Section 1 – Lodging Applications

Applications must be lodged through QGrants by **5pm, 28 February 2020**. To access QGrants, an online system for managing grant applications and payments, please go to: <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/funding-and-support/grants-tenders-and-funding/grants-management/grants-management>.

If you have any questions or require further assistance regarding this funding process, please contact the Department of Education (the Department) on (07) 3328 6687or WorkforceQualificationGrant@qed.qld.gov.au.

Section 2 – Funding Amount

**2.1 Total amount of NON – RECURRENT funding requested (up to $30,000 GST exclusive)**

|  |
| --- |
| $ |

*Note: This amount should be consistent with the amount entered into QGrants during Step 2 – Budget of the lodgement process. Note only the non-recurrent budget section should be completed in QGrants.*

Section 3 – Organisation Details

**3.1 Applicant**

|  |  |
| --- | --- |
| Legal Entity Name |  |
| ABN  |  |

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

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

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

Section 4 – Service Details

**4.1 Beneficiary (Name of Service)**

|  |
| --- |
|  |

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

**4.2 Address (Where the service is delivered)**

|  |  |
| --- | --- |
| Street |  |
| Suburb  |  | Post Code |  |

**4.3 Service Particulars**

|  |  |
| --- | --- |
| Geographic Coverage |  |
| Operating Hours |  |

**Section 5 – Project Details**

|  |
| --- |
| **Please provide a brief overview of your proposed project.****(If the service is applying for staff coverage for an educator working towards ECT qualification, do you have relief staff organised and/or available and what qualifications do they hold?)** |
|  |
|  |

|  |
| --- |
| **Selection Criteria 1: Approved Providers’ demonstrated willingness, ability and commitment to supporting services’ ongoing staffing compliance.** |
| Provide a brief statement outlining the current qualifications held by staff currently employed by the service and the steps taken by the service to support staff in gaining appropriate qualifications.  |
|  |

|  |
| --- |
| **Selection Criteria 2: Demonstrated workforce plan and implementation of sustainable attraction and retention strategies.**  |
| Provide a detailed workforce plan clearly identifying the strategies in place to attract, upskill and retain staff to ensure compliance and sustainability. |
|  |
| **Selection criteria 3: Demonstrated value for money** |
| Please list proposed expenditure plan and associate costs, including any co-contribution, in the budget table provided below. |
| **Please complete budget table below.** |
| **Resources / Items** | **Amount ($) excl GST** | **Priority (1=highest)** |
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**Note:**

\* The total figure should equal the amount indicated at 2.1.

Section 6 – Authorised Person and Declaration

**6.1 Organisation’s Authorised Person\***

**Note:** This is the person within the organisation who is authorised to enter into a legal contract on behalf of the organisation. Please provide a copy of your most recent AGM minutes when submitting your application where applicable.

* For Kindergartens operated by a Volunteer Management Committee an authorised person in this instance refers to a member of the Management Committee, this may or may not include the Director of the service.

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as the Authorised Person of the abovementioned service, have read and understood the Funding Information Paper provided for the ***Workforce Qualification Assistance Grant.***I verify the information and the eligibility of the service is true and correct.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**