**Grant Application Form**

**Family Law Services**

Family Law Services aim to provide alternatives to formal legal processes for families who are separated or separating to improve their relationships and make arrangements in the best interests of their children.

| **Closing Date/Time:** | Applications must be submitted by 2:00 pm (AEST) Friday 12 September 2014. |
| --- | --- |
| **Application Pack:** | Read all information in the Application Pack before completing this Application Form. The Application Pack is available on the Department of Social Services website (www.dss.gov.au). Applications will be assessed using the process outlined in the Programme Guidelines. |
| **Application Help:** | Information about the application process is available on the [DSS website](http://www.dss.gov.au/grants/applying-for-grant-funding). Answers to questions will also be available on this website. Questions lodged after 2pm Friday, 5 September 2014 will not be answered.  If you require assistance or support in using and/or submitting this Application Form, or cannot access the website please call 1800 020 283. |
| **Completing this Application Form:** | Unless marked all parts of this form must be completed.  If you require assistance or support in using and/or submitting this Application Form please call 1800 020 283. |
| **How to Lodge:** | Application forms can be completed and submitted via e-mail to [grants@dss.gov.au](mailto:grants@dss.gov.au) and must be lodged by the closing date/time above. Applications may not be submitted after this time.  Paper applications must be lodged by the closing time and date specified above at:  Family Law Services Tender Box  Department of Social Services  Module B Reception  Tuggeranong Office Park  77 Athllon Drive  Tuggeranong ACT 2900  DSS will acknowledge receipt of your application. Please email grants@dss.gov.au or call 1800 020 283 if you have not received acknowledgement within 5 working days of submitting your application. |
| **National Relay Service (NRS):** | DSS uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. For further details on accessing the NRS, please visit the DSS website at http://www.dss.gov.au/contact/national-relay-service. |

**Use of Information:**

DSS may use the information, other than personal information, provided in this Application Form to assist DSS to:

1. comply with the Australian Government requirement to publish the names of all grant recipients on the DSS website,
2. inform staff negotiating and establishing Grant Agreements of risks and issues which need to be addressed in the Grant Agreement for that programme, and/or
3. inform future assessments for applications.

**You can only apply if you agree to DSS using the information (not personal information) you provide in this form for the purposes listed at (a), (b) and (c) above.**

**I agree**

This section is deliberately blank

# Part 1 Applicant Details

**Note: A completed Registration Form must be submitted before this application can be accepted. The applicant should complete and submit the Registration Form via the** [**grants@dss.gov.au**](mailto:grants@dss.gov.au) **email address before completing this application form.**

**1.1 What is the applicant's Legal Name?**

| Applicant legal name: |  |
| --- | --- |

What is the applicant’s registration number, assigned after submitting the Registration Form?

| Registration number: |  |
| --- | --- |

DSS enters into a Grant Agreement with this legal entity only. All further responses within this Application Form must relate to this entity.

**1.2 Which Family Law Service Sub-Activity and specified location is this application for?**

| **Family Law Sub-Activity**: |  |
| --- | --- |

| **Specified location**: |  |
| --- | --- |

# Part 2 Eligibility Requirements

**2.1 What is the applicant's legal entity type?**

|  | Incorporated Association |
| --- | --- |
|  | Incorporated Cooperative |
|  | Company |
|  | Aboriginal Corporation |
|  | Organisation established through a specific piece of Commonwealth or State/Territory legislation |
|  | Partnership |
|  | Trustee on behalf of a Trust |

**Only the legal entities listed are eligible for funding.**

For a list of eligible legal entity types, refer to the Programme Guideline Overview.

If you are unsure about the applicant's legal entity type, please seek independent advice (e.g. from your Accountant) or refer to http://www.abr.business.gov.au/ for further information.

**2.2 Does the applicant operate as not-for-profit?**

Yes  No

**Note: Only not for profit organisations are eligible to submit an application for this selection process.**

**2.3 Does the applicant have a current Certificate of Registration?** (This does not need to be provided here, but may be requested by the Department)

Yes  No

For eligibility requirements, refer to the Programme Guideline Overview.

