



**Australian Government**  
**Department of Social Services**

**2013-16**

**APPLICATION FORM FOR GRANT FUNDING  
UNDER THE Family Support Program / Royal  
Commission Community-Based Support Services**

**Information for applicants**

**Closing Date**

**Applications must be submitted by 2:00pm AEST on  
Friday 29 November 2013**

**How to lodge**

*Application forms can be completed and submitted and must be lodged  
by the closing date. Online applications may not be submitted after  
this time.*

Applications must be scanned and emailed to:  
[rcsupportservices@dss.gov.au](mailto:rcsupportservices@dss.gov.au)

OR paper based applications must be lodged at:

Royal Commission Community-Based Support Services  
Tender Box  
Department of Social Services  
Module B Reception,  
Tuggeranong Office Park,  
Athllon Drive  
Tuggeranong ACT 2900

by the closing time and date specified above.

DSS will acknowledge receipt of your application by email. Please  
contact the Department using the Questions and Answers contact details  
below if you have not received acknowledgement within 48 hours of  
submitting your application.

**Questions and  
Answers**

Should you have any questions about this Application Form, please consult the Program Guidelines available on [DSS's website](#). If you cannot find the information you require please email [rctsupportservices@dss.gov.au](mailto:rctsupportservices@dss.gov.au)

Answers to questions received during the Application Period will be emailed to all applicants by 5pm every Thursday during the Application Period. Questions will not be taken or responded to after Tuesday of the last week of the application period, or at any time during the assessment phase.

**National Relay  
Service (NRS)**

If you are deaf or have a hearing or speech impairment, you can use the NRS to access any of the Department's listed phone numbers. To access a 1800 Department of Social Services (DSS) number you should phone 1800 555 727 (speak and listen) or 1800 555 677 (TTY) or visit [www.relayservice.com.au](http://www.relayservice.com.au).

**Program  
Guidelines**

If you are completing this Application Form you should only proceed if you have read the program guidelines. Assessment of applications will be based on the information provided in the Program Guidelines.

**Information Use**

Please note that DSS may use successful applicants' information, other than personal information, that has been provided in the applicants' application, to assist DSS to:

- (a) comply with the Australian Government requirement to publish the names of all funding recipients on the DSS website:
- (b) inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Agreement for that program/activity: and/or
- (c) inform future assessments for applications.

You can only apply if you agree to the Department using the information (not personal information) you have provided in your application for the purposes listed at (a), (b) and (c) above.

**I agree**

If your organisation is currently funded by the Department of Social Services (formerly FaHCSIA) please complete Q2, Q3, Q4, Q9, Q10 and Q15 along with Parts 5, 6 and 7. If not currently funded please complete the entire application form.

## Part 1: Eligibility

### 1a Organisation type and financial status

Is your organisation:

- Non-government  
 State/Territory, Local government

Is your organization:

- Not for profit  
 For profit

Is your organisation a registered charity?

- Yes <sup>1</sup>  
 No

### 1b Organisation entity type<sup>2</sup>

*This eligibility list contains entity types that DSS is able to enter into Grant Agreements with.*

Please tick  all applicable boxes.

- Incorporated association incorporated under Australian State/Territory legislation  
 Incorporated cooperative incorporated under Australian State/Territory legislation  
 Aboriginal corporation incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006  
 Organisation established through specific Commonwealth or State/Territory legislation  
 Company incorporated under Corporations Act 2001 (Commonwealth of Australia)  
 Partnerships  
 Trustee on behalf of a trust  
 Individual  
 An Australian Local government body  
 An Australian State/Territory government

[If you have not ticked any box from the list above, your organisation is not able to apply for funding. You should refer to the Program Guidelines.]

<sup>1</sup> In future not-for-profit charities that are registered with Australian Charities and Not-for-profits Commission (ACNC) will not need to complete some sections of this Application Form. DSS is working with ACNC and Office of the Registrar of Indigenous Corporations (ORIC) to reduce the number of times the same information is provided to the Australian Government.

<sup>2</sup> Only Australian legal entities are eligible to receive funding for the provision of services in Australia.

## Part 2: Applicant details

### 2 What is the legal name of your organisation?

This is the name that appears on all official documents and legal papers. It may be different to your trading name.

**All further responses within this application form must relate to this entity.**

**This is the legal entity that DSS will enter into Grant Agreements with.**

### 3 What is the trading name of your organisation?

This is the name your organisation trades or provides services under.

