers
- Appropriate registration of vehicles
- Policies and procedures relating to the transportation of children
- Risk assessment and mitigation strategies
- Written authorisation from parents/carers

Applicants may find the following links helpful.

[Click here for regulation 102B](#) and [click here for regulation 102C](#) from the National Regulations. These regulations outline the requirements for a transport risk assessment and the matters that must be considered.

[Click here for regulation 102D](#) from the National Regulations. This regulation provides requirements relating to authorisations for transport and specifies the information that must be included in an authorisation.

[Click here for a number of safe transport resources](#) that provide guidance and advice on transport arrangements and practices.

[Click here for A Guide to the Child Safe Standards.](#) This is a document that can provide a benchmark against which organisations can assess their child safe capability and set performance targets.

**I understand that I must meet all regulatory and legal requirements. \***

Yes

**I understand that I must produce evidence of licences, policy documents and approvals if required. \***

Yes

**I understand that failure to produce such evidence may result in the termination of the funding agreement and return of funds. \***

Yes

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### Activity Outcomes

\* indicates a required field

### Approved Places

These questions relate to the number of approved places at this service.

**What is your current number of approved places. \***

Must be a number.

Input zero if application is related to a new service

**If you are going to apply to increase the number of approved places as a result of this project, please provide the number of extra places being applied for. \***

Must be a number.

If you are not applying for new approved places, type "0"

**Please confirm that this is your target number of approved places at the end of this project. \***

This number/amount is calculated.

Review this number and ensure it is correct before proceeding

### Enrolments

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

**Please provide the average number of enrolments/attendances per week at this service so far this year \***

Must be a number.

Type 0 if service has not yet opened.

**What is your target average enrolments/attendances per week 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(200 words recommended)



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

Describe the changes you will see if the expected outcomes of the project occur (150 words recommended)

## Project Budget and Funding Request

\* indicates a required field

### Budget

Please provide details of the total budget of your proposed transport project.

You should include all costs associated with the transport project, not just those costs that this grant funding will pay for.

Please indicate the expenditure items the grant funding will pay for by choosing "Yes" or "No" from the drop down menu.

Grant funds may not be used for any expenses not directly related to the transport project.

You should upload documentation which supports your expenditure (eg quotations and formal estimates). Expenditure items without supporting documentation may not be funded.

**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 \***

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\$

Must be a whole dollar amount (no cents) and no more than 85000.  
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, it will be required to accept the terms and conditions of the grant as outlined in the funding agreement
- I understand that it is a requirement under the funding agreement that the applicant organisation meets all regulatory and legal requirements related to the transport of children in its care.
- I declare that I do not have any matters which might give rise to a real or perceived conflict of interest

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**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.

**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.**