For further details about non-profit organisations refer to the [Australian Tax Office](http://www.ato.gov.au/) website.

# Part 3 Activity Links

**3.1 Does the applicant plan to deliver the Activity as part of a consortium?**

Yes (If Yes complete the consortium tables on the following pages)

No (If No move on to Question 3.2)

An applicant may determine that service delivery is best achieved through the use of a consortium arrangement.

If the application is successful, the applicant will be offered a Grant Agreement with DSS as the lead agency and held liable for all obligations contained in the Grant Agreement's terms and conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement with DSS.

A maximum of 3 consortium members can be listed in this application. Should the number of consortium members be greater than three, please attach a list of the additional members with the required details for each member.

**A signed statement by the proposed consortium members must also be attached to this application.**

The signed statement must show:

• that they intend to enter into a consortium arrangement for the purposes of this application,

• the nature of the legal relationship that will occur between parties if the application is successful, and

• how the arrangements between the consortium members will be managed and overseen by the lead agency.

DSS will not accept changes to consortium arrangements that, in the opinion of DSS, represent a material change to this application.

Further evidence of the consortium arrangements may be sought from successful applicants prior to the signing of the Grant Agreement.

**Consortium/Subcontractors - Entity Type**

Choose one of these entity types for each consortia member or subcontractor.

* Incorporated Association
* Incorporated Cooperative
* Private Company
* Public Company
* Aboriginal Corporation
* Organisation established through a specific piece of Commonwealth or State/Territory legislation
* Partnership
* Trustee on behalf of a Trust
* Individual/Sole Trader
* Unincorporated Entity

**Consortium Member 1**

| **Legal name** |  |
| --- | --- |
| **Trading name\*** |  |
| **ABN\*** |  |
| **Entity type✝** |  |
| **Role in consortium**  (50 word limit) | 50 word limit |
| **Business address** |  |
| **Telephone** |  |
| **Email address** |  |

**Consortium Member 2**

| **Legal name** |  |
| --- | --- |
| **Trading name\*** |  |
| **ABN\*** |  |
| **Entity type✝** |  |
| **Role in consortium**  (50 word limit) | 50 word limit |
| **Business address** |  |
| **Telephone** |  |
| **Email address** |  |

\* Details not mandatory; Trading name must be different to Legal name.

✝ To complete Refer to Consortium/Subcontractors - Entity Type list on Page 5.

**Consortium Member 3**

| **Legal name** |  |
| --- | --- |
| **Trading name\*** |  |
| **ABN\*** |  |
| **Entity type✝** |  |
| **Role in consortium**  (50 word limit) | 50 word limit |
| **Business address** |  |
| **Telephone** |  |
| **Email address** |  |

\* Details not mandatory; Trading name must be different to Legal name.

✝ To complete Refer to Consortium/Subcontractors - Entity Type list on Page 5.

**3.2 Does the applicant plan to sub-contract any or all of the service provision to another organisation or individual?**

Yes

No (If **No** move on to Part 4)

An applicant may determine that service delivery is best achieved through the use of sub-contractors.

If the application is successful, the applicant will be offered a Grant Agreement with DSS as the lead agency and held liable for all obligations contained in the Grant Agreement's terms and conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

Sub-contractors do not enter into a Grant Agreement with DSS. The applicant should obtain a signed statement from each sub-contractor engaged to deliver services.

A maximum of 3 sub-contractors can be listed in this application. Should the number of proposed sub-contractors be greater than three, please attach a list of the additional proposed sub-contractors with the required details for each member.

**A signed statement by the proposed consortium sub-contractor(s) must also be attached to this application.**

The signed statement must show:

• that they intend to enter into a sub-contracting arrangement for the purposes of this application,

• the nature of the legal relationship that will occur between parties if the application is successful, and

• how the arrangements between the consortium sub-contractors will be managed and overseen by the lead agency.

DSS will not accept changes to consortium/sub-contracting arrangements that, in the opinion of DSS, represents a material change to this application.

