

Western NSW Workforce Activation Application Form

Form Preview

About the Grant

* indicates a required field

Introduction

The purpose of the Western NSW Workforce Activation Program is to improve workforce participation by expanding or upgrading early childhood education and care services across Western NSW in the targeted Local Government Areas (LGAs) of:

- Bourke Shire
- City of Broken Hill
- Cobar Shire

The Program aims to increase workforce participation in Western NSW by providing funding to eligible early childhood education and care providers to expand or upgrade their services and enable them to care for more local children.

This could include renovating or expanding current childcare facilities to accommodate extra children, offering more services to increase childcare availability, or delivering pre-employment and professional development programs to attract and retain people working in the sector.

The Program has 3 streams of funding:

- Stream 1: Improving service delivery
- Stream 2: Capital works and upgrades
- Stream 3: Workforce attraction and retention.

Streams 1 and 2 aim to fund a range of existing early childhood education and care services as well as capital investments to improve early childhood education in the 3 targeted LGAs.

Stream 3 aims to fund projects that will contribute to filling critical workforce shortages through workforce attraction and the delivery of professional development, mentoring and pre-employment programs designed to develop and retain early childhood education and care workforce in the 3 targeted LGAs.

Instructions for Applicants

Applications must be submitted before 5pm on Monday 12 August 2024.

Incomplete applications will not be accepted.

Acceptance of late submissions will be at the sole discretion of the Department.

If you require assistance completing this application, please contact regionaldevelopmentroadmap@regional.nsw.gov.au and quote the application ID number in the email subject line.

Before completing this application form, you must read the [Program Guidelines](#) available on the Program webpage.

Program Evaluation

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Successful applicants will be required to participate in an evaluation to determine the extent to which their project has contributed to the objectives of the Program. The evaluation will require applicants to provide evidence of how their project has resulted in measurable outcomes and benefits that are consistent with the objectives of the Program. Guidance on data collection will be provided for successful applicants.

Program Details

Grant Program Name

This field is read only.
The program this submission is in.

Application Number

This field is read only.

Organisation Name *

Organisation Contact Details

* indicates a required field

Applicant Details

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

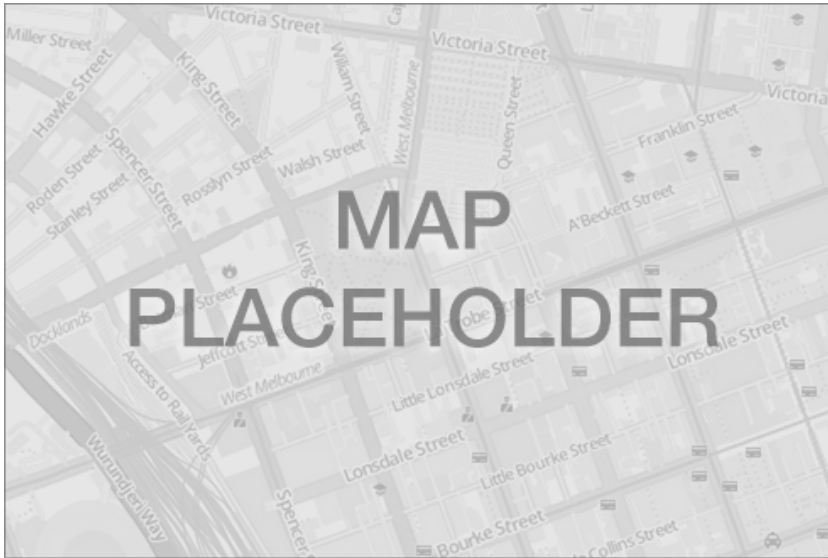
Applicant Primary Address

Address

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

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Applicant Postal Address

Address

Applicant Primary Phone Number *

--

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Applicant Email Address *

--

Must be an email address.

Applicant Website

--

Must be a URL.

Does the applicant organisation have an Australian Business Number (ABN)? *

Yes No

Applicant Organisation 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

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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.

Primary Contact Details

Primary Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

This is the address we will use to correspond with you about this grant.

Please detail the primary activities of the applicant organisation. *

Word count:

Must be no more than 100 words.

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Does the applicant organisation have at least \$20 million in public liability insurance, or is willing to obtain \$20 million in public liability insurance? *

- Yes, and we will provide a copy with this application
 No, but willing to obtain if successful

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide evidence that the applicant organisation holds Public Liability Insurance. *

Attach a file:

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Partnership Details

* indicates a required field

Joint Applications

Is the applicant applying on behalf of a partnership? *

- Yes No

Applications under a partnership or consortium arrangement should be submitted by the lead organisation. The arrangement should be formalised at the time of application.

