

Get Back in the Game Application Form

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Introduction

- Please refer to the [Grant Guidelines](#) while completing this application form.
- The information provided in this Response may be used in the assessment of grants, along with any other information which the Department may obtain from any other source.
- Questions have been framed to ensure responses are relevant to the assessment criteria. Please provide attachments where necessary, clearly labelled and cross-referenced.
- For consortium responses, references to “you” in this application means the lead organisation and all responses given will be taken to be responses of the lead organisation.
- If you wish to apply for the grant in a consortium with one or more other providers, please use section 5.7 to provide additional information about the consortium application and partners.
- **Applicants that do not address the following *mandatory criteria* may be excluded from the application process at the Department’s discretion. Each applicant, as part of an application response, *must* do the following:**
 - **Must provide responses to all mandatory questions in the Application Form**
 - **Must confirm that it meets all eligibility criteria**
 - **Must appropriately and adequately address any conflict of interest issues (if relevant)**
 - **Must confirm that the required insurance is in place, or willingness to get the required insurance**
 - **Must attach all additional documents required as specified in the Application Form (e.g. Budget)**
 - **Must appropriately and adequately explain any current, pending or recent legal proceedings and addressed risk mitigation as relevant**

1. Grant Regions

Grant Regions

SA4 Regions for Get in the Game

Approx. SA4 regions for Back in the Game

Richmond- Tweed

· Richmond-Tweed

· Richmond-Tweed

Grafton / Coffs Harbour

· Grafton – Coffs Harbour

· Grafton – Coffs Harbour

New England and North West

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· New England and North West

· New England and North West

Mid North Coast

· Mid North Coast

N/A

Central West

· Central West

N/A

Capital and South Coast

· Capital

· Illawarra

· Southern Highlands & Shoalhaven

· Illawarra

· Southern Highlands & Shoalhaven

Western / South Western Sydney

· Sydney - Parramatta

· Sydney - Blacktown

· Sydney - South West

· Sydney - Parramatta

· Sydney - Blacktown

· Sydney - South West

Central Coast and Newcastle

· Newcastle and Lake Macquarie

· Hunter Valley exc Newcastle

· Central Coast

· Newcastle and Lake Macquarie

· Hunter Valley exc Newcastle

· Central Coast

Please indicate which region/s you wish to submit a grant application for (Grant Regions): *

Richmond-Tweed

Grafton / Coffs Harbour

New England and North West

Mid North Coast

Central West

Capital and South Coast

Western / South Western Sydney

Central Coast and Newcastle

At least 1 choice must be selected.

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2. Grant Applicant Identification Details

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

Trading Name *

Type of legal entity (eg: company, partnership, sole director company) *

Name of Key Contact for Application *

Position of Key Contact for Application *

Applicant Office Address *

Address

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Applicant Postal Address *

Address

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Mobile Phone Number

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Primary Website

Must be a URL.

3. Eligibility Criteria

To be eligible to apply for this grant, you must;

- be currently operating in NSW
- be a legal entity with the capacity to contract
- have an Australian Business Number (ABN)
- be registered for the purposes of GST
- have an account with an Australian financial institution
- be covered by public liability insurance
- be financially viable
- be one of the following entity types:
 - a company incorporated in Australia
 - a company incorporated by guarantee
 - an incorporated trustee on behalf of a trust
 - an incorporated association
 - a partnership
 - a registered charity or not-for-profit organisation
 - an Aboriginal and/or Torres Strait Islander Corporation registered under the Corporations (Aboriginal and /or Torres Strait Islander) Act 2006

I declare that I have read and understood the eligibility criteria, and confirm that I am eligible to apply for this grant *

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- Yes
- No

If you are entering a consortium application: I confirm that all consortium partners also meet these eligibility criteria *

- Yes
- No
- I am not entering a consortium application

4. Funding

- The funding model, set out at [Appendix 2 \(Outcomes-based funding model\) of the Grant Guidelines](#), contain details on the outcomes-based framework for the payment of this grant round.
- You will not be asked to provide a price to deliver the program as the attainment of outcomes will trigger payments to you on a quarterly basis.