### 4 Does your organisation plan to sub-contract any or all of the service provision, if this application is successful?

- Yes  
 No

If yes, successful applicants may be asked to provide details of those sub-contracting arrangements and the organisations involved.

### 5 What is your organisation's physical address?

Enter the contact person's address if your organisation does not have its own registered address etc.

#### Physical address (not a PO box)

**Building/floor**

**Street no. and name**

**Suburb/town**

**State**

**Postcode**

**6 What is the postal address of your organisation?**

Same as above

**Postal Address**

Building/floor

Street no. and name  
or PO box

Suburb/town

State

Postcode

**7 What is the outlet name, where the service will be delivered? (If different, to Q2 or Q3.)**

**8 What is the outlet's physical address?**

**Physical address (not a PO box)**

Building/floor

Street no. and name

Suburb/town

State

Postcode

**9 If more than one outlet is going to be used to deliver the service please list**

Enter the contact person's address if your organisation does not have its own registered address, etc.

**Physical address (not a PO box)**

Building/floor

Street no. and name

Suburb/town

State  Postcode

**Physical address (not a PO box)**

Building/floor

Street no. and name

Suburb/town

State  Postcode

**10 Who are the authorised Contact Persons for this application?**

|                                 | <b>Preferred contact</b> | <b>Alternative contact</b> |
|---------------------------------|--------------------------|----------------------------|
| <b>Title</b>                    |                          |                            |
| <b>First name</b>               |                          |                            |
| <b>Surname</b>                  |                          |                            |
| <b>Position in organisation</b> |                          |                            |
| <b>Telephone number</b>         |                          |                            |
| <b>Mobile number</b>            |                          |                            |
| <b>Fax number</b>               |                          |                            |
| <b>Business email address</b>   |                          |                            |

## **Part 3: Financial details**

DSS is unable to fund your organisation if you do not provide bank account details.

**12 Does your organisation have an Australian Business Number (ABN)?**

Yes

No

**If yes, what is the ABN of your organisation?**

**If your organisation has an ABN branch number, please provide it here.**

**13 Is your organisation registered for GST?**

(Questions on GST requirements should be addressed to the Australian Taxation Office.)

Yes

No

**14 If you would like recipient created tax invoices (RCTIs) to be sent to an alternative email address to that of the preferred contact listed in Q10, please provide the new email address here.**

If this is left blank RCTI's will be sent to the preferred contact email address at Q10.

**15 Please provide details of your organisation's bank account for payment should your application be successful.**

Record the account details of the organisation listed at Q3 only. DSS will not make cheque payments or payments to a third party.

BSB number

Account number

Account name

## Part 4: Financial viability and governance

Applicants who are currently funded by DSS do not need to complete Questions 16, 17 and 18.

16 Please attach the following information:

- Your organisation's most recent audited financial statements (with previous year for comparison)

Are these statements fully compliant with Australian accounting standards?

Yes

No

If no, what is your rationale for preparation of financial statements which are not fully compliant with Australian accounting standards.

- a current financial statement (income and expenditure, balance sheet, and statement of equity - this statement does not need to be audited).
- an income and expense budget, for the financial year for which funding is sought. (Excluding the funding being applied for in this application).



**17 Please indicate if your organisation has the following:**

**Please tick where applicable(√)**

- an organisation chart
- duty statements for all positions
- financial policy and procedures (systems manual)
- delegations (authorised financial delegates or decision makers)
- business plan
- risk management plan
- minutes of board meetings

As a part of our financial viability verification process you may be asked to provide copies of these documents.

**Can you provide copies of these documents within 7 days of a request by us?**

- Yes
- No

**18 Please tick (√) if any of the following apply to your organisation.**

- Any form of litigation or enquiry during the past three years, current or pending.  
**NOTE:** If you have settled a claim on confidential terms, please indicate this in your response
- Any significant financial matter which may impact on the organisation e.g. insolvency or voluntary administration
- Future commitments or contingent liabilities that might materially affect the organisation

**If you have ticked any of the above (Q18) please provide a short explanation here (further information may be requested).**

## Recent funding applications

### 19 Has your organisation recently applied for any other DSS funding?

| DSS program/activity name | Amount of funding | Period of funding | Date of application |
|---------------------------|-------------------|-------------------|---------------------|
|                           |                   |                   |                     |
|                           |                   |                   |                     |
|                           |                   |                   |                     |

### 20 Has your organisation applied for funding from any other source to deliver the same services covered by this application?

| Program or funding source name | Contact officer | Date of application |
|--------------------------------|-----------------|---------------------|
|                                |                 |                     |
|                                |                 |                     |
|                                |                 |                     |

# Part 5: Program specific questions

## Target groups

1 Please list your proposed target groups here.

2 Enter the state or territory the proposed service will be provided in.

**State or territory**

Enter the local government area which will be covered by the proposed service.