Please detail each of the Partner Organisations involved in this application. Please 'Add more' as appropriate to ensure all partnership organisations are captured.

Partner Organisation Name *

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is used for the ABR, ACNC or ATO.

Partner Organisation 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)

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

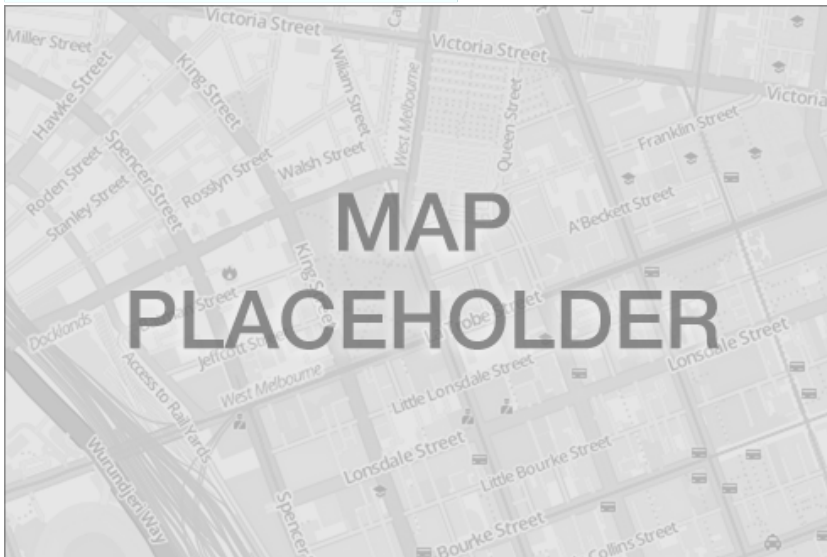
Tax Concessions

Main business location

Must be an ABN.

Partner Organisation Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Please attach a letter confirming the partnership arrangement with this organisation is valid and current and include the role of each partner and how you will work together to address service needs within the LGAs. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Choosing a Stream

* indicates a required field

Grant Amounts

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Each Stream has a minimum and maximum amount of funding that an applicant can apply for. Eligible applicants may apply for any or all 3 streams.

Stream

Minimum funding(GST exclusive)

Maximum funding(GST exclusive)

Improving service delivery

\$50,000

\$500,000

Capital works and upgrades

\$50,000

\$850,000

Workforce attraction and retention

\$50,000

\$500,000

Stream 1 - Improving service delivery Projects that enable a service provider to increase the availability of early childhood education and care. This may include:

- extending their services by offering additional places in/across the eligible LGAs and maintain the places for a minimum of 12 months
- providing additional transport options to enable more people from surrounding areas to access the early childhood education and care service and support longer service hours
- employing extra staff to assist with operational and administrative functions for maintaining or obtaining accreditation, or service delivery support for extra places or to enable longer hours of operation for the duration of the project
- covering staffing and recruitment costs for activities relating to their proposed project
- covering operating expenses required to increase service hours or placements such as increased rent or utilities
- purchasing additional resources and equipment required to expand their services
- allowing for additional regulatory or council fees required to support extra places or to enable longer hours of operation.

Stream 2 - Capital works and upgrades

Projects that include capital works necessary for the service to accommodate additional placements. This may include:

- undertaking capital works to modify, renovate, improve or extend existing buildings excluding office and administration areas
- landscaping works, including fencing, shade sails and outdoor play areas and equipment to provide for the additional places
- upgrading, or installing ramps and handrails for accessibility
- making necessary modifications to accommodate children with disabilities.

Stream 3 - Workforce attraction and retention

Projects that will directly contribute to filling critical shortages of early childhood education and care workforce. This may include:

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- engaging, attracting and relocating appropriately qualified workforce to fill vacancies or roles within early childhood education and care provider
- creating or strengthening local workforce pipelines, such as providing training or other services, wrap around support, mentoring and professional development
- supporting the retention of workers in roles with ongoing local workforce shortages.

Which Stream(s) are you applying for? *

Stream 1 Stream 2 Stream 3

At least 1 choice must be selected.

Please tick each stream that you are applying for. If you are applying for all three streams, then all three boxes must be ticked.

