

Empowering participants:
**information, assistance and connections grant round**

Appendix C – SPC0002473 – Grant application form

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# Instructions

Prior to commencing your application, please:

1. Read the entire grant opportunity package:

SPC0002473 – **Grant Guidelines** – Empowering Participants: Information, Assistance and Connections Grant Round

SPC0002473 – Appendix B: **Draft Grant Agreement**

SPC0002473 – Appendix C: Grant Application Form (this document)

SPC0002473 – Appendix D: **Detailed Budget**

These documents can all be found on the NDIS webpage for the [Home and living demonstration projects (ndis.gov.au)](https://ndis.gov.au/about-us/improving-ndis/improvements-home-and-living-supports/home-and-living-demonstration-projects/home-and-living-demonstration-projects-round-2).

1. Ensure your organisation meets the eligibility criteria set out in section 4 Eligibility Criteria of the Grant Opportunity Guidelines.

The Grant Opportunity Guidelines can be found on the NDIS webpage for the [Home and living demonstration projects (ndis.gov.au)](https://ndis.gov.au/about-us/improving-ndis/improvements-home-and-living-supports/home-and-living-demonstration-projects/home-and-living-demonstration-projects-round-2).

All questions must be answered to be considered for a grant.

Instructions will appear throughout this form. They are designed to assist you to complete your application.

Please use the format provided when responding to each question.
Do not add any tables, charts, nor images.
Any additions to the format provided will not be assessed.

# Application process information

## Closing date for questions

13 April 2023 at 5pm AEST

## Closing date for applications

20 April 2023 at 5pm AEST

## Supporting documents

All documents relating to this grant opportunity can be accessed through the NDIS webpage for the [Home and living demonstration projects (ndis.gov.au)](https://ndis.gov.au/about-us/improving-ndis/improvements-home-and-living-supports/home-and-living-demonstration-projects/home-and-living-demonstration-projects-round-2).

We recommend reading all these documents prior to completing the Application Form.

## Questions

If you have any questions relating to the content of this grant opportunity, contact the National Disability Insurance Agency’s (Agency) Contact Officer via email at

spc2473infoassistconnect@ndis.gov.au

**Subject**: [SPC2473] Your question here

Please include **SPC2473** in the subject line of all correspondence concerning your grant application. The closing date for questions is 13 April 2023 at 5pm AEST. The NDIA will respond to emailed questions within four working days through the form of an Addendum which will be published to the NDIS website.

## Use of information

The Agency may use information provided to inform staff negotiating and establishing agreements and inform future assessments. All information provided may be shared with other Commonwealth and law enforcement agencies for preventing and detecting fraud.

## Submitting your application

Please email the completed Application Form with all requested attachments to:

spc2473infoassistconnect@ndis.gov.au

**Subject**: [SPC2473] Application for Organisation Name

### Accepted file types

Accepted file types include:

* Doc
* Docx
* Pdf
* Xls
* Xlsx

**Compressed files** such as .zip or .rar **are not accepted**.

If your email **exceeds 50MB**, please email attachments separately.

Receipt of your application will be acknowledged by email

If you do not receive an email acknowledging receipt of your application within two (2) business days, please email the Contact Officer at:

spc2473infoassistconnect@ndis.gov.au

**Subject**: [SPC2473] Request receipt of application for Organisation Name

## Accessibility

Where the word document application form is not accessible for you, the NDIA may accept applications in audio and video formats.

You must contact the NDIA via email, by **5pm AEST on Thursday 13 April 2023** to discuss the requirements for submitting your application in these formats.

Email your request to:

spc2473infoassistconnect@ndis.gov.au

**Subject**: [SPC2473] Alternative medium request for Organisation Name

## Submission extension

You must submit your application prior to the published closing date. The NDIA may accept late applications where unforeseen/exceptional circumstances apply as detailed in the Grant Opportunity Guidelines.

# Information-handling, privacy and reporting

## Australian Tax Office reporting

The National Disability Insurance Agency (NDIA) will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities. In general terms, the types of payments to be reported to the ATO are payments made for grants to entities with an Australian Business Number (ABN); and payments made for services. If you receive a payment from the NDIA that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report. Further information is available on the Australian Taxation Office website.

## Information-handling and privacy

The information you provide in this Application Form, including any personal information and sensitive information as defined in the *Privacy Act 1988* and protected Agency information as defined in the *National Disability Insurance Scheme Act 2013*, will be used by the NDIA for the purpose of receiving and assessing grant applications. The Application Form will be accessed by staff in the NDIA’s Home & Living Innovation, Agency Policy and Procurement teams for this purpose.

The collected information will be used to inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program. If the NDIA does not collect the information in this Application Form, we may not be able to assess the grant application. Where required or authorised by law, we may give this information to other government departments and agencies, including the Australian Tax Office as part of the taxable reporting obligations for government entities.

