

The purpose of this sample application form is to provide potential applicants the opportunity to preview the full contents. The PDF sample application form is for demonstration purposes only and cannot be used to apply for funding. Any completed PDF sample application form will not be accepted.

Community Grants Hub

Improving your grant experience



Submission Reference:

National Panel of Assessors

Application Information

The National Panel of Assessors (NPA) provides a range of independent assessment services to assist with the needs of people with disability in the workplace. Assessment services include Ongoing Support Assessments for Disability Employment Services participants, Supported Wage System assessments which determine the productivity-based wage for Supported Wage System participants, and Workplace Modifications Assessments for Employment Assistance Fund recipients.

Community Grants Hub

Please note that all references to the '**Community Grants Hub**' throughout this Application Form refer to the Community Grants Hub (supported by the Australian Government Department of Social Services).

Closing Date/Time

Applications must be submitted by **2:00pm** Canberra local time on **Tuesday 24 October 2017**.

Making Sure Your Application is Saved

The 'Continue' button will not save your Application. For your Application to be saved, you will need to click on:

- 'Save and Ext', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Exit' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Application Pack

Read all information in the Application Pack before completing this Application Form. The Application Pack is available on the Community Grants Hub ([website](#)). Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the [Community Grants Hub](#) website.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au. Applicants may submit these questions up until five Business Days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone **1800020283**
- Email to support@communitygrants.gov.au

Attachment Limits

This Application Form has been set up to allow users to attach files within the form. The maximum size allowable for individual attachments is no larger than 2MB and the form will not accept individual attachments above this size. In some areas of the form there are limits to the numbers of attachments being entered in a particular section.

Please read individual question instructions carefully to be informed of these limits. The total size of all of the attachments combined in the form will not be allowed to exceed 15MB. Please plan to modify your attachment files accordingly if necessary.

Sharing this Form

Please note that more than one person should not be accessing this form at the same time.

If this is done then there is a risk that information may be lost in the form and all information will not be transferred in submission.

If you wish to share this form and the access details, please ensure that only one user at a time is accessing and saving information. I.e. one person needs to be completed their updates and have saved and exited the form prior to another starting on their updates in the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following electronic submission, a message with your Submission Reference ID will appear on your screen. An email will be sent to the main email contact provided in the Application Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Application.

Note: Applications will be assessed using the process outlined in the Application Pack and Guidelines. The Department will notify all Applicants of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Innovation and Science on www.business.gov.au.

If you are providing information to access a non-Department of Industry, Innovation and Science programme, that information will not be accessed by Department of Industry, Innovation and Science employees. The only exception to this is where Senior Analysts within the Department of Industry, Innovation and Science require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

For more information about how the Department of Industry, Innovation and Science protects your privacy and personal information, please see the Department of Industry, Innovation and Science's [Privacy Policy External Site](#). The Community Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the individual Department [Privacy Policy](#) should also be read and understood.

Use of Information

The National Panel of Assessors (NPA) provides a range of independent assessment services to assist with the needs of people with disability in the workplace. Assessment services include Ongoing Support Assessments for Disability Employment Services participants, Supported Wage System assessments which determine the productivity-based wage for Supported Wage System participants, and Workplace Modifications Assessments for Employment Assistance Fund recipients.

Your Submission Reference is:

MLXRRL6

Please note that your saved form, if not updated or submitted within a set period of time, will be deleted.

Please 'Send yourself a reminder email' below. This email details the date and time your form will be deleted, the Submission Reference number, a link to access your saved form and information on how to contact us for further assistance.

Your email address *

Use of Information

Department of Social Services may use the information, other than personal information, provided in this Application Form to assist Department of Social Services to:

- comply with the Australian Government requirement to publish the details of all grant recipients on the Department of Social Services website,
- inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that programme, and/or
- inform future assessments for Applications.

You can only apply if you agree to Department of Social Services using the information (not personal information) you provide in this form for the purposes listed above.

Check this box if you agree to the Department of Social Services using the information (not personal information) you provide in this Application Form.

I agree *

Existing Grant Recipient

Is the Applicant an existing Grant Recipient? *

You must respond to this question.

Select 'No' if the Applicant is not an existing Department of Social Services Grant Recipient.

Select 'Yes' if the Applicant is an existing Department of Social Services Grant Recipient. If yes is selected you then must enter your organisation ID number in the next field. The Applicant's organisation ID number should be entered as it appears on the Department of Social Services Grant Agreement. After entering the organisation ID, click on the 'Search' button to validate the ID to bring back key organisation details for this Application. Should there be any issues with validation, a message will be returned to give a choice on actions to progress. If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation Id number as it appears on your Grant Agreement and then click 'Verify number' to confirm the details are correct

Tip: Copy and paste the Organisation Id number from the Grant Agreement to avoid errors.