Please confirm that you have read and understanding the funding model described at Appendix 2 (Outcomes-based funding model) for this grant. *

- Yes
- No

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Capability and Capacity

A comprehensive response is required to the questions in this section, included sufficient information to enable an evaluation of capability, capacity and specific proposals to service requirements under the Grant.

5. Years in Business

State the number of years you have been in business under your present constituted form. *

6a. Grant Management Capability / Key Personnel

Provide details of your proposed personnel arrangement for **managing** the Grant and related activities including seeking achievement of the outcomes. Include details of the qualifications and experience of key personnel to be involved in the **management** of the Grant and related activities. Please use the format below for each key personnel member and add additional rows as required.

Name	Position	Percentage of personnel's	Qualifications Relevant experience in managing	Description of their role in the
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		time to be spent exclusively in relation to the Grant	significant commissions or projects, and date	provision of the project requirements
			Must be no more than 200 words.	Must be no more than 200 words.

6(b)

For Other Personnel - Please provide details on the personnel that will be allocated work related to the Funding Deed within your organisation. Add additional rows as required.

Name	Position title	Roles and responsibilities	Qualifications
		Must be no more than 200 words.	

7. Subcontractors

If any part of the services or performance of the Funding Deed activities is to be offered through a subcontractor, details of each subcontractor must be included. Are you intending to make use of subcontractors under this grant? *

- Yes
 No

For each nominated subcontractor, provide details of their proposed role, and experience and qualifications in the provision of similar services. All subcontractors will require the prior approval of the Department. Add additional rows as required.

Sub-Contractor ABN	Description of Proposed Work (150 words max)	Experience and qualifications (150 words max)	Value of work (exc GST)

8. Financial Reports

During the course of the grant process, it may be required that you submit a copy of your last 3 annual financial reports to the Department if so directed, in order to conduct financial viability analysis on behalf of the Department. Indicate below whether you will provide these reports if required. *

- Yes
 No

Please comment on your selection of 'No' at Q8. *

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9. Insurance

Please list the insurances you currently hold, the respective amount (or limit of liability) for each insurance policy and their expiry dates. Please note that it is mandatory requirement that you hold and maintain the insurance required in the [Funding Deed \(see clause 18\)](#). Add additional rows as required.

Insurer	Policy Type	Policy Number	Limit	Expiry Date

If you do not currently hold the insurance required in the Funding Deed (see clause 18), can you commit to having such insurance in place for the commencement of the Funding Deed? *

- Yes
- No
- I already hold the insurance as required

10. Consortium Information

This application is a consortium application with a lead organisation and one or more consortium partners. *

- Yes
- No

As you are applying as the lead organisation of a consortium bid, please attach the following;

- full details of the consortium member(s)
- an outline of the relevant experience and/or expertise that the consortium member(s) will bring to the group, including number of years experience for each consortium member
- an overview of how the consortium member(s) will work with the lead organisation and any other consortium member(s) in the group to deliver Get Back in the Game services
- the roles/responsibilities of the consortium member(s) and the resources they will contribute (if any).

File Upload *

Attach a file:

A minimum of 1 file must be attached.

11. Conflict of Interests

In lodging an application for this grant, are you aware of any real or perceived conflict of interests (including any relevant relationships) which do or may exist?