Further evidence of the sub-contracting arrangements may be sought from successful applicants prior to the signing of the Grant Agreement.

Sub-contractor Details

**Sub-contractor 1**

| **Legal name** |  |
| --- | --- |
| **Trading name\*** |  |
| **ABN\*** |  |
| **Entity type✝** |  |
| **Role in consortium**  (50 word limit) | 50 word limit |
| **Business address** |  |
| **Telephone** |  |
| **Email address** |  |

\* Details not mandatory; Trading name must be different to Legal name.

✝ To complete Refer to Consortium/Subcontractors - Entity Type list on Page 5.

**Sub-contractor 2**

| **Legal name** |  |
| --- | --- |
| **Trading name\*** |  |
| **ABN\*** |  |
| **Entity type✝** |  |
| **Role in consortium**  (50 word limit) | 50 word limit |
| **Business address** |  |
| **Telephone** |  |
| **Email address** |  |

**Sub-contractor 3**

| **Legal name** |  |
| --- | --- |
| **Trading name\*** |  |
| **ABN\*** |  |
| **Entity type✝** |  |
| **Role in consortium**  (50 word limit) | 50 word limit |
| **Business address** |  |
| **Telephone** |  |
| **Email address** |  |

\* Details not mandatory; Trading name must be different to Legal name.

✝ To complete Refer to Consortium/Subcontractors - Entity Type list on Page 5.

# Part 4 Activity Details

**4.1 This application is for the** Applicant to Insert Detail Here **Family Law Service Sub-Activity located in** Applicant to Insert Detail Here.

**4.2** Please provide a summary outline of your proposed service model for the Family Law Service Sub-Activity applied for in the application **(Upper Word Limit: 1,000 words. Information provided in excess of the specified limits will not be considered).**

| Limit 1,000 words |
| --- |

**4.3 Will the applicant employ staff under the Social, Community, Home Care and Disability Services Industry Award 2010 to deliver this Activity?**

Specifically under one the following schedules:

1. Schedule B - Classification Definitions - Social and Community Services Employees; and
2. Schedule C - Classification Definitions - Crisis Accommodation Employees.

Yes  No

This section is deliberately blank

# Part 5 Funding for the Activity

**5.1 Provide details of the applicant's expense budget for the Family Law Service Sub-Activity applied for, estimating how the proposed funding will be spent in a typical operating financial year.**

For further details about the available funding for this Activity, refer to the Programme Guideline overview.

**Expenses**

Please provide all major items/areas of expense for a typical operating financial year for the proposed DSS funding. Applicants may find it useful to use the National Standard Chart of Accounts account categories and data dictionary. If applicable, the following costs associated with this Activity must be included:

* management fees, and/or
* costs for translating and interpreting services.
* Note – please also include as sub headings, details of the specific expense items the management fees will cover.

| **Expense item** | **Amount**  **($ ex GST)**  **1/1/2015**  **-**  **30/6/2015** | **Amount**  **($ ex GST)**  **2015-16** | **Amount**  **($ ex GST)**  **2016-17** | **Amount**  **($ ex GST)**  **2017-18** | **Amount**  **($ ex GST)**  **2018-19** |
| --- | --- | --- | --- | --- | --- |
| **Financial Year** |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Total Expenses** |  |  |  |  |  |

Additional rows can be added as required.

**5.2 One-off Establishment Funding**

**Does your proposal require one-off establishment funding?**

Yes  No

If **YES**, please provide an estimate of the amount of one-off establishment funding that your proposal requires and detail the expense items in the table below

**One-off Establishment funding required**

| **Expense item** | **Amount**  **($ ex GST)** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Expenses** |  |

Additional rows can be added as required.