Organisation Id *

Applicant Legal Name

Applicant Trading Name

Entity Type

ABN

State

Postcode

GST Registered

Charity

For Profit

Withholding Tax Exempt

Are updates required to the Applicant's details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Department of Social Services.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Department of Social Services. You will be required to contact your Department of Social Services Grant Agreement Manager to update your details.

Yes No

Updates to Applicant Details

Please contact your Department of Social Services Grant Agreement Manager to update your details.

Mandatory check box if the response was 'Yes' to the question: "Are updates required to the Applicant's details?"

Check this box to confirm that you have contacted the Department of Social Services and your organisation information is now current.

I confirm that I have contacted the Department and my organisation information is current. *

Eligibility Requirements

What is the Applicant's legal entity type? *

For a list of eligible legal entity types, refer to the Guidelines.

If you are unsure about the Applicant's legal entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

What is the Applicant's legal entity type?

You must respond to this question. Choose the legal entity type that is relevant to the Applicant from the list.

NOTE: Use the field's scroll-bar or the keyboard's down-arrow to view all available options.

If you are unsure about the Applicant's legal entity type, please seek independent advice (e.g. from your Accountant) or refer to <http://www.abr.business.gov.au/> for further information.

Is the Applicant able to provide documentation to support the legal entity type? *

You must respond to this question. At least one attachment must be provided if the response to "Does the Applicant have an Australian Business Number (ABN)?" was 'No'.

Select 'No' if the Applicant is not able to provide documentation to support the legal entity type.

Select 'Yes' if the Applicant is able to provide documentation to support the legal entity type. If 'Yes' is selected, click the 'Click to Upload' button to add the file in each attachment section and then click the 'Add Attachment' button to add sections for subsequent attachments. Note: the maximum size permitted per attachment file is 2mb and the overall form has the capacity to take 15MB of attachments in total. Once a file has been uploaded or an attachment section has been added, select the appropriate 'X' symbol button to delete.

Yes

No

Financial Viability and Governance

Do any of the following legal situations apply to the Applicant?

Has the Applicant been involved in any litigation or prosecution in the past three years? *

You must respond to this question.

Select 'No' if the Applicant has not been involved in any litigation or prosecution in the past three years.

Select 'Yes' if the Applicant has been involved in any litigation or prosecution in the last three years. If 'Yes' is selected, you must then provide details and/or explanation of why the litigation or prosecution should not be considered relevant to the Application in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. If the Applicant has settled a claim on confidential terms, please indicate this in your response. Department of Social Services may request further information as part of the assessment process. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & - / \ @, all other characters including carriage returns are not accepted.

Yes No

Has any senior official or person directly involved in delivering the Activity (should the Application be successful) been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application? *

You must respond to this question.

Select 'No' if no senior official or person directly involved in delivering the Activity (should the Application be successful) has been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application.

Select 'Yes' if any senior official or person directly involved in delivering the Activity (should the Application be successful) has been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application. If 'Yes' is selected, you must then provide the details of any senior official or person directly involved in delivering the Activity and details of the litigation or prosecution in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. If the Applicant has settled a claim on confidential terms, please indicate this in your response. Department of Social Services may request further information as part of the assessment process. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & - / \ @, all other characters including carriage returns are not accepted.

Yes No

Has there been any significant financial matter which may impact on the Applicant in the performance of the Activity? *

You must respond to this question.

Select 'No' if there has not been any significant financial matter which may impact on the Applicant in the performance of the Activity.

Select 'Yes' if there has been any significant financial matter which may impact on the Applicant in the performance of the Activity.

Note: you may be required to provide documentation upon request. *

Yes No

Are there any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity? *

You must respond to this question.

Select 'No' if there are not any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity.

Select 'Yes' if there are any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity.

Note: you may be required to provide documentation upon request. *

Yes

No

Is the Applicant able to provide the following financial information?

A 'Yes' or 'No' response to all sub questions on whether the Applicant is able to provide the following financial information is Mandatory.

- Two most recent sets of year-end audited financial statements.
- Current year-to-date management financial information, for example, income and expenditure statement and balance sheet.
- The Applicant's financial statements fully compliant with the Australian Accounting Standards.

If 'No' is selected for any of these sub questions, you must then provide a brief explanation for the 'No' response in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

Note: you may be required to provide documentation upon request.

1. Two most recent sets of year-end financial statements. * Yes No
2. Current year-to-date management financial information, for example, income and expenditure statement and balance sheet. * Yes No
3. Are the Applicant's financial statements fully compliant with the Australian Accounting Standards? * Yes No

Does the Applicant have the following documents?

Note: you may be required to provide documentation upon request.

A 'Yes' or 'No' response to all sub questions on whether the Applicant is able to provide the following documents is Mandatory.

- Documented organisational and financial policies and procedures.
- Business plan and/or strategic plan.
- Risk management plan.

