**APPLICATION FORM: *Early Childhood Coordination***

***Please complete a separate application for each location***

Section 1 - Lodging Application Form

All completed forms, including any attached supporting documentation, must be lodged as a new ‘Application’ by clicking on the program ***Family Support****.* Forms must be lodged by **5.00pm, 15 November 2024** via the Department’s grants management system, QGrants, at: <https://qgrants.osr.qld.gov.au/portal/>.

Please refer to the QGrants User Guide for step-by-step instructions about lodging an application: <https://earlychildhood.qld.gov.au/grants-and-funding/grants-management/early-years-services-grants-management/how-to-use-qgrants#application> .

If your organisation is having problems accessing or using QGrants please call the Department of Education on (07) 3035 2244 or email [eccegrantsadministration@qed.qld.gov.au](mailto:eccegrantsadministration@qed.qld.gov.au) for assistance.

Section 2 - Organisation Details

**2.1 Applicant**

|  |  |
| --- | --- |
| **Legal Entity Name** |  |
| **ABN** |  |
| **Address** |  |

*Note: This name should be consistent with the name entered into QGrants during Step 1 – Accounts of the lodgement process.*

**2.2 Applicant Contact Details (Legal Entity)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Name** |  |
| **Position** |  | | |
| **Phone** |  | | |
| **Email** |  | | |

Section 3 - Insurance

**3.1 Your organisation is required to hold the following insurances (indicate those that are current):**

Public liability insurance for the amount of at least $10,000,000 per event

Professional Indemnity Insurance for the amount of at least $5,000,000 per event

Workers’ Compensation Insurance

Section 4 - Service Details

**4.1 Beneficiary Name (Name of the Service)**

**4.2 Address (Where the service is to be delivered, if known)**

|  |  |
| --- | --- |
| **Location/Community:** | |
| Address |  |

Section 5 - Proposed Service Model

**5.1 Selection criteria**

| **Provide detailed evidence below - refer to the Funding Information Paper, Section 6 for additional information about required details and evidence to support this application.** |
| --- |
| **Service model is appropriate and meets the needs of the community** |
| **Service delivery experience** |
| **Organisational capacity and experience** |
| **Co-ordination and collaboration to create effective partnerships** |

Section 6- Budget

**6.1 Please provide a detailed proposed annual budget including the following line items, as applicable:**

* Total salaries and wages
* Organisational costs
* Administrative costs
* Property and energy
* Motor vehicle running costs/travel costs
* Training and travel
* Asset purchases
* Program costs
* Brokerage – please include an outline of proposed categories of usage.

**6.2** **Please provide Audited Financial Statements for the past three years.**

Authorised Person and Declaration

**Organisation (Legal Entity) Authorised Person**

**Note:** This is the member of the organisation authorised to enter into a legal contract on behalf of the organisation for example, President or Chairperson.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Surname** |  |
| **Given name(s)** |  | | |
| **Position** |  | | |
| **Phone** |  | | |
| **Email** |  | | |

**I declare that:**

* I am authorised to submit this application.
* I have read and understood the Funding Information Paper – Early Childhood Coordination.
* The information provided in the application is true and correct and the department will be notified of any changes to any information provided as part of the application within 7 business days.
* Where applicable, all relevant personnel will comply with all relative federal and state legislations and regulations.
* There is no undisclosed conflict of interest with any party or person associated with this invitation for application, or any party or person known to be involved with the assessment or approval processes, of which I am, or reasonably should be aware.

**Signature Date**

**Attachments**

List of Attachments:

|  |  |
| --- | --- |
| **Number** | **Name** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |