

DEMONSTRATION APPLICATION FORM – Please note the ‘Demonstration Application Forms’ are for demonstration purposes only and cannot be used to apply for funding. Any completed PDF ‘Demonstration Application Forms’ will not be accepted.

NDIA Demonstration Application Form

All information contained in this application is in relation to the applicant or organisation seeking to enter into a grant funding arrangement with the Commonwealth.

Partners in the Community – Local Area Coordination Services

Local Area Coordinators play a central role helping people with disability between the ages of 7 and 65 years live valued, quality and contributing lives by building relationships and connections within the community and practical means for making this happen. The principles underpinning the Local Area Coordination approach emphasise concepts of the natural authority of people with disabilities and their families and carers and the importance of accurate, timely and independent information from a wide range of sources to enable people to make appropriate decisions and to gain more control over their lives.

Community Grants Hub	Please note that all reference to the ‘ Community Grants Hub ’ throughout this Application form refer to the Community Grants Hub (supported by the Australian Government Department of Social Services).
Closing Date / Time	Applications must be submitted by 2pm AEST on Thursday 22 September 2016.
Application Pack	Read all information in the Application Pack before completing this Application Form. The Application Pack is available on the Community Grants Hub website.
Application Help	Information about the Application process is available on the Community Grants Hub website. Applicants must submit any questions relating to the Program or this Application process in writing to grants@dss.gov.au . Applicants may submit these questions up until five Business Days prior to the Closing Time and Date. A response will be provided within five business days. Applicants may direct any requests for general enquiries, technical help or support in using and/or submitting the Application Form by <ul style="list-style-type: none">•phone 1800 020 283 for enquiries•email to grants@dss.gov.au
Completing this Application Form	If you require assistance or support in using and/or submitting this Application Form please phone 1800 020 283 or email grants@dss.gov.au .

All questions in this Application Form are mandatory and must be responded to.

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How to Lodge Application forms must be completed and submitted via email to selections@dss.gov.au and must be lodged by the closing date and please quote **2016-687 – Partners in the Community – LAC Services** on all documents. Applications must not be submitted after this time.

DSS will acknowledge receipt of your application by email. Please email grants@dss.gov.au if you have not received acknowledgement within 48 hours of submitting your application.

National Relay Service (NRS) NDIA uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment.

Please phone 1800 555 677 to access the NRS.

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to:

- (a) comply with the Australian Government requirement to publish the details of all grant recipients on the Community Grants Hub and the funding body website,
- (b) inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program, and/or
- (c) inform future assessments for applications.

You can only apply if you agree to DSS using the information (other than personal information) you provide in this form for the purposes listed at (a), (b) and (c) above.

I agree

Demonstration purposes only

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Part 1 – Applicant Details

1. Is the applicant an existing National Disability Insurance Scheme Launch Transition Agency (NDIA), Department of Social Services (DSS), Department of Health (DoH) or Department of Prime Minister and Cabinet (PM&C) Grant Recipient?

Yes No

Select 'No' if the Applicant is not an existing NDIA, DSS, DoH or PM&C grant recipient.

Select 'Yes' if the Applicant is an existing NDIA, DSS, DoH or PM&C Grant Recipient.

If 'Yes' is selected you **must** enter your organisation ID number in the next field. The Applicant's organisation ID number should be entered as it appears on the NDIA, DSS, DoH or PM&C Grant Agreement.

Provide the Applicant's legal Name

2. Does the Applicant have an Australian Business Number (ABN), Australian Company Number (ACN) or Australian Registered Body Number (ARBN)?

Yes No

If 'Yes', enter your ABN and ABN Branch Number in the fields below.

ABN ABN Branch Number (if applicable)

If No, attach a completed Statement by a supplier form (reason for not quoting an ABN to an enterprise).

Note: Attach the relevant documentation. It is mandatory to provide one document to support the legal entity type.

Enter the file name of the Statement by a supplier form document you have attached to this Application Form in the field below:

Enter your ACN or ARBN into the ACN/ARBN field below.

ACN/ARBN

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3. What is the applicant’s Legal Name?

If your Application is successful, the NDIA will only enter into a Grant Agreement with this legal entity. It may be different to the name the Applicant trades or provides services under.

All further responses within this Application Form must relate to this entity

4. Does the applicant have a trading name (business name) different to their legal name?

(This is the trading/business name that the applicant trades or provides services under. For further details about having a trading/business name refer to [Australian Securities and Investments Commission](#).)