Your information is unlikely to be disclosed to overseas recipients. Information about the collection, use, disclosure and storage of personal information by the NDIA, and information about how to contact us, is available in our [Privacy Policy](https://www.ndis.gov.au/about-us/policies/privacy). This includes information on how you can access and seek corrections to your personal information and about complaints procedures.

By submitting this grant application, you consent to the use and disclosure of your personal information as outlined above.

# Grantee details

## Full legal organisation name

Please enter your organisation’s name

## Legal status

**What type of organisation is applying for this grant.**

Delete all that do not apply.

Individual or Sole Trader

Partnership

Company

Sole Director Company

Trust (see note below)

Other (please state):

### Note for Trusts

If the Potential Supplier is trading as a trust, please provide details of the relevant trust (and trustee) including a copy of the relevant trust deed (including any variations to that deed) as an attachment to this Response.

## Is the organisation registered for GST?

Answer yes or no here.

## Is the organisation a registered charity?

Answer yes or no here.

## Australian Business Name (ABN)

## Australian Registered Body Number (ARBN)

## Registered address

## Web address

## Has your organisation ever had a judicial decision about employee entitlements or engaged in practices that have been found to be dishonest, unethical or unsafe?

Answer yes or no here.

If yes Continue to [question 1.10.1 What was the date of discharge?](#_What_was_the)

If No Continue to [question 1.11 Contact Officer for application](#_Contact_Officer_for)

### What was the date of discharge?

The applicant acknowledges that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the *Criminal Code Act 1995* (Cth).

### Please enter date of discharge

(dd-mm-yyyy)

Note

The Agency cannot enter a contract with a supplier who has an undischarged judicial decision relating to employee entitlements.

## Contact officer for application

Please provide the details of someone the Agency can contact regarding your application.

**Name**:

**Position Title**:

**Telephone:**

**Mobile**:

**Email Address**:

**Postal Address**:

## Other sources of funding

**Does the grantee (or any potential consortium partner) receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department?**

Answer yes or no here.

If Yes continue to question [1.12.1 Details of Other Sources of Funding](#_Details_of_Other)

If No continue to section [2 Mandatory Requirements](#_Mandatory_Requirements)

### Details of other sources of funding

Provide the following details:

**Funding source name**:

**Description/name of the project**:

**Value of funding received or applied for**:

**Period of funding**:

# Mandatory Requirements

It is mandatory for all project staff to have a Working with Vulnerable People registration.

## Working with vulnerable people registration

I am aware that if I accept this grant opportunity, I am required to ensure all employees working on the grant activity maintain compliance with appropriate regulatory requirements applicable to the activity. I am aware that all personnel working on the program must maintain a Working with Vulnerable People Check (or its equivalent) in accordance with State and Territory requirements.

## Working with Children Check

If a project involves people under the age of 18, it is mandatory for all project staff to have a valid Working with Children Check (or its equivalent).

To be eligible for this Grant Opportunity you must confirm that you meet these requirements in [Section 15: Declarations](#_Declarations)

### Is your organisation a registered provider with the NDIS Quality and Safeguards Commission?

Answer yes or no here.

## Relevant persons

### Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

Delete the bullet points below that don’t apply to your application.

* Governance Investigation of relevant person(s).
* Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position.
* Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership. Bankruptcies of relevant person(s).
* Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
* Litigation against relevant person(s) including judgement debts.
* No, and there is no adverse information on any relevant person associate with this entity

You may be contacted to provide more information and documentation in relation to these events.

## Are you registered for the purposes of GST?

Answer yes or no here.

## Does your organisation have an account with an Australian financial institution?

Answer yes or no here.

## Reportable events

### Has your organisation been the subject of any of the following events in the last 5 years:

Delete the bullet points below that don’t apply to your application.

* Governance Investigation of your organisation or related entities.
* Litigation or liquidation proceedings.
* A contract with your entity terminated by the other party.
* Contingent liabilities of a material amount.
* Overdue tax liabilities.
* Other factors which might impact on your entity.
* For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.

### Any there other particulars which are likely to adversely affect your capacity to undertake this project. If yes, please specify

Answer yes or no here.

You may be contacted to provide more information and documentation in relation to these events.

# Summary of proposal

## What is the title of your project

15-word limit

## What is your proposal

Provide a brief description (500 words or less) of your project and the activities it will deliver.

* What need are you trying to address?
* How will your project address those needs?
* What consultation have you undertaken in developing the project?
* What outcomes will you achieve for participants?

Enter your response here.

## Local Government Areas

List the Local Government Area/s your project will target.

## How many participants will be involved?

Enter the number of participants that will be involved in your project

## What is the age range?

Enter the age range of your participants if known

## Disability type

Where known, please detail disability types within the group of participants you are proposing to work with.

