Registration for DSS Grant Funding

Applicants applying for available grant funding must register with the Department of Social Services (DSS) to obtain a registration number for use on the application form.

If your organisation has completed and submitted a registration form to DSS within the last two months you only need to enter the registration number in Part 1 – Existing Registration Number, and return the form to us.

| **Closing Date/Time** | DSS recommends that you complete and submit this Registration Form early to obtain a Registration Number. This will give you sufficient time to complete and submit the Grant Application Form/s. |
| --- | --- |
| **Registration Help** | If you have a question about the registration process send an email to [grants@dss.gov.au](mailto:grants@dss.gov.au) . Please allow five working days for a response. Answers to questions will also be available on the [DSS](http://www.dss.gov.au/grants/frequently-asked-questions) website. Questions lodged after 4 September will not be answered.  If you require assistance or support in using and/or submitting this Registration Form, please call 1800 020 283 |
| **How to Lodge** | Once you have completed this Registration Form, you must submit it via  **email to**: [grants@dss.gov.au](mailto:grants@dss.gov.au)  or **post to**:  Family Law Services Tender Box,  Department of Social Services,  Module B Reception,  Tuggeranong Office Park,  77 Athllon Drive  Tuggeranong ACT 2900  You will be advised of your registration number in writing within 5 business days of DSS receiving your Registration Form. |
| **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](http://www.dss.gov.au) website. |
| **Use of Information** | DSS may use the information, other than personal information, provided in this Registration Form to assist DSS to:  (a) comply with the Australian Government requirement to publish the names of all grant recipients on the DSS website,  (b) 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  (c) inform future assessments for applications.  You can only register 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[[1]](#footnote-1) |

# Part 1 Existing Registration Number

**Q1 Did the Applicant recently receive notification from DSS about their Registration Number?[[2]](#footnote-2)**

Yes  No

**If Yes, provide the registration number as it appears on the notification.**

| Registration number: |  |
| --- | --- |
| Applicant legal name: |  |

**Q2 Are updates required to the applicant's details as listed on the notification received from DSS?**

Yes  No

**If Yes, complete only those questions in Part 2 where an update is required.**

**If No, complete all Part 2 Application Details.**

# Part 2 Applicant Details

**Q3 Legal name of the applicant**

**Q4 Legal entity type**

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

Australian Government

State/Territory Government

Local Government

Individual/Sole Trader

None of the above

**Q4 Trading name (business name), if applicable**

**Q5 Business address and main contact details of the applicant (the business address must be completed in full and not be a PO Box)**

| Floor / Building; Unit; Apartment |  |
| --- | --- |
| Street number, name and type |  |
| Suburb / town |  |
| State |  |
| Postcode |  |
| Main telephone |  |
| Main email address |  |
| Web address |  |

**Q6 Postal address of the applicant**

Same as business address

| Floor / Building; Unit; Apartment |  |
| --- | --- |
| PO Box / Street |  |
| Suburb / town |  |
| State |  |
| Postcode |  |

**Q7 Australian Business Number (ABN), if applicable**

| ABN |  |
| --- | --- |
| ABN Branch Number (if applicable) |  |

**If the Applicant does not have an ABN, you must provide a completed Statement by a supplier (reason for not quoting an ABN to an enterprise) with this form.**

For further details about Withholding from payments, or for a copy of the Statement by a supplier, refer to the [Australian Taxation Office](http://www.ato.gov.au) website.

**Q8 Is the applicant GST registered?**

Yes  No

**Q9 Financial email address for the receipt of payment advice, should grant application/s be successful.**

**Q10 Does the applicant operate as not-for-profit?**

Yes  No

**Q11 Is the applicant registered as a charity by the Australian Charities and Not-for-profits Commission (ACNC)?**

Yes  No

**Q12 Indigenous Corporation Number (ICN), if applicable**

# Part 3 Financial Viability and Governance

**Q13 Do any following legal situations apply to the applicant?**

**Any litigation, threatened litigation or allegations of or investigations into inappropriate or illegal conduct during the past three years?**

Yes  No

**A significant financial matter which may impact on the applicant?**

Yes  No

**Any future commitments or contingent liabilities that might materially affect the applicant?**

Yes  No

**Q14 If you answered Yes to any of the above, please provide a brief explanation.**

If the applicant has settled a claim on confidential terms, please indicate this in your response. DSS may request further information as part of the assessment process.

300 word limit

This section is deliberately blank

**Q15 Is the applicant able to provide the following financial information?**

**Two most recent sets of year-end audited financial statements?**

Yes  No

**Current year-to-date management financial information, for example, income and expenditure statement and balance sheet?**

Yes  No

**Are the applicant's financial statements fully compliant with the Australian Accounting Standards?**

Yes  No

**If you answered No to any of the above, please provide a brief explanation why.**

300 word limit

**Q16 If you answered Yes to being able to provide the financial information identified above, provide copies with registration form.**

**Q17 Does the applicant have the following documents?**

Note: you may be required to provide DSS with copies of the above documentation within 7 days upon request.

An organisation chart

Yes  No

Duty statements for all positions

Yes  No

Documented financial policy and procedures

Yes  No

Business plan/strategic plan

Yes  No

Risk management plan

Yes  No

Minutes of board meetings

Yes  No

**Q18 What is the primary purpose of the applicant including a brief overview about the applicant?**

| Primary purpose |  |
| --- | --- |

Brief Overview

160 word limit

# Part 4 Contact Details

**Q19 Provide details of the officer authorised to be contacted regarding the information provided in this registration form?**

| Title |  |
| --- | --- |
| First name |  |
| Last name |  |
| Position |  |
| Position title |  |

# Part 5 Declaration

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

I declare that:

* The information contained in this form is true and accurate.
* 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 registration form.

**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** |  |

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

**- actual time spent reading the information on the website, instructions and questions,**

**- time spent by all employees in collecting and providing the information, and**

**- time spent completing all questions in this Registration Form.**

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

This section is deliberately blank

1. Check this box if you agree to DSS using the information (not personal information) you provide in this Registration Form. [↑](#footnote-ref-1)
2. If you are unsure about whether the Applicant is already registered with DSS, please call 1800 020 283 for assistance. Mandatory. Select Yes if the applicant recently received notification from DSS about their Registration Number. You must enter this number in the next field. [↑](#footnote-ref-2)