An example of an Applicant trading under a business name would be ABC Pty Ltd trading as Alpha Bravo Charlie Services.

Yes No

If Yes, provide the applicant’s trading name (business name).

5. Is the organisation GST registered?

Yes No

6. What is the registered business address and main contact details of the applicant? (physical address not a PO Box)

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

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Floor / Building;
Unit; Apartment

Web address

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7. What is the postal address of your organisation?

Postal Address Same as business address above

Floor / Building; Unit / Apt name	
PO Box / Street	
Suburb/Town	
State	
Postcode	

8. What is the applicant's financial email address for receipt of NDIA payment advice should the Application be successful?

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9. Does the applicant operate as not-for-profit?

Yes No

For eligibility requirements, refer to the Programme Guidelines Overview.

For further details about not-for-profit organisations refer to the Australian Tax Office website.

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

For further details about being registered as a charity refer to the [Australian Charities and Not-for-profits Commission](#) website.

Yes No

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Part 2 – Eligibility Requirements

11. What is the applicant’s legal entity type?

Please check the applicable box.

- Aboriginal Corporation
- Private Company
- Public Company
- Local Government
- Incorporated Association
- Incorporated Cooperative
- Organisation established through a specific piece of Commonwealth or State/Territory legislation

For a list of eligible legal entity types, refer to the Program Guidelines Overview.

If you are unsure about the applicant’s legal entity type, please seek professional advice (for example from your accountant) or refer to the [Australian Business Register](#) website for further information.

12. What is the Applicant entity’s date of Incorporation (the date upon which your ABN was registered). For Organisations established through a specific piece of legislation, provide the date of Royal Assent. For Local Government, provide the date the Local Government was established)?

Date of Incorporation

13. What is the Applicant entity’s date of commencement of business operations (the date upon which your entity commenced trading as a business)?

Establishment Date

14. Is the Applicant’s organisation reportable to a related body corporate?

- Yes No

Note: Where an Applicant has selected ‘Yes’, the NDIA may request further information as part of the assessment process.

15. Is the Applicant a Registered Provider of Supports?

- Yes No

Note: If an Applicant is a Registered Provider of Supports under the NDIS they are deemed ineligible to apply for Local Area Coordinator Services. If you answered ‘Yes’ to this question then your application will not be assessed. See the Application Pack available on the [Community Grants Hub](#) website for more details.

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Part 3 – Financial Viability and Governance

16. Has the applicant been involved in any litigation or prosecution in the past three years?

Yes No

If Yes, provide details and/or an explanation of why that litigation or prosecution should not be considered relevant to the application. (Limit: approx 300 words, 2,000 characters)

17. Has any senior official or person directly involved in delivering the Activity (should the application be successful) been involved in any litigation or prosecution that may reasonably be considered to be relevant to the application?

Yes No

If 'Yes' is selected, you must provide the details of any senior official or person directly involved in delivering the Activity and details of the litigation or prosecution. (Limit: approx 300 words, 2,000 characters)

18. Has there been any significant financial matter which may impact on the applicant in the performance of the Activity?

Note: you may be required to provide documentation upon request.

Yes No

19. Are there any future commitments or contingent liabilities that might materially affect the applicant in the performance of the Activity?

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

Yes No

20. Does the applicant have the following documents?

Note: you may be required to provide documentation upon request.

- | | | |
|-------------------------------------------------------------------|------------------------------|-----------------------------|
| • Documented organisational and financial policies and procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Business plan and/or strategic plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Risk management plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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21. Does the applicant have the following documents?

Note: If you do not have the following Insurance Coverage you must be willing to obtain it prior to signing a Grant Agreement.

\$20 million, per occurrence and unlimited in the aggregate, of public liability insurance,

Yes No

\$10 million, each claim and in the aggregate for all claims in any 12 month policy period, of professional indemnity insurance,

Yes No

Workers compensation, as required by law,

Yes No

Compulsory third party motor vehicle insurance for all registrable vehicles used in the performance of the Service, and

Yes No

Insurance to protect against the risks of any action taken through the use of computer networks that results in an actual or potentially adverse effect on the NDIA IT System, NDIA Data or Client Data residing on the NDIA IT System (Cyber Incident)

Yes No

Part 4 – Activity Details

22. Provide a brief description of your Organisation, including its main purpose and core objectives.

1,000 character limit (approximately 150 words).

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23. In which Service Areas do you propose to deliver LAC services?