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(E.g. if you are already running a program to support young people to engage with education, employment or training, there may be conflict about which program you enrol clients into). *

- Yes
- No

Please give details of the conflict of interests *

Please give details about how you propose to address the conflict of interests. *

12. Current Legal Proceedings

Are you or any of your directors or close associates currently, or have you, or have your directors or close associates been at any time within the last 5 years, the subject of any or any pending: (a) legal proceedings, including winding up or bankruptcy proceedings, (b) insolvency administrations or investigations; and/or (c) investigations by ICAC or any other public body? *

- Yes
- No

Please supply full details below:

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13. Response to Questions

A) Experience

Demonstrated ability to successfully deliver youth-focussed services in a locally-based outcomes-driven program

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Describe the organisational capacity and capability to successfully deliver the outcomes. This can be demonstrated through your past experience, reliability, and successful performance in undertaking similar programs. *

Word count:

Must be no more than 400 words.

B) Collaboration

Demonstrated understanding of and ability to successfully collaborate and engage with local education, training and business partners and other key stakeholders.

Please outline relevant knowledge, relationships and experience. You may wish to augment this response with reference letters from some local organisations. *

Word count:

Must be no more than 300 words.

New Question

Attach a file:

C) Organisation

Organisation structure, local facilities and service delivery capacity to deliver required local, youth-focussed services

Please provide an organisational chart and outline your facilities including office location/s, current staffing levels and anything else that you think is relevant to addressing your organisation's capacity to deliver the required services. *

Word count:

Must be no more than 300 words.

New Question *

Attach a file:

D) Approach

Effectiveness of the proposed approach in achieving the required locally-based, youth-focused outcomes.

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Please outline your proposed approach for the delivery of the required outcomes as listed in Appendix 2. *

Word count:

Must be no more than 400 words.

E) Local Issues

Demonstrated understanding and appreciation of local context and issues likely to impact effective service delivery

Please provide an outline of key issues relating to youth and youth employment in the region, and identify key challenges (E.g. attracting and recruiting participants, responding to requirements of Public Health Orders, and retention of participants) relating to the implementation of the program locally. Detail how you will respond to these challenges. *

Word count:

Must be no more than 300 words.

14. Additional Documents Required

Please attach:

- Budget (Demonstrated ability to deliver outcomes on a budget - Using the amount of funds available to you, provide an indicative budget for the duration of the Funding Deed to achieve the outcomes of the program)
- Financial viability (provide evidence of financial viability, e.g. financial statements and/ or a copy of your audited Annual Report, or Accountant declaration (if a new business), evidence of support from your organisation's board, CEO or equivalent on letterhead)
- Risk Management Plan

Budget *

Attach a file:

Financial viability evidence *

Attach a file:

Risk management plan *

Attach a file:

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15. Value Add or Innovation

Provide details of any services proposed to be provided by your organisation (and/or your consortium partners if relevant) that are above and beyond the requirements specified within the funding deed. These are 'value-adding' or innovative items.

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16. Further Information

Provide below any further information you believe is relevant to your application.

17. Addenda to this grant process after issue

It is your responsibility in accordance with the conditions of this grant process to ensure that you are aware of all addenda issued during the grant application period. Failure to allow or consider the addenda in the grant process may result in your application not being considered or your application not being compliant or otherwise your application may be affected by you not considering all available information .

Are you aware of any Addenda issued by the Principal after the initial opening of the grant application period? *

- Yes
- No

Have you read and allowed for the Addenda in your application. *

- Yes
- No

Please specify how many Addenda have you read and allowed for in your application. *

18. Acceptance of grant conditions

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Have you read, understood and accepted the contents of the Grant Guidelines and its appendices? *

- Yes
- No

A full statement of deviations must be given, specifying the relevant clause/s and the extent of non-compliance to each: *

19. Acceptance of Funding Deed template

Have you read, understood and accept the contents of the draft Funding Deed? *

- Yes
- No

A full statement of deviations must be given, specifying the relevant clause/s, the extent of non-compliance and alternate wording to each,: *

20. Signature

Do you certify that the information contained in this application is true and correct, and submitted in good faith? *

- Yes
- No

Signed by the applicant's authorised representative who warrants that he or she has authority to submit this application on behalf of the applicant

Name	Position	Date	Attached signature