

Viability Grant 21 Application Form

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 Viability Grant Program is designed to provide short-term financial relief to services that are experiencing financial stress and have a demonstrable risk of closing in the short-term. These grants are an interim measure in anticipation of other grant programs that will come online during 2021, which will seek to support projects, initiatives and activities that will provide more sustainable solutions for services whose viability is under threat.

Applications are now open for approved providers of Out of School Hours Care (OSHC) to apply for grants of up to \$30,000 (GST inclusive) to fund recurrent expenses.

Before completing this application form, you should have read the BASC Reform Viability 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** or call **1300 244 145**.

Applicant Details

* indicates a required field

Privacy Notice

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/entity 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
- 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.

Admin 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 an admin contact name

Position *

Must be an admin position

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

Have you received other funding through the BASC Reform program? *

- Yes
- No

Provide details of previous BASC 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 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)?

Look up the state electorate by going to the Electoral Commission's [District Lookup page here](#) and entering the address of the OSHC service on the page as shown

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

Don't know the name of your local council (LGA)?

Look up the council area by going to the Electoral Commission's [LGA Lookup page here](#) and entering the address of the OSHC service on that page as shown

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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? *

School access

Providers must demonstrate that their service provides access to students from NSW public schools.

If current enrolments do not include NSW public school students, the applicant must provide evidence that this access is available.

What schools does the OSHC service provide access to? List all schools below. *

List all schools, including the name of the on-site school if applicable. Identify any that will be a new source of student as a result of this project.

Do you have public school students currently enrolled in this service? *

Yes No

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.

Eligibility Documentation

* indicates a required field

Risk of Closure

You must provide evidence that this service is at risk of closure. This evidence should include:

- Financial statements (e.g., profit and loss statement or balance sheet signed by a treasurer/accountant) demonstrating a sustained loss over a twelve-month period (i.e., financial year 2019-20 or calendar year 2020) and/or
- Enrolment/attendance records and a statement demonstrating a decline in enrolments/attendances, as a percentage, over the past 12 months.

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Please note: Income should include fees, donations, fundraising, and any grants or subsidies (including Jobkeeper support)

Financial records *

Attach a file:

What is the total loss over twelve months that your financial statements demonstrate? *

\$

Must be a dollar amount.

Enrolment/attendance records and a statement *

Attach a file:

What was the average number of attendances per day in the first month of the period. *

Must be a number.

What was the average number of attendances per day in the last month of the period. *

Must be a number.

Is there a decline in enrolments/attendances? *

Yes

No

If there is a decline in enrolments/attendances, please provide this decline as a percentage. *

Must be a number.

Do not include % symbol.

Licence agreement and variations

Have you contacted SINSW and requested a reduction in licence fees or any other variation? *

Yes

No

Licence reduction evidence

Please provide evidence of requests to SINSW for reduced licence fees. This evidence should be a copy of your licence agreement and:

- any deed of variation or

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- copies of correspondence formally requesting reduced licence fees

Licence variation supporting documentation *

Attach a file:

Reduction request detail

Please provide information as to why you haven't requested a reduction in licence fees

Reason for not requesting fee reduction *

Activity Details

* indicates a required field

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

Activity Name *

For records management purposes only. The name of your service or your organisation is fine.

Short project description *

Word count:

Must be no more than 100 words.

Be descriptive but succinct. You will have the opportunity to provide expenditure detail below.

Please provide a short proposal on how your service will work towards sustainability over the next year. *

Word count:

Must be no more than 250 words.

Include what you hope to do and any enrolment targets

Project Time frame

Provide an estimated start and finish date for this project.

Project Start Date *

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

Project End Date *

Must be a date and no later than 30/6/2022.

Project Budget and Funding Request

* indicates a required field

Budget

Please provide details of the budget of your proposed activities.

You should include all costs associated with the 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.

You should upload documentation which supports your expenditure (eg quotations and formal estimates).

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 (including GST).

Please note: this amount must **NOT** be greater than the amount you have identified earlier as the total loss demonstrated by your financial statements over a twelve-month period.

Total Amount Requested *

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\$

Must be a dollar amount and no more than 30000.

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 Infrastructure Fund, and used in the promotion of the Before and After School Care 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
- 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

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Authorised Officer *

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

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.