**Local government area**

Enter postcode(s) of the location which will be covered by your proposed service.

**Postcode(s)**

3 Please list the services your organisation is proposing to deliver.

# Part 6: Responses to selection criteria

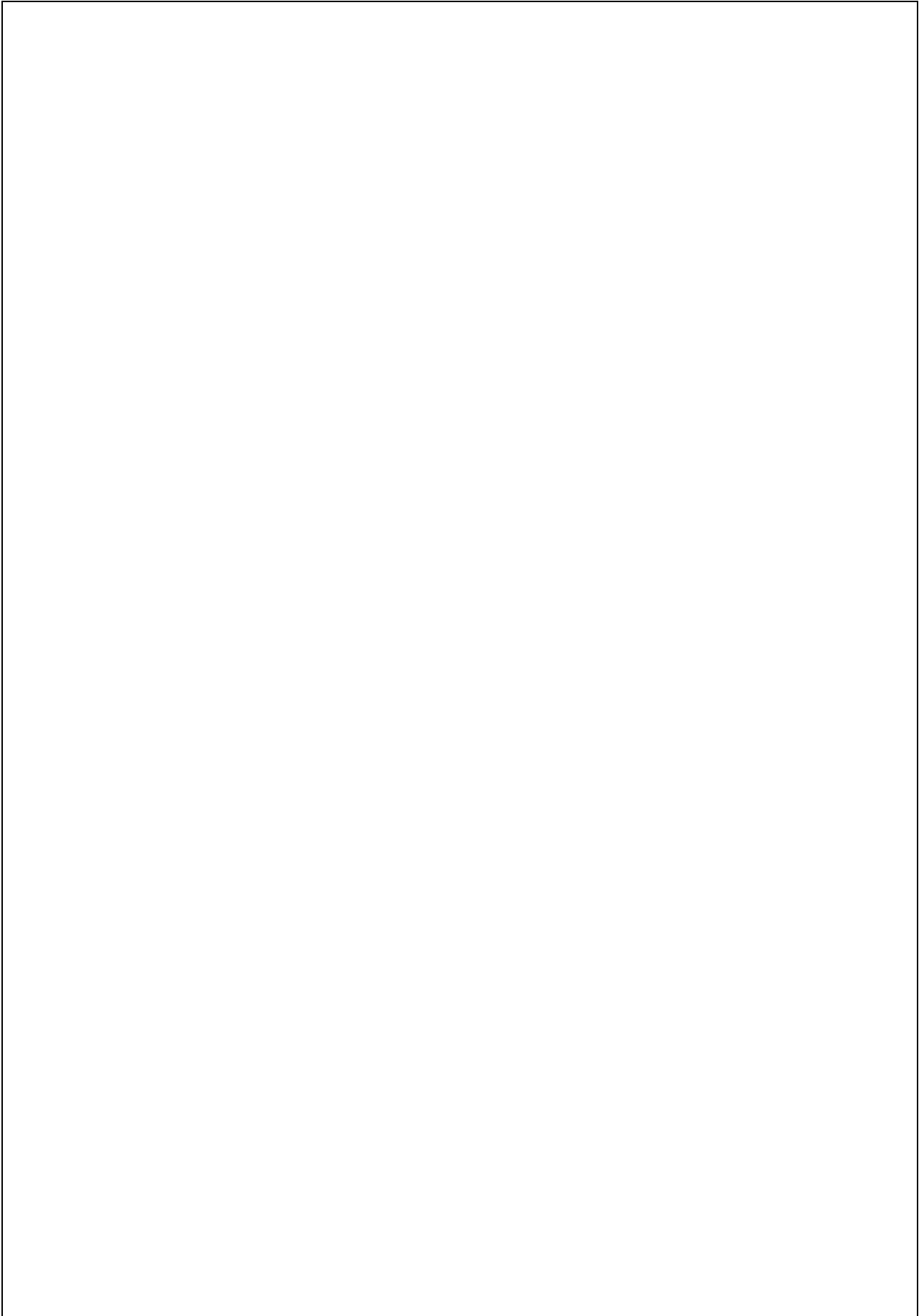
You must limit your responses to 1000 words per criteria.

