APPLICATION FORM
Roma Early Years Place

Section 1 - Lodging Application Form

Applications close **5pm (AEST), 30 October 2026.**

To apply for funding, complete the provided **Application Form – Roma Early Years Place, signed by an authorised person** along with any **supporting documentation** to EYS@qed.qld.gov.au by 5:00pm (AEST), **30 October 2026.**

Organisations may submit an individual application or, alternatively, form partnerships with other organisations and lodge a single application that reflects those arrangements. Where a partnership is established, the 'lead' organisation must submit the application and clearly outline the partnership structure.

If any board or committee member is an employee of the Department of Education, they must declare and manage any potential conflict of interest with their supervisor in accordance with the Department's Conflict of Interest procedure.

For questions or further assistance regarding the application process, please contact the Department at EYS@qed.qld.gov.au.

Section 2 - Organisation Details

2.1 Applicant

Legal Entity Name	
ABN	
Address	

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

3.2 Please ensure copies of these insurances are enclosed with your application.

Section 4 - Service Details

4.1 Beneficiary Name (Name of the Service)

Roma Early Years Place

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

Location:	
Address	

If a facility has not been secured by your organisation, include information outlining progress towards securing premises:

Roma	

4.3 Single/Joint Application

Note: Please refer to Section 6 of the Funding Information Paper when completing this question.

Is your organisation applying as a single applicant or jointly with other organisation/s (e.g. as part of a partnership or consortium)?

- ☐ Single applicant
- ☐ Partnership/consortium

The lead organisation should complete this form if applying in partnership or as part of a consortium. Please ensure you clearly identify partners/consortium members and arrangements when responding to the Selection Criteria.

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.

- ☐ family support
- ☐ early childhood education and care

☐ parenting programs and activities

☐ playgroup or other play-based early learning and development activities

☐ child and maternal health

☐ other (include brief details)_____

Outline partnership arrangement, if any, for delivery of the above services

5.2 Selection criteria (*Please provide additional pages as necessary*)

Provide detailed evidence below - refer to the Funding Information Paper, Section 5 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

Provide detailed evidence below - refer to the Funding Information Paper, Section 5 for additional information about required details and evidence to support this application.
Referral pathways and processes including collaboration and ability to create partnerships
Reflective practice, outcomes and review

Section 6- Budget - Cost and value for money

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
- Client related costs

6.2 Please provide a detailed proposal for establishment/start-up costs (Establishment funding should have no recurrent implications) and may include the following line items as applicable

- Assets and equipment
- Furniture and resources
- Recruitment expenses

6.3 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 – Roma Early Years Place.
- 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	