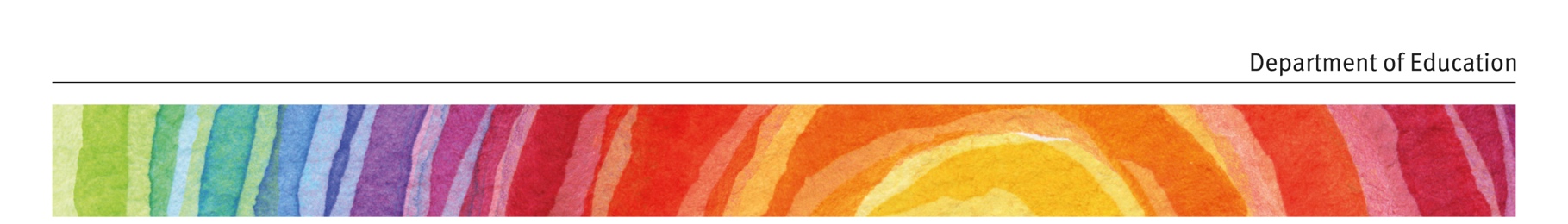
**APPLICATION FORM****: *Gracemere and Mount Morgan Early Years Place***

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 ***Integrated Service Delivery****.* Forms must be lodged by **5.00pm, 3 September 2021** 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/funding-and-support/grants-tenders-and-funding/grants-management/grants-management/how-to-use-qgrants>.

If your organisation is having problems accessing or using QGrants please call the Department of Education on 30352244 or email [eccegrantsadministration@qed.qld.gov.au](mailto:eccegrantsadministration@qed.qld.gov.au) for assistance.

Section 2 – Funding amount

**2.1 Total annual funding amount requested (up to $300,000 GST exclusive)**

|  |
| --- |
|  |

**2.2 Total establishment funding (non-recurrent) amount requested (up to $50,000 GST exclusive)**

|  |
| --- |
|  |

Section 3 - Organisation Details

**3.1 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.*

* 1. **Applicant Contact Details (Legal Entity)**

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

Section 4 - Service Details

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

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

|  |  |
| --- | --- |
| **Gracemere** | |
| Address |  |
| Interest in co-location of activities and programs with an appropriate school | Yes  No  *Check relevant response* |
| **Mount Morgan** | |
| Address |  |
| Interest in co-location of activities and programs with an appropriate school | Yes  No  *Check relevant response* |

If a **facility has not been secured** by your organisation in either Gracemere or Mount Morgan (excluding school locations), include information outlining progress towards securing premises.

|  |  |
| --- | --- |
| Gracemere |  |
| Mount Morgan |  |

Section 5 - Proposed Service Model

**5.1 Organisational overview**

**What type of service(s) does your organisation currently provide to families with children aged from birth to eight years? These services may be delivered by a partner organisation at your facility.**

early childhood education and care

parenting and family support

playgroup

child and maternal health

other (include brief details)

**5.2 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** |
| **Referral pathways and processes including collaboration and ability to create partnerships** |
| **Reflective practice, outcomes and review** |

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 costs
* Training and travel
* Asset purchases
* Client related costs

**6.2 Please provide a detailed proposal for establishment/start-up costs including but not limited to:**

* Assets and equipment
* Furniture and resources
* Recruitment expenses

**6.3 List of attachments:**

Certificates of Currency:

* Public Liability,
* Profession Indemnity
* Workers’ Compensation Insurances

Audited Financial Statements (past 3 years)

Other:

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, as the Authorised Person of the abovementioned organisation, have read and understood the Funding Information Paper - Gracemere and Mount Morgan Early Years Place. I verify the information and the eligibility of the organisation is true and correct.

**Signature Date**