## Organisation experience

- 1 Demonstrated experience in developing, delivering, managing and monitoring effective Family Support Program programs to achieve positive outcomes for survivors of institutional child sexual abuse with a disability, Indigenous Australians and people who experience religious/clergy abuse target groups. A secondary target group is people who are affected through their engagement with the Royal Commission, without having been exposed directly to abuse, such as family members of survivors, employees of institutions or organisations where abuse took place.**

- Outline your experience in working with the specific target group and knowledge of particular issues they face, particularly with regard to the royal commission.
- Overview of your organisation, including governance structures, geographical coverage and networks/collaboration that strengthen your organisations ability to respond to the needs of the target group.
- Provide information about any potential conflicts of interest (actual or perceived) with the royal commission's work and demonstrate independence from institutions, organisations or individuals that may be the subject of inquiry by the Royal Commission.

*(These dot points are provided to assist you to develop your responses. They are suggestions only and you should add any further information, within the word limit, that will assist us to assess your application.)*



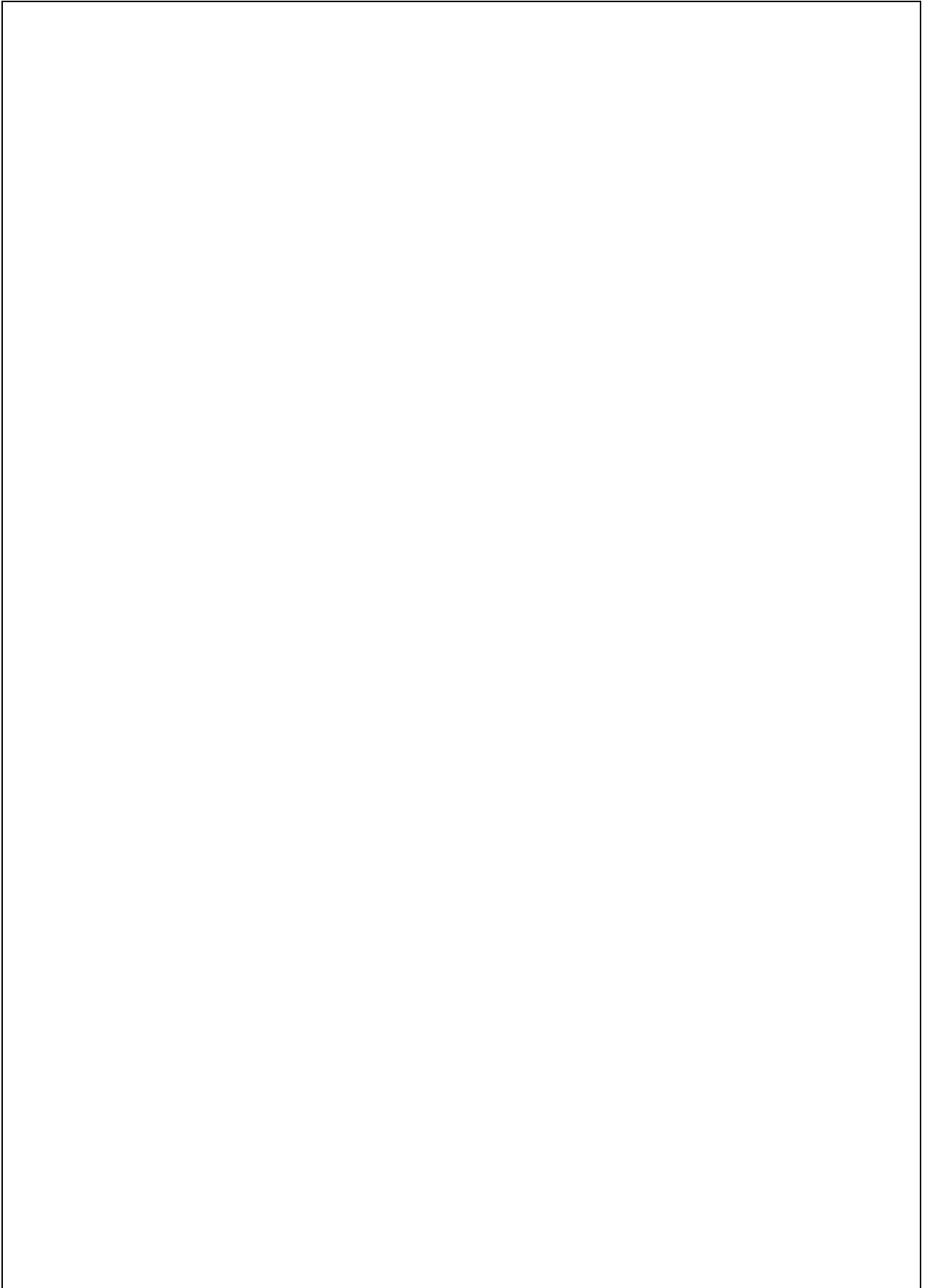
**You must limit your responses to 1000 words per criteria.**