Note: Check ‘Yes’ or ‘No’ against each area you propose to deliver LAC Services.

State	Service Area		
ACT	ACT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SA	Barossa, Light & Lower North	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SA	Limestone Coast	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SA	Murray Mallee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SA	Northern Adelaide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
QLD	Bundaberg	<input type="checkbox"/> Yes	<input type="checkbox"/> No
QLD	Ipswich	<input type="checkbox"/> Yes	<input type="checkbox"/> No
QLD	Mackay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
QLD	Toowoomba	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
QLD	Townsville	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vic	Barwon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vic	Inner Eastern Melbourne	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vic	Inner Gippsland	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vic	Outer Eastern Melbourne	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vic	Ovens Murray	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vic	Western District	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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24. If the Applicant is applying for two or more Service Areas, please indicate whether it will deliver greater effectiveness in service delivery, significant cost or other efficiencies or economies of scale.

Applicants are asked to include commentary of any Establishment Services discount and/or anticipated economies in the delivery of Establishment Services where organisations are selected to deliver both LAC and ECEI in one Service Area or selected to deliver LAC or ECEI across multiple Service Areas.

Establishment Services are defined in the Statements of Requirement.

(Limit: approx 300 words, 2,000 characters)

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25. Will any of the service provision be undertaken in any Service Area by subcontractors?

Note: If services are being provided by the subcontractor in more than one area, enter each area's details on a separate line.

Legal Name of subcontractor	Trading or Business Name of subcontractor	ABN of subcontractor	Which Service Area will the subcontractor provide services?	What function will be undertaken by the subcontractor?	Is the subcontractor a Registered Provider of Supports?	If 'Yes' outline the exceptional circumstances that require the Applicant to utilise the services of a subcontractor that is a Registered Provider of Supports.
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Legal Name of subcontractor	Trading or Business Name of subcontractor	ABN of subcontractor	Which Service Area will the subcontractor provide services?	What function will be undertaken by the subcontractor?	Is the subcontractor a Registered Provider of Supports?	If ‘Yes’ outline the exceptional circumstances that require the Applicant to utilise the services of a subcontractor that is a Registered Provider of Supports.
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Legal Name of subcontractor	Trading or Business Name of subcontractor	ABN of subcontractor	Which Service Area will the subcontractor provide services?	What function will be undertaken by the subcontractor?	Is the subcontractor a Registered Provider of Supports?	If ‘Yes’ outline the exceptional circumstances that require the Applicant to utilise the services of a subcontractor that is a Registered Provider of Supports.
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

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26. Provide a breakdown of the proposed grant funding by the chosen Service Area/s.

Note: You must provide your proposed grant funding against each of the Service Area/s you selected when answering the “In which Service Areas do you propose to deliver LAC services?” question.

State	Service Area	Amount (\$ excl GST) 2016-2017	Amount (\$ excl GST) 2017-2018	Amount (\$ excl GST) 2018-2019	Total Funding
ACT	ACT				
SA	Barossa, Light & Lower North				
SA	Limestone Coast				
SA	Murray Mallee				
SA	Northern Adelaide				
QLD	Bundaberg				
QLD	Ipswich				
QLD	Mackay				
QLD	Toowoomba				
QLD	Townsville				
Vic	Barwon				
Vic	Inner Eastern Melbourne				
Vic	Inner Gippsland				
Vic	Outer Eastern Melbourne				
Vic	Ovens Murray				
Vic	Western District				
	Total Funding				

27. Provide bank account details for receipt of grant payments should the Application be successful.

BSB number

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BSB number

Account number

Account name

Part 5 – Applicant Selection Criteria

Criterion 1 – Understanding the Services

Demonstrate your understanding of the requirements of the LAC Services detailed in the NDIS Partners in the Community Program Guidelines in the context of the Scheme and the opportunity that these Services need to provide for people with disability or developmental delay and their families and carers.

(Limit: approx 900 words, 6,000 characters)

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Criterion 2 – Organisation Experience

Demonstrated organisational experience in:

- delivering services and outcomes similar to the LAC Services required under the Program;
- developing and implementing practical inclusion strategies within mainstream and community groups for people with disability; and
- facilitating genuine community inclusion for individual children and people with disability or developmental delay and their families and carers.

