



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 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.

3.2 Applicant Contact Details (Legal Entity)

Title		Name	
Position			
Phone			
Email			

Section 4 - Service Details

4.1 Beneficiary Name (Name of the Service)

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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 <input type="checkbox"/> No <input type="checkbox"/> <i>Check relevant response</i>
Mount Morgan	
Address	
Interest in co-location of activities and programs with an appropriate school	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Check relevant response</i>

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 <u>details and evidence</u> 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 _____