**Service delivery model**

**2 Describe your proposed service, and how this will be made operational to achieve outcomes for survivors of institutional child sexual abuse with a disability, Indigenous Australians and people who experience religious/clergy abuse community/target group.**

- Describe how you propose to deliver services to the specific target group to achieve positive outcomes.
- This may include services such as support, counselling, case management, advocacy, brokerage or providing training and information to increase the capacity of other royal commission community-based support services to improve support to the specialist group you work with.
- Detail the experience and/or qualifications of staff who will deliver services and how you will ensure they are appropriately skilled and supported.
- Describe how you propose to collaborate and link with other organisations to delivery of services across the country.

*(These dot points are provided to assist you to develop your responses. They are suggestions only and you should add any further information, within the word limit, that will assist us to assess your application.)*



# Part 7: Declaration

**Please complete the declaration**

**NOTE:**  
Applications being submitted by post **MUST** be signed.

I declare that:

- the information, including financial information, contained in this form is true and accurate;
- I have read the **Program Guidelines**;
- I have read, understood and accept the terms and conditions of funding and my organisation will be able to fully comply with those conditions;
- I understand that incomplete applications may **not** be considered;
- I agree to receiving recipient created tax invoices (RCTIs) for this funding should this application be successful;
- if and where any personal details of a third party are included, the third party has been made aware of, and given their permission for, those details to appear in this application; and
- I am not aware of any perceived or actual conflict of interest that will arise by submitting this application. (For more information please see the Program Guidelines). Describe below any conflicts of interest that have been identified.

**Please describe any conflict of interest that may occur from submitting this application:** \_\_\_\_\_  
\_\_\_\_\_

**If any financial information requested at Q16 has not been submitted please list any missing documents here.**  
\_\_\_\_\_

**Signature**

**Date**

**Name (please PRINT)**

**Position in organisation**

## **Grant agreement**

Successful applicants must agree to and sign a Grant Agreement with the Australian Government Department of Social Services (DSS).

The terms and conditions of the Letter of Offer are provided with the Application Pack.



## Part 8: Application checklist

To ensure that your application is complete, use the following checklist.

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|               |  |                          |
|---------------|--|--------------------------|
| <b>Part 1</b> | <b>Eligibility:</b> Have you responded to all relevant areas?  | <input type="checkbox"/> |
| <b>Part 2</b> | <b>Organisation details:</b> Completed   | <input type="checkbox"/> |
| <b>Part 3</b> | <b>Financial Details:</b> All questions completed?   | <input type="checkbox"/> |
| <b>Part 4</b> | <b>Financial Viability:</b> Have you provided the documents requested at question 16, and completed all questions?                               | <input type="checkbox"/> |
|               | <ul style="list-style-type: none"><li>• Short explanation to question 18 has been attached if required</li></ul>                                 | <input type="checkbox"/> |
| <b>Part 5</b> | <b>Program specific question:</b> All questions answered?  | <input type="checkbox"/> |
| <b>Part 6</b> | <b>Responses to selection criteria:</b> Have you addressed selection criteria 1 and 2, in this application, in line with the Program Guidelines? | <input type="checkbox"/> |
| <b>Part 7</b> | <b>Declaration:</b> Have you read and completed the declaration carefully?   | <input type="checkbox"/> |
| <b>Part 8</b> | <b>Application checklist (this part):</b> Have you completed the application checklist?  | <input type="checkbox"/> |

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**Note:** Applications that are incomplete may not be considered.