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational & financial policies & procedures. * Yes No
2. Business plan and/or strategic plan. * Yes No
3. Risk management plan. * Yes No

Administrative Details

Does the Applicant plan to deliver the Activity as part of, or as the lead agency of, a consortium or use subcontractors? *

Does the Applicant plan to deliver services as part of, or as the lead agency, of a consortium or use subcontractors?

An Applicant may determine that service delivery is best achieved through the use of a consortium arrangement or use subcontractors.

If yes, you will be required to provide the details of each consortium member/subcontractor details. Up to 10 consortium members/subcontractors can be included in the Application Form by clicking the add button at the end of this question.

Yes No

An Applicant may determine that service delivery is best achieved through the use of a consortium arrangement.

If the Application is successful, the Applicant will be offered a Grant Agreement with Department of Social Services as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement with Department of Social Services. The Applicant should obtain agreement prior to submitting this Application.

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

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *

Account number *

Account name *

Selection Criteria

Describe your understanding of the barriers to employment participation experienced by people with disability, and the available disability employment services and other program supports.

Your response should describe your understanding of:

- the key barriers to employment participation for people with disability, and
- the ways these barriers can be resolved, with reference to the assistance available from disability employment services and other program supports.*

(Limit: approx 900 words, 6000 characters)

Characters entered:

Describe your organisation's capability to deliver OSA/SWS and/or WMS (as applicable) Assessment Services or similar services.

Your response should describe:

- your organisation's experience and performance in delivering services that are consistent with those required for the delivery of OSA/SWS and/or WMS (as applicable) Assessment Services or similar services, and
- how you propose to develop and maintain cooperative relationships with a diverse range of stakeholders, including people with disability and mental illness, employment service providers, health professionals, employers and union representatives.*

(Limit: approx 900 words, 6000 characters)

Characters entered:

Describe how your organisation will deliver OSA/SWS and/or WMS (as applicable) Assessment Services or similar services.

Your response should describe:

- how you will deliver OSA/SWS and/or WMS (as applicable) Assessment Services or similar services
- how your Assessment Services will be independent and not unduly influenced by relationships with other agencies, including where your organisation or a related organisation is providing Disability Employment Services, and
- the governance arrangements, communication strategies, organisational management and accountability structures that your organisation has in place to ensure it can comply with the Grant Agreement. *

(Limit: approx 900 words, 6000 characters)

Characters entered:

Describe how your organisation will recruit and retain suitably qualified assessors.

Your response should describe:

- how you propose to recruit and retain suitably qualified and experienced staff to ensure you maintain accredited assessors in your nominated ESA's, including attracting experienced local staff who have held positions with outgoing providers, and
- how your organisation ensures staff remain qualified and trained to deliver high quality Assessment Services. *

(Limit: approx 900 words, 6000 characters)

Characters entered:

Describe the need for and your organisation's capability to deliver Specialist WMS Assessment Services or similar services.

Your response should describe:

- the specialist cohort you will provide WMS Assessment Services or similar services to
- the need for the specialised Assessment Services, and
- your experience and performance in delivering specialised WMS assessments or similar services.*

(Limit: approx 900 words, 6000 characters)

Characters entered:

Attachments

You must indicate on the spread sheet template provided if you are applying to deliver Assessment Services Nationally, or at the ESA Level (including which ESA's you will be delivering in and those ESA's you will partially cover). You must also indicate on this spread sheet whether you are applying for Specialist WMS Assessment Services, and the specialty you are applying to service.*

You must provide on the spread sheet provided details of each assessor's qualifications, experience and location they will operate in.*

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

First name *

Last name *

Position *

Telephone *

Mobile

Email address *

Provide an alternate authorised contact for this Application. *

Provide an alternate authorised contact for this Application. Mandatory.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

First name *

Last name *

Position *

Telephone *

Mobile

Email address *

Applicant Referees

Provide the name and contact details of two referees who can support the Applicant's claims made against the selection criteria as outlined in this Application.

Referee One

Title *

First name *

Last name *

Position *

Organisation *

Relationship *

Telephone *

Mobile

Email address *

Referee Two

Title *

First name *

Last name *

Position *

Organisation *

Relationship *

Telephone *

Mobile

Email address *

Sample Application Form

Declaration

Please read and complete the following declaration.

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 agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding if this Application is 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.
- I give consent to the **Department of Social Services** to make public the details of the Applicant and the funding received, should this Application be successful.

Describe any conflicts of interest that may occur from submitting this Application.

(Limit: approx 300 words, 2,000 characters)

Characters entered:

I understand and agree to the declaration above. *

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

Full name of Authorised Officer *

Position of Authorised Officer *

Date

Please provide an estimate of the time taken to complete this Application Form, including:

- actual time spent reading the guidelines, instructions and questions;
- time spent by all employees in collecting and providing the information and;
- time spent completing all questions in the Application Form.

Hours

Minutes