**5.3 Provide the applicant's bank account details for the receipt of DSS grant payments, if successful.**

| BSB number |  |
| --- | --- |
| Account number |  |
| Account name |  |

# Part 6 Selection Criteria

Please limit your responses to **1,000 words per criteria**. (Information that is provided in excess of the specified limits will not be considered)

**6.1 Demonstrate your understanding of the need for the funded Activity in the specified community and/or target group.**

| Limit 1,000 words |
| --- |

**6.2 Describe how the implementation of your proposal will achieve the Activity objectives for all stakeholders, including value for money within the Grant funding.**

| Limit 1,000 words |
| --- |

**6.3 Demonstrate your experience in effectively developing, delivering, managing and monitoring Activities to achieve the Activity objectives for all stakeholders.**

| Limit 1,000 words |
| --- |

**6.4 Demonstrate your organisation's capacity and your staff capability (experience and qualifications) to deliver the Activity objectives in the specified community and/or specified target group.**

| Limit 1,000 words |
| --- |

This section is deliberately blank

# Part 7 Contacts and Referees

**7.1 Who is the applicant's preferred authorised contact person for this application?**

The person must have authority to act on behalf of the applicant in relation to this application.

**Authorised contact person for this application**

| **Title** |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Position** |  |
| **Position title** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email address** |  |

**7.2 You may specify an alternate contact for this application in the table below.**

This person must also have authority to act on behalf of the applicant in relation to this application.

**Alternate contact person for this application**

| **Title** |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Position** |  |
| **Position title** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email address** |  |

**7.3 Provide the name and contact details of two non-DSS or AGD referees who can support the applicant’s claims made against the selection criteria as outlined in this application. (**Referees may be contacted as part of the application assessment process.)

**Referee One**

**Referee One**

| **Title** |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Position** |  |
| **Organisation** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email address** |  |
| **Relationship** |  |

**Referee Two**

| **Title** |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Position** |  |
| **Organisation** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email address** |  |
| **Relationship** |  |

# Part 8 Declaration

**8.1 Please read and complete the following declaration.**

I declare that:

* The information contained in this form is true and accurate.
* I have read, understood and agree to abide by the Programme Guideline overview.
* I have read, understood and agree to the Grant Agreement, should this application be successful.
* I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding if this application is successful.
* If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for, those details to appear in this application.
* I give consent to the Department of Social Services to make public the details of the applicant and the funding received, should this application be successful.

**Describe any conflicts of interest that may occur from submitting this application.**

**(Refer to Section 3.8 - Conflicts of Interest of the Programme Guidelines Overview for further guidance)**

Limit: 600 words. Include as an attachment if not enough space.

Limit 600 words

|  | I understand and agree to the declaration above. |
| --- | --- |
|  | I acknowledge that giving false or misleading information to DSS is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). |

| Full name of Authorised Officer |  |
| --- | --- |
| Position of Authorised Officer |  |
| Date |  |

**8.2 Please provide an estimate of the time taken to complete this Application Form, including:**

* actual time spent reading the guidelines, instructions and questions,
* time spent by all employees in collecting and providing the information, and
* time spent completing all questions in the Application Form.

| Hours |  | Minutes |  |
| --- | --- | --- | --- |

**Part 9 Application checklist**

To ensure that your application is complete, use the following checklist.

| **Intro** | **‘I Agree’ box is checked (Pg 2)** *applications cannot be processed unless this is ticked* |  |
| --- | --- | --- |
| **Part 1** | **Applicant Details:** All applicable questions answered and checked for accuracy? |  |
| **Part 2** | **Eligibility Requirements:** All applicable questions answered correctly in accordance with the Programme Guidelines Overview and Funding Round Summary? |  |
| **Part 3** | **Activity Links:** Consortia and Sub-contractor details supplied if applicable? |  |
| **Part 4** | **Activity Details:** Completed? |  |
| **Part 5** | **Funding for the Activity:** Completed? |  |
| **Part 6** | **Responses to selection criteria:** Have you addressed selection criteria 1 to 4 in line with the Programme Guidelines Overview? |  |
| **Part 7** | **Contacts and Referees:** Included? |  |
| **Part 8** | **Declaration:** Have you read and completed the declaration carefully? |  |
| **Part 9** | **Application checklist (this part):** Have you completed the application checklist? |  |

**Note:** applications that are incomplete may not be considered.

This section is deliberately blank