(Limit: approx 900 words, 6,000 characters)

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Criterion 3 – Organisational Leadership and Capability

Demonstrated alignment to the values of the Scheme and effectiveness of people, process, and systems, and any other aspects of organisational capability including:

- governance structures and people management strategies that include and develop the voice of people with disability and ensure that the Applicant is a child safe organisation;
- establishing effective organisational activity in similar timeframes and scale as required under the Program.

(Limit: approx 900 words, 6,000 characters)

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Criterion 4 - Regional Capability

Demonstrated capability to deliver LAC Services in each Service Area including:

- capability to establish and/or expand an active, visible presence on the ground in the timeframes required. The Applicant should detail where there is a current outlet within a Service Area, or what actions have or will be taken to ensure a presence within a Service Area;
- experience in working with the existing community opportunities and constraints, and the nature of community and mainstream supports within the Service Area;
- an understanding of Participant Intake within each Service Area, and the Applicant's methodology and/or workforce allocation or effort to deliver LAC Services; and
- development and retention of an appropriately skilled workforce including to ensure that the Applicant is able to meet the needs of Aboriginal and Torres Strait Island or Culturally and Linguistically Diverse populations in the Service Area.

Instructions – Please ensure that your response to this criterion addresses each of the dot points within the criterion, and you provide a separate response for each Service Area you are applying to deliver services in.

ACT – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Barossa, Light & Lower North, SA – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Limestone Coast, SA – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Murray Mallee, SA – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Northern Adelaide, SA – Regional Capability

(Limit: approx 900 words, 6,000 characters)

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Bundaberg, QLD – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Ipswich, QLD – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Mackay, QLD – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Toowoomba, QLD – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Townsville, QLD – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Barwon, Vic – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Inner Eastern Melbourne, Vic – Regional Capability

(Limit: approx 900 words, 6,000 characters)

Inner Gippsland, Vic – Regional Capability

(Limit: approx 900 words, 6,000 characters)

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Outer Eastern Melbourne, Vic – Regional Capability
(Limit: approx 900 words, 6,000 characters)

Ovens Murray, Vic – Regional Capability
(Limit: approx 900 words, 6,000 characters)

Western District, Vic – Regional Capability
(Limit: approx 900 words, 6,000 characters)

Criterion 5 - Regional Approach

The Applicant’s approach to service delivery in the Service Area including:

- the approach to building stakeholder awareness, engagement and commitment to the Scheme based on demonstrated knowledge, understanding and connectedness within the Service Area; and
- the approach to developing a Community Capacity Building Plan in the Service Area.

Instructions – Please ensure that your response to this criterion addresses each of the dot points within the criterion, and you provide a separate response for each Service Area you are applying to deliver services in.

ACT – Regional Approach
(Limit: approx 900 words, 6,000 characters)

Barossa, Light & Lower North, SA – Regional Approach
(Limit: approx 900 words, 6,000 characters)

Limestone Coast, SA – Regional Approach
(Limit: approx 900 words, 6,000 characters)

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Murray Mallee, SA – Regional Approach
(Limit: approx 900 words, 6,000 characters)

Northern Adelaide, SA – Regional Approach
(Limit: approx 900 words, 6,000 characters)

Bundaberg, QLD – Regional Approach
(Limit: approx 900 words, 6,000 characters)

Ipswich, QLD – Regional Approach
(Limit: approx 900 words, 6,000 characters)

Mackay, QLD – Regional Approach
(Limit: approx 900 words, 6,000 characters)

Toowoomba, QLD – Regional Approach
(Limit: approx 900 words, 6,000 characters)

Townsville, QLD – Regional Approach
(Limit: approx 900 words, 6,000 characters)

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Barwon, QLD – Regional Approach

(Limit: approx 900 words, 6,000 characters)

Inner Eastern Melbourne, Vic – Regional Approach

(Limit: approx 900 words, 6,000 characters)

Inner Gippsland, Vic – Regional Approach

(Limit: approx 900 words, 6,000 characters)

Outer Eastern Melbourne, Vic – Regional Approach

(Limit: approx 900 words, 6,000 characters)

Ovens Murray, Vic – Regional Approach

(Limit: approx 900 words, 6,000 characters)

Western District, Vic – Regional Approach

(Limit: approx 900 words, 6,000 characters)

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Part 6 – Attachments

All attachments must be submitted with the Application Form as separate documents with the same file name as provided in the boxes below.