Applicant Eligibility

* indicates a required field

Organisation Type

Which option below describes your organisation? *

- A provider of early childhood education and care services
 A publicly or privately owned organisation registered under the Australian Skills Quality Authority

Are you partnering with an ECEC service provider to deliver the objectives under Stream 3? *

- Yes No

Please provide details of the ECEC provider you are partnering with *

- Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please provide the ABN of the ECEC provider *

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

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Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Please explain why you are not partnering with an ECEC service provider. *

Word count:

Eligibility Statement

Is your organisation a: *

- Not-for-profit early childhood education and care provider
- Private early childhood education and care provider
- Council operated early childhood education and care provider

Only one option can be chosen

In which eligible LGA is the applicant currently providing early childhood education and care services? *

- Bourke Shire
- City of Broken Hill
- Cobar Shire

Multiple selections are available.

What services does your organisation offer? *

- Long day care
- Family day care
- Before and after school care
- Community preschool
- Occasional care

More than one option can be ticked.

Have you applied for any other NSW Government Grants for any of the projects listed in this application?

- Yes
- No

If yes, please provide the name of the grant

Word count:

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Please upload evidence of eligibility *

Attach a file:

Upload any relevant evidence. This may include certificates or formal letters on letterhead by the appropriate authorities. Please upload your document with the name "Eligibility 1 WWAP - xxx". More than 1 document can be uploaded.

Placements

How many full-time equivalent ECEC placements do you currently offer? *

Must be a number.

If your organisation is not an ECEC provider please enter zero (0).

How many full-time equivalent ECEC placements will this project add? *

Must be a number.

Please include placements added under all streams for which you are applying.

Please include any contextual information for the placement figures you have provided. *

Word count:

Must be no more than 100 words.

How many full-time equivalent ECEC jobs will be created or retained in the delivery of this project? *

Must be a number.

Please include placements added under all streams for which you are applying.

Please include any contextual information for the job figures you have provided. *

Word count:

Must be no more than 100 words.

Is your organisation: *

- a publicly owned organisation registered under the Australian Skills Quality Authority
 - a privately owned organisation registered under the Australian Skills Quality Authority
- Stream 3 eligible applicants include public or privately owned organisations that are registered under the Australian Skills Quality Authority, including Registered Training Organisations, private schools or universities.

Please upload evidence of your registration status *

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Attach a file:

Please include relevant registrations or qualifications to deliver the project for which you are applying.

Project Details

* indicates a required field

The information below will be publicly available for successful applications.

Please ensure the information entered into this part of the form is concise and provides a broad overall picture of the entire project (i.e. all streams for which you are applying).

The title needs to be representative of all the projects on the application.

Anticipated start and end dates below

Please note these dates are for external reporting purposes. Ensure the dates fit within the timeframes of the package:

The start date for your project must be within 4 months of the commencement date of the funding deed (i.e. no earlier than October 2024). The finish date for your project must be within 18 months of the start date.

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

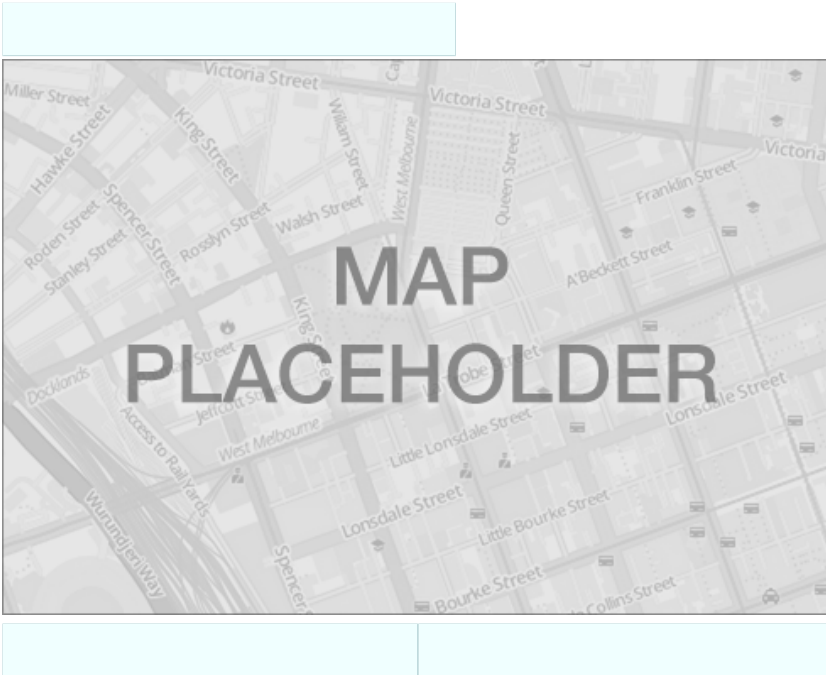
Anticipated end date *

Primary location of your initiative

Address

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Any, but at least one field is required.

Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Will this project be at other locations? *

Yes

No

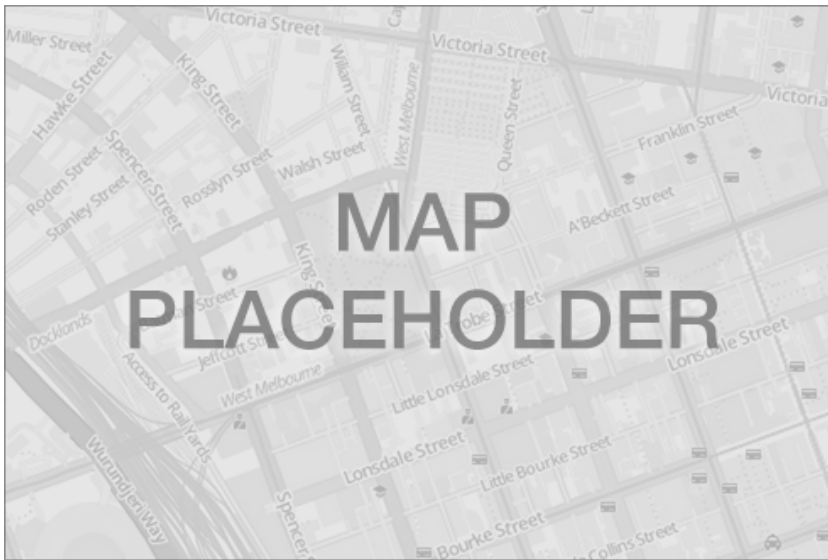
Additional Location/s

Additional locations

Address

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Overall Budget

The budget questions below are for the total budget for all of the streams you are applying for in this application.

The data in these fields will be published externally.

Things to consider when requesting your funding:

Councils: GST is not payable on grants due to payments being between government related entities. Please *exclude* GST when entering your Total Project Cost and Total Amount Requested.

Organisations registered for GST: When applying for funding please *exclude* GST when entering your Total Project Cost and Total Amount Requested. GST will be paid to your organisation if successful, for each instalment.

Organisations not registered for GST: When applying for funding please *include* GST when entering your Total Project Cost and Total Amount Requested. Please ensure that quotes you receive are inclusive of GST that will be charged to deliver the work.

Total Project Cost *

\$

What is the total budgeted cost (dollars) of your project?

Total Amount Requested

*

\$

What is the total financial support you are requesting under this grant?

Other Income

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Do you have other income sources for this project? *

Yes No

These could be grants from other government departments or other sources of income apart from any applicant co-contribution.

Income

Please outline details of any other funding that you are seeking as part of the project, whether it has been confirmed or not. All amounts should be GST inclusive.

Please note, do not include the amount requested under this grant.

Income description	Income type	Income status	Income amount	Notes
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			\$	
			Must be a dollar amount.	

Co-contributions

Are you making a co-contribution to this project? *

Yes No

This is only for cash co-contributions.

Total applicant co-contribution *

\$

Must be a dollar amount.

What is the total monetary amount the applicant will be contributing to the project?

Type of applicant in-kind contribution

Please detail any in-kind contributions the applicant will be making to the project, such as time, materials, labour etc

Additional information for Stream 2

* indicates a required field

Development Approval (Stream 2 only)

Does your project require development approval? *

Yes No

If yes, has it been approved? *

Yes No

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If no, please provide a timeline for the DA to be approved *

Word count:

Must be no more than 50 words.

Based on the timeframe for approval of the DA, please explain how the project will be completed within 18 months of the funding deed being signed. *

Word count:

Must be no more than 200 words.

If available, please upload a copy of your development approval

Attach a file:

Landowner Consent (Stream 2 only)

Who owns the land where your project will be delivered? *

- | | |
|---|---|
| <input type="radio"/> Applicant | <input type="radio"/> NSW Government - Crown Lands |
| <input type="radio"/> Australian Government | <input type="radio"/> NSW Government - Other Department |
| <input type="radio"/> Local Council | <input type="radio"/> Private Land |
| <input type="radio"/> Community Group | <input type="radio"/> Other: |

Will this project require landowner's consent? *

- Yes No

The applicant must secure landowner's consent for any Stream 2 project involving upgrades or construction on land not owned by the applicant.

Please provide evidence of landowner's consent or support *

Attach a file:

Please label the file "Landowner Consent - WWAP - xxx Stream X"

A template Landowner's Consent form is available for download [here](#).

Stream Information

* indicates a required field

Things to consider when requesting your funding:

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Councils: GST is not payable on grants due to payments being between government related entities. Please exclude GST when applying for your funding in your project budget.

Organisations registered for GST: When applying for funding please exclude GST from the amount of funding requested in your project budget. GST will be paid to your organisation if successful, for each instalment.

Organisations not registered for GST: When requesting funding for your project, please include GST in the costs for your project budget. Please ensure that quotes you receive are inclusive of GST that will be charged by trades to deliver the work.

Stream 1 Project Details

Stream 1 brief project description *

Word count:

Must be no more than 150 words.

Please provide a high level description of the project and its alignment to the Stream 1 eligible project criteria (see Eligible Projects and Costs in the Guidelines).

Stream 1 Budget

Please include all expenditure items that you are seeking to fund under the grant, which must be eligible as set out in the guidelines.

Applicants may include up to 10% of the total funding requested for project management and administration. These costs must only be for the delivery of the project and not for core business.

Applicants may also include up to 15% of the total funding requested for contingencies and cost escalations. Where any contingency budget is not fully required, the funding can be used towards other eligible expenditure for an approved project.

Stream 1 expenditure description	Expenditure type	Expenditure amount (ex. GST)	Expenditure GST	Expenditure amount (inc. GST)	Notes
----------------------------------	------------------	------------------------------	-----------------	-------------------------------	-------

		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.	

Total Stream 1 expenditure (ex GST)

\$

This number/amount is calculated.

Total Stream 1 expenditure (inc GST)

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\$

This number/amount is calculated.

Stream 2 Project Details

Stream 2 brief project description *

Word count:

Must be no more than 150 words.

Please provide a high level description of the project and its alignment to the Stream 2 eligible project criteria (see Eligible Projects and Costs in the Guidelines).

Stream 2 Budget

Please include all expenditure items that you are seeking to fund under the grant, which must be eligible as set out in the guidelines.

Applicants may include up to 10% of the total funding requested for project management and administration. These costs must only be for the delivery of the project and not for core business.

Applicants may also include up to 15% of the total funding requested for contingencies and cost escalations. Where any contingency budget is not fully required, the funding can be used towards other eligible expenditure for an approved project.

Stream 2 expenditure description	Expenditure type	Expenditure amount (ex GST)	Expenditure GST	Expenditure amount (inc GST)	Notes
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.	

		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.	

Total Stream 2 expenditure (ex GST)

\$

This number/amount is calculated.

Total Stream 2 expenditure (inc GST)

\$

This number/amount is calculated.

Stream 3 Project Details

Stream 3 brief project description *

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Word count:

Must be no more than 150 words.

Please provide a high level description of the project and its alignment to the Stream 3 eligible project criteria (see Eligible Projects and Costs in the Guidelines).

Stream 3 Budget

Please include all expenditure items that you are seeking to fund under the grant, which must be eligible as set out in the guidelines.

Applicants may include up to 10% of the total funding requested for project management and administration. These costs must only be for the delivery of the project and not for core business.

Applicants may also include up to 15% of the total funding requested for contingencies and cost escalations. Where any contingency budget is not fully required, the funding can be used towards other eligible expenditure for an approved project.

Stream 3 expenditure description	Expenditure type	Expenditure amount (ex GST)	Expenditure GST	Expenditure amount (inc GST)	Notes
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.	

Total Stream 3 expenditure (ex GST)

\$

This number/amount is calculated.

Total Stream 3 expenditure (inc GST)

\$

This number/amount is calculated.

Overall budget totals

The amounts below are for applicants to check the total amount of grant money that they have applied for.

Confirmation of total amount (ex GST) for all projects on this application

\$

This number/amount is calculated.

Total amount Stream 1+Stream 2+Stream 3. For local councils and other organisations registered for GST, please ensure this total equals the total amount of funding you are applying for (on application Page 6 - Total Amount Requested).

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Confirmation of total amount (inc GST) for all projects on this application

This number/amount is calculated.

Total amount Stream 1+Stream 2+Stream 3. For organisations not registered for GST, please ensure this total equals the total amount of funding you are applying for (on application Page 6 - Total Amount Requested).

Provide quotes or estimates (from a tradesperson or qualified contractor) or detailed cost estimate that address all key items in your budget. If any plans/ designs or quantity surveyor estimates are available for your project, please also provide these.

Please attach quotes for expenditure (cost) items over \$10,000

Attach a file:

Please upload your document with the name "Stream X - Quotes - WWAP - xxx"

Merit Assessment Criteria

* indicates a required field

If you choose to provide attachments which support your answers to the merit assessment criteria, please make reference to this in the questions below. Documents can be uploaded at the end of each of the merit criteria sections. Please name each file "WWAP-xxx Merit Question X"

Criteria 1: Strategic alignment to the objectives of the Program

How will the project (i.e. any streams for which you are applying) increase the number of ECEC placements within at least one eligible LGA? *

Word count:

Must be no more than 300 words.

Please include details of all streams for which you are applying.

How will the project maximise community benefit by addressing ECEC service needs and reducing service gaps? *

Word count:

Must be no more than 300 words.

For example, if you have children on waiting lists for particular kinds of care, that would be evidence of a service gap. Please include details of all streams for which you are applying.

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How will cultural respect and inclusion be incorporated within the project? *

Word count:

Must be no more than 300 words.

Please include details of all streams for which you are applying.

How will the project support vulnerable or disadvantaged sectors of the community? *

Word count:

Must be no more than 300 words.

Please include details for all streams for which you are applying.

What additional services are being offered to cater for the needs of essential services staff? *

Word count:

Must be no more than 300 words.

Please include details of all streams for which you are applying.

Please attach any supporting documentation for this criteria.

Attach a file:

Please upload your document with the name "Alignment WWAP-xxx"

Criteria 2: Deliverability and Viability of the Project

Deliverability

Project Plan

Do you have an existing Project Plan to upload, or will you complete the Project Plan in the application? *

Uploading existing Project Plan

Completing application Project Plan

Please attach your existing Project Plan *

Attach a file:

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How to complete your Project Plan:

Please consider the order of your works and provide realistic timeframes for tasks to be completed.

Key Activity: These have stages dropdown options, otherwise use other and insert the key action for your line item.

Task Description: These have stages have dropdown options, otherwise use other and insert the key action for your line item.

Start Date: This is the date you plan on starting your project

End Date: This is the date you plan to complete your project

Performance Measure: What and how much will you deliver of this project eg: "To have x additional placements"

You can add more rows to this section if required.

Stream	Key activity	Task description	Start date	End date	Performance measure
			Must be a date.	Must be a date.	

Key Project Personnel

Please provide the experience, capability and capacity of the applicant and key project personnel to successfully deliver the project within the budget and timeframes, such as by demonstrating previous experience in similar projects

Please include only one person per row. Add more rows if you want to list additional personnel.

Name *

One per row. Add more rows if you want to list additional key project personnel.

Organisation

Role *

Experience *

CV/Supporting document

Attach a file:

Please provide a CV or any supporting documentation, where relevant.

Commitment to deliver the projects

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Will you be able to complete the project(s) listed on this application Projects must be completed within 18 months from the commencement date of a funding deed? *

- Yes No

Please explain why this project may take longer than 18 months to complete. *

Risks and mitigation strategies

Please detail any risks or uncertainties in the delivery of the project, and how each of these will be managed.

Please include only one risk or dependency per row. Add more rows if you want to list additional risks or dependencies.

Stream	Risk or dependency description	How the risk or dependency will be managed
	For example, you may require approval, have stretched resources, or time constraints for delivery.	You should provide an explanation of how you will prevent or treat the risk or dependency.

Viability

Please describe how the project will be sustained and continued after the grant period? *

Word count:

Must be no more than 250 words.

How will you ensure the project is cost effective and represents value for money including reasonable costs to families? *

Word count:

Must be no more than 250 words.

Is your organisation financially solvent? *

- Yes No

Is there any adverse business history (e.g. current or past bankruptcy)? *

- Yes No

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Please upload a copy of your financial statements. *

Attach a file:

Please include financial statements from the most recent financial year. Include a profit and loss statement and a balance sheet.

Please outline the details of the adverse business history. *

Word count:

Conflict of Interest

Does your organisation or any key personnel involved in delivering this project have any conflict of interests with the project or any potential third parties or contractors? *

Yes

No

Please outline these conflicts of interest and how they will be managed *

Declaration and Authorisation

* indicates a required field

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

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By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

Western NSW Workforce Activation Application Form

Form Preview

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Authorisation

I agree *

Yes

Name of authorised person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.