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| Supported Accommodation Innovation Fund  Application Form (MS Word) |

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| **Innovation and overall project quality**  The following information will be sought and used in conjunction with all other assessable information to assess the project’s innovation. | | |
| Question  No. | Selection criterion no. | Selection criterion |
| **109** | 9 | Please provide an executive summary of your project. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **110** | 9 | If the construction activity type is renovation, provide a detailed description of the scope of works for your renovation. Include details such as works completed in the kitchen and bathrooms and where additional rooms or spaces will be added. Provide a brief description of the work to be completed by each key trade e.g. electrical - complete upgrade of power box and wiring to building including completely new fixtures throughout. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **111** | 9a | Define the aims of your SAIF proposal. |
|  |  | [Please input your response here. Adjust area size to suit] |

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| **112** | 9b | Explain how the idea for your proposal’s model was developed. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **113** | 9c | Explain how your proposal’s model is different to established models. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **114** | 9d | Detail the evidence you used in developing your proposal’s model. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **115** | 9e | Explain how your proposal’s model is expected to lead to improved outcomes. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **116** | 9f | Explain how your organisation will evaluate and share information about the implementation and outcomes of your proposal. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **117** | 9 | Will the Supported Accommodation be part of a mixed development? If Yes please provide a description about the development and how the supported accommodation will be incorporated. |
|  |  | [Please input your response here. Adjust area size to suit] |

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| **Support service**  The following information will be sought to allow assessment of the quality of support services. | | |
| Code | Selection criterion no. | Selection criterion |
| **118** | 5a | Explain how the delivery of housing services and support services will be separated in practice. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **119** | 5b | Demonstrate how you will co-ordinate and manage the housing and support components to ensure continuity of service for residents. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **120** | 5c | Justify your approach to the delivery of housing and support services, including how you will ensure that individuals have choice with respect to housing and support services and that any one organisation will not have an unreasonable influence on an individual’s life. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **121** | 6a | Describe the supports that will be available to residents and how support services will be delivered. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **122** | 6 | Describe how you will select residents for the accommodation? |
|  |  | [Please input your response here. Adjust area size to suit] |
| **123** | 6b | Demonstrate how your proposal will meet need for supported accommodation /respite services for the target group within your community. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **124** | 6c | Demonstrate that effective governance and sound management arrangements are in place with respect to support service provision. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **125** | 6d | Describe the experience and/or capabilities of the support service provider in delivering quality support services for people with disability living in supported accommodation. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **126** | 6e | Demonstrate how you will involve the local community and/or the expected residents and their families and carers in the development of the building project and support service delivery model. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **127** | 7 | Demonstrate how the United Nations Convention on the Rights of Persons with Disabilities has influenced the development of your proposal. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **128** | 8a | Explain how the everyday costs and ongoing repairs and maintenance will be funded. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **129** | 8b | Describe what established processes and controls you have to ensure un-programmed maintenance issues are identified and corrected in a timely manner and programmed repairs and maintenance are carried out as scheduled. |
|  |  | [Please input your response here. Adjust area size to suit] |

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| **Building**  The information sought about the building is broken down into four key areas. They are ability (including experience, budget and schedule), sustainability, proximity to services and overall design/inclusion quality of the building. | | |
| Code | Selection criterion no. | Selection criterion |
| **130** | 1a | Describe your experience and or capability in construction and/or delivery of supported accommodation to people with disability or residents with similar levels of need. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **131** | 1d | Demonstrate how you will control key project management elements of Budget, Schedule, Quality and Risk. |
|  |  | [Please input your response here. Adjust area size to suit] |
| **132** | 3a | Provide a list of services that include health, disability specific, entertainment and or community services that are available to residents. |
|  |  | [Please input your response here. Adjust area size to suit] |

**Financial viability and governance**

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| **Q133 Please attach the following information:** | | | | |
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| * Your organisation’s most recent audited financial statements (with previous year for comparison) | | | | |
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| **Are these statements fully compliant with Australian accounting standards?** | | | | |
|  | | | | |
|  |  | | Yes | |
|  |  | | No | |
|  | | | | |
| **If no, what is your rationale for preparation of financial statements which are not fully compliant with Australian accounting standards.** | | | | |
|  | | | | |
|  | | [Adjust area size to suit] | |  |
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| * a current financial statement (income and expenditure, balance sheet, and statement of equity - this statement does not need to be audited). | | | | |
| * an income and expense budget, for the financial year for which funding is sought. (Excluding the funding being applied for in this application). | | | | |

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| **Q134**  **Please indicate if your organisation has the following:** | | |
| **Please tick where applicable(√ )** | | |
|  |  | an organisation chart |
|  |  | duty statements for all positions |
|  |  | financial policy and procedures (systems manual) |
|  |  | delegations, (authorised financial delegates or decision makers) |
|  |  | business plan |
|  |  | risk management plan |
|  |  | minutes of board meetings |
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| As a part of our financial viability verification process you may be asked to provide copies of these documents. | | |
| **Can you provide copies of these documents within 7 days of a request by us?** | | |
|  | | |
|  |  | Yes |
|  |  | No |

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| **Q135 Please tick (√) if any of the following apply to your organisation.** | | | | |
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|  |  | | Any form of litigation or enquiry during the past three years, current or pending. | |
|  |  | | **NOTE**: If you have settled a claim on confidential terms, please indicate this in your response | |
|  |  | | Any significant financial matter which may impact on the organisation e.g. insolvency or voluntary administration | |
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|  |  | | Future commitments or contingent liabilities that might materially affect the organisation | |
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| **If you have ticked any of the above (Q135) please provide a short explanation here (further information may be requested).** | | | | |
|  | | [Adjust area size to suit] | |  |

**Recent funding applications**

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| **Q136 Has your organisation recently applied for any other FaHCSIA funding?** | | | |
| FaHCSIA program name | Amount of funding | Period of funding | Date of application |
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| Q137 Has your organisation applied for funding from any other source to deliver the same services covered by this application? | | |
| Program or funding source name | Contact officer | Date of application |
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### Declaration

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| **Please complete the declaration**  **NOTE**:  Applications being submitted by post **MUST** be signed. | I declare that:   * the information, including financial information, contained in this form is true and accurate, * I have read the **program** **guidelines**, * I have read, understood and accept the terms and conditions of funding and my organisation will be able to fully comply with those conditions. * I understand that incomplete applications may **not** be considered, * I agree to receiving recipient created tax invoices (RCTIs) for this funding should this application be successful, * **consortium** members (if applicable) will be those specified in the application: from the time the application is received by the Department, and through assessment and any funding agreement negotiations, * if a consortium is used and there is any change to its composition, I will notify the Department prior to signing any funding agreement, * consortium members (if applicable) have given permission for their organisation’s information to be made available to the Department, * 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 am not aware of any perceived or actual conflict of interest that will arise by submitting this application. (For more information please see page 5 of Part B of the program guidelines. Describe below any conflicts of interest that have been identified).  |  | | --- | | **Please describe any conflict of interest that may occur from submitting this application:** |  |  | | --- | | **If any financial information requested at Q133 has not been submitted please list any missing documents here.** | | | |
| **Signature** |  | **Date** |
|  |  |  |
| **Name (please PRINT)** |  | **Position in organisation (CEO or equivalent)** |
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**Funding agreement**

Successful applicants must agree to and sign a funding agreement with the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

The FaHCSIA Funding Agreement can be viewed at [www.fahcsia.gov.au](http://www.fahcsia.gov.au).