* Acquired brain injury
* Autism
* Cerebral palsy
* Hearing impairment
* Multiple Sclerosis
* Psychosocial disability
* Intellectual disability, developmental delay, global developmental delay, Down syndrome
* Spinal cord injury
* Stroke
* Vision impairment
* Other

This information will be used to provide the NDIA with an understanding of the overall reach of the applications. It will not be used in the assessment of individual applications.

## Diverse groups being targeted

Please state below if your project will target any of the following cohorts. Delete as appropriate.

* Aboriginal and Torres Strait Islander
* Culturally and Linguistically Diverse
* LGBTQIA+
* None

# Ability to Meet the Requirement

Please answer each of the following questions with no more than 500 words per criteria.

Text in excess of this word limit may not be assessed.

## Criterion 1: Addressing a need

Demonstrate the need that the project will address, including the participant group/s that will be targeted. Demonstrate how the project will address the need/s.

You should demonstrate this through identifying:

* Evidence of the needs being addressed.
* Evidence about the potential effectiveness and level of innovation; of the approach to addressing the needs.

Answer here.

## Criterion 2: Participant engagement

Demonstrate how participants have shaped the proposed project, and/or what role participants will play in shaping the design, delivery, or governance of the project. In responding applicants must detail how they will work effectively with and alongside participants so that they are empowered through their involvement in the project.

You should demonstrate this through identifying

* Evidence of engagement with participants prior to application
* An engagement strategy for connecting with participants as part of this project
* If your project is targeting any of the diverse cohorts listed in Section 2.3 of the Guidelines, and Part 3 of the application form, please explain how you will tailor your engagement to meet their specific needs.

Answer here.

## Criterion 3: Project management approach

Outline your approach to managing the proposed project. In responding applicants must provide details of its project management approach and governance arrangements.

You should demonstrate this through identifying

* A project management plan
* Governance structure and arrangements for the project

Answer here.

## Criterion 4: Stakeholder engagement

Outline your approach to stakeholder engagement, including how the consultation will be conducted in the area where the project will be delivered for example, LACs, Support Coordinators, Disability Representative Organisations (DRO) and participants formal and informal supports.

You should demonstrate this through identifying a stakeholder engagement plan.

Answer here.

## Criterion 5: Staff experience

Demonstrate the capability and stability of your organisation, and the experience of relevant staff that will be drawn on to successfully deliver the proposed project.

You should demonstrate this through identifying examples that detail your staff’s experience in developing and delivering similar projects in the past.

Answer here.

# Timeframes

## Project start date

dd / mm / yyyy

## Project end date

dd / mm / yyyy

## What are the milestones for your project?

dd / mm / yyyy Milestone

dd / mm / yyyy Milestone

dd / mm / yyyy Milestone

# Risk

Please provide details of what risks are potentially associated with the delivery of this activity. Specifically:

* Identify and outline any risks
e.g. delays to recruiting key positions, low interest levels from people with disability, financial etc.
* Detail and outline a mitigation measure for each risk you have identified.

## Identified Risks and Mitigation

Complete each section as appropriate. You may delete as appropriate or copy and paste these headings if you wish to list more items.

Please use the format provided.
Do not include any tables nor images.

### Identified Risk 1

#### Risk Identifiers

#### Mitigation

### Identified Risk 2

#### Risk Identifiers

#### Mitigation

### Identified Risk 3

#### Risk Identifiers

#### Mitigation

### Identified Risk 4

#### Risk Identifiers

#### Mitigation

# Budget

## I am applying for a grant in the amount of:

Please enter the grant amount are applying for

2023 – 24 $

2024 – 25 $

**Total $**

## Eligible Expenditure

**Do you acknowledge that you have read and agree to use grant funds on eligible expenditure?**

Answer yes or no here.

The grant amount, period and eligible expenditure is detailed in section 3 and section 5 of the Grant Opportunity Guidelines. Specifically, the expenditure must occur between the grant activity (July 2023 and June 2025) for it to be eligible, and that the Program Delegate makes the final decision on what is eligible expenditure and may give additional guidance on eligible expenditure if required. To be eligible for this Grant Opportunity you must respond to this question.

## Project Budget

**Do you confirm that you will expend 100% of the grant funding in the 2023-24 and 2024-25 financial years?**

Answer yes or no here.

### Budget Template

Please provide a detailed budget using this budget template for this grant. This template can be found on the NDIS webpage for the [Home and living demonstration projects (ndis.gov.au)](https://ndis.gov.au/about-us/improving-ndis/improvements-home-and-living-supports/home-and-living-demonstration-projects/home-and-living-demonstration-projects-round-2).

# Consortium

## Is the project to be delivered as part of a consortium?

Answer yes or no here.