Workforce Deployment, Staff Development and Pre-Implementation Schedule

The Workforce Deployment, Staff Development and Pre-Implementation Schedule Attachment must be completed for only one Service Area applied for, using the template provided on the [Community Grants Hub](#) website. This is to demonstrate how the workforce required to deliver the Services will be deployed, the initial training and development plans, and the proposed approach to establishment of Services. Please refer to the Instructions tab in the Attachment.

Enter the file name of the Workforce Deployment, Staff Development and Pre-Implementation Schedule document you have attached with this Application Form in the field below:

Pricing Response Schedule

The Pricing Response Schedule Attachment must be completed for each Service Area applied for, using the template provided on the [Community Grants Hub](#) website. Please refer to the Instructions tab in the Attachment.

Enter the file name of the Pricing Response Schedule document you have attached with this Application Form in the field below:

Organisation Chart

Please attach a copy of your organisation chart and corporate structure.

Enter the file name of the organisation chart document you have attached to this Application Form in the field below:

Enter the file name of the corporate structure document you have attached with this Application Form in the field below:

Financial Statements

Please attach document(s) representing your organisation’s two most recent year-end financial statements (either audited or non-audited). It is mandatory to provide at least one attachment.

Enter the file name of the **first** financial statement document you have attached to this Application Form in the field below:

Enter the file name of the **second** financial statement document you have attached to this Application Form in the field below:

All questions in this Application Form are mandatory and must be responded to.

DEMONSTRATION APPLICATION FORM – Please note the ‘Demonstration Application Forms’ are for demonstration purposes only and cannot be used to apply for funding. Any completed PDF ‘Demonstration Application Forms’ will not be accepted.

Demonstration Purposes Only

All questions in this Application Form are mandatory and must be responded to.

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Part 7 – Applicant Contacts and Referees

28. Who are the authorised Contact Persons for this application?

The contacts must have authority to act on behalf of the Applicant in relation to this Application.

	Preferred contact	Alternative contact
Title		
First name		
Last name		
Position		
Telephone		
Mobile		
email address		

29. Provide the name and contact details of two referees who can support the applicant's claims made against the selection criteria as outlined in this application.

Referees should not be the Applicant's Board members or staff, or employees of the NDIA.

	Referee One	Referee Two
Title		
First name		
Last name		
Position		
Organisation		
Relationship		
Telephone		

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	Referee One	Referee Two
Mobile		
email address		

Part 8 – Declaration

Conflict of Interest

Note: A conflict of interest includes any circumstances where, due to a direct or indirect relationship or interest, the Applicant or its related entities, the Applicants personnel or subcontractor, is or may reasonably be perceived to be, unable to discharge their obligations or duties in relation to the National Disability Insurance Agency in an objective and independent manner to the best of their ability. This includes any situation where a Related Body Corporate of the Applicant or subcontractor proposed by the Applicant is a Registered Provider of Supports as defined in section 9 of the NDIS Act. There need not be an actual conflict for a perception of one to be formed by a reasonable person.

30. The Applicant warrants that at the time of submitting its Application, the Applicant has made reasonable enquiries and:

Is not aware of any undisclosed actual or potential conflict of interest that exists or may arise in the provision of the Services should the Applicant be successful as a result of this Funding Round process

OR

Discloses the following actual or potential conflict of interest that exists or may arise in the provision of the Services should the Applicant be successful as a result of this Funding Round process:

Where applicable the applicant will provide a description of the conflict and proposed mitigation in the text boxes below.

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

(Limit: approx 300 words, 2,000 characters)

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Describe and detail the proposed mitigation strategy for the conflicts outlined above.

(Limit: approx 300 words, 2,000 characters)

Organisation or Entity Influence

31. Describe any organisation or entity in a position to exercise control over, or influence the Applicant, as well as details of the nature of that control or influence.

(Limit: approx 300 words, 2,000 characters)

32. Please read and complete the following declaration.

I declare that:

- The information contained in the form is true and correct.
- I have read, understood and agree to abide by the Programme Guidelines.
- I have read and understood the Draft Grant Agreement Terms and Conditions, 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 Commonwealth to make public the details of the Applicant and the funding received, should this Application be successful.
- I am not a Registered Provider of Supports under the NDIS; and

I understand and agree to the declaration above.

I acknowledge that giving false or misleading information to the Commonwealth is a serious offence under Section 137.1 of the *Criminal Code Act 1995 (Cth)*.

Signature

Full Name of Authorised

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Signature	
Officer (please PRINT)	
Position of Authorised Officer	
Date	

33. 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

Demonstration Purposes Only

All questions in this Application Form are mandatory and must be responded to.