If yes Continue to [question 8.2 Are you the Lead Entity](#_Are_you_the)

If no Go to [section 9. Pre-existing Intellectual Property of Potential Grantee](#_Pre-existing_Intellectual_Property)

## Are you the Lead Entity

Answer yes or no here.

**Only the lead organisation can submit the application form** and enter into a grant agreement with the NDIA. The application must identify all other members of the proposed group and include a letter of support from each of the partners.

## Identify the proposed group members

List the legal names and trading names of each organisation involved in this consortium.

## Have you provided a letter of support for each group member?

Answer yes or no here.

If yes, please remember to list these documents as attachments at the end of this application in [section 11 Attachments](#_Attachments).

### Each letter of support should include:

* details of the partner organisation
* an overview of how the partner organisation will work with the lead organisation and any other partner organisations in the group to successfully complete the grant activity
* an outline of the relevant experience and/or expertise the partner organisation will bring to the group
* the roles/responsibilities of the partner organisation and the resources they will contribute (if any)
* details of a nominated management level contact officer.

You must have a formal arrangement in place with all parties prior to execution of the grant agreement.

## Are you aware of the role and responsibility of being the lead entity?

Answer yes or no here.

The lead entity is held liable for all obligations contained in the Grant Agreement's Terms and Conditions. Including but not limited to:

* Monitoring
* Management
* financial performance
* service outcomes; and
* insurance coverage

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

# Pre-existing intellectual property of potential grantee

**The Supplier grants to, or in the case of Third-Party Material, must obtain for, the Agency a non-exclusive, irrevocable, royalty-free, perpetual, world-wide licence (including the right to sub-licence) to exercise the Intellectual Property Rights in all Pre-existing Material and Third- Party Material incorporated into the Material to enable the Agency to receive the full benefit of the Goods and/or Services and the Material and to exercise its rights in relation to the Material.**

Please specify any information relating to your pre-existing intellectual property.

If no pre-existing Intellectual Property is proposed insert “Not Applicable”.

# Conflicts of interest

Public officials have an obligation to disclose conflicts of interest under section 29 of the [Public Governance, Performance and Accountability Act 2013](https://www.legislation.gov.au/Series/C2013A00123) (PGPA Act). Suppliers to Commonwealth entities need to assist the Agency to meet its obligations by complying with the same standard of conduct.

Conflicts can be actual, perceived or potential. The perception of a conflict can be just as damaging to public confidence in public administration as an actual conflict based on objective facts.

It is important that if, after the response has been submitted or during the Contract period, any actual, perceived or potential conflicts arise they are reported to the Agency without delay.

If you are aware of a conflict (real or perceived) that could arise as a result of entering into a contract with the Agency (and Subcontractor where applicable) include full details and strategies to manage below, or for complex issues, attach a Conflict-of-Interest Management Plan detailing your proposed approach.

## Do you have any conflicts of interest that may occur related to or from submitting this application?

Answer yes or no here.

If yes Answer [question 10.1.1 Describe any conflicts of interest](#_Describe_any_conflicts)

If no Skip to [section 11. Attachments](#_Attachments)

### Describe any conflicts of interest

# Attachments

Please ensure that all attachments to your application are clearly labelled, accessible and are marked below for ease of reference.

**This application contains the following attachments:**

1. Completed Appendix C – SPC0002473 – Grant Application Form
2. Completed Appendix D – SPC0002473 – Detailed Budget
3. Letter of Support from group members (*if applicable per* [*section 8 Consortium*](#_Consortium))
4. Other:

# Declarations

The following page has a declaration that must be confirmed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation).

The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

## I declare that:

The information contained in this form is true and correct. I have read, understood and agree to abide by the Guidelines. I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful. I have read and understood:

* [Information-handling, privacy and reporting](#_Information-handling,_Privacy_and) of this Application Form and consent to the use and disclosure of information as outlined in that section
* [Section 2. Mandatory Requirements](#_Name_of_the) of this Application Form and I confirm compliance with all Mandatory Requirements.

I am aware that if my project involves working with people who are under the age of 18, all personnel working on the project must maintain a Working with Children Check (or its equivalent) in accordance with State and Territory requirements.

I warrant that, when providing personal information (as defined at section 6(1) of the *Privacy Act 1988* (Cth) (Privacy Act)) to the NDIA, I have obtained the consent of or provided reasonable notification to the person in accordance with the Privacy Act.

I give consent to the NDIA to make public the details of the Applicant and the funding received, should this Application be successful. I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the *Electronic Transactions Act 1999* (Cth).

I acknowledge that giving false or misleading information to the National Disability Insurance Agency is a serious offence under Section 137.1 of the *Criminal Code Act 1995* (Cth).

**I understand and agree to the declaration above.**

**Full name of Authorised Office**r:

**Position/Title**:

**Date**: