

Innovation Grant 22-23 Round 2 Application Form

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Introduction

Grant Overview

The NSW Government has committed over \$20 million in grant funding to support approved providers of Before and After School Care through a suite of grant programs. One of these is the Innovation Grant Program.

Applicants may seek up to \$80,000 (including GST) to support associated expenses, pending eligibility as detailed in the Innovation Grant guidelines 2022-2023 which are available [here](#).

All applicants should read the guidelines before beginning their applications.

Incomplete or duplicate applications will not be considered.

If you have any questions in regards to your application please contact **BASCGrants@det.nsw.edu.au** and request a call from a grants team member.

Applicant Information

* indicates a required field

Privacy Notice

The Department of Education pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view the department's detailed privacy statement, go [here](#).

The information requested on this form is being collected by the Department of Education. The department will use the information to assess, manage and acquit applications for funding through the Innovation Grant Program.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested it may impact upon the success of your grant application. All Innovation Grant forms will clearly identify any mandatory information.

The department might share the information with other department officers and external agencies for the purpose of processing and assessing the application, and for monitoring and evaluation of the Innovation Grant Program.

You have the right to access and correct the information you provide. If you wish to do so, please contact the department at BASCGrants@det.nsw.edu.au

Applicant Details

Enter organisation details below.

Applicant *

Individual

Organisation

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Organisation Name

Title First Name Last Name

The applicant name should be the same as the entity name from the Australian Business Register below

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Applicant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Type of Applicant

Please select your organisation/entity type: *

- NSW Non-Government School
- NSW Catholic School

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- P&C Operated Not-For-Profit Provider
- Other Not-For-Profit Provider
- For-Profit-Provider
- Local Council
- Sole Trader

All applicants must demonstrate its service will support government school students. Evidence of this will be required on Page 3.

Applicant Contact Details

This is the only person we will correspond with about this grant. This will ensure the protection of both your privacy and your data. You must let us know if you change the contact person.

Admin Contact Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be a person's name.

Position *

Must be the position held in the organisation.

Primary Phone Number *

Must be an admin contact phone number and an Australian phone number

Primary Email *

Must be an admin contact email address

Previous BASC Grants

Have you received other funding through the BASC Reform grant program?

- Yes No

Do you have any overdue BASC grant acquittals? If so, provide details below, including why the acquittal is overdue. *

Provide Application ID if known

OSHC Approved Provider Details

Please provide information about the approved provider that operates or will operate the OSHC service this application relates to.

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Please provide the approved provider's trading name *

Please provide the approved provider number? *

Format: PR-XXXXXXXX

Are you intending to submit other applications through this round for other services you operate? *

- Yes No

Please select "Yes" below to indicate that you are aware of this provision in the guidelines

I am aware that applications for multiple services that are clearly duplicates of each other will not be considered. *

- Yes
That is, applications should be specific to the service.

Collaborative Partnerships

Projects that are collaborations between organisations (for example other approved providers, local councils, schools, local community organisations) are welcome. Please note that the onus and responsibility to deliver the grant project will fall between the Parties named in the Funding Agreement, the Department of Education and the Recipient; i.e. the Provider (information as listed above).

The collaborative partner will also be listed in the Funding Agreement, but will not be a signatory.

You can request to view a sample agreement by reaching out to **BASCGrants@det.nsw.edu.au**

Is your application a collaboration with another organisation? *

- Yes No
For example other approved providers, local councils, schools, local community organisations

Collaborative Organisation Details

Please provide the name of the collaborative organisation *

Please provide the collaborative organisation primary address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Please provide a letter of support from the collaborative organisation *

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Attach a file:

Additional Collaborators

Collaborator Name	Address	Letter of support

Service Information

* indicates a required field

OSHC Service Details

Please provide information about the OSHC service that this application relates to. In those cases where this application relates to projects benefiting a number of services, please choose one of those services as a representative of the others.

Name of the OSHC service *

Name of the OSHC service this application relates to

Please provide the service approval number *

Format: SE-XXXXXXXX

Please provide the address of this service *

Please provide the state electorate (district) this service is in. *

Don't know the name of your state electorate (district)?

Go to the Electoral Commission's [District Lookup page by clicking here](#) and entering the address of the Vacation Care service on the lookup page.

Please provide the council area (LGA) the service is in. *

Don't know the name of your local council?

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Go to the Electoral Commission's [LGA Lookup page by clicking here](#) and entering the address of the Vacation Care service on the lookup page.

OSHC Service Location

Is this service based on a NSW Government school site? *

Yes No

School Site

What is the name of the school where this OSHC service is located? *

Off Site

Please provide evidence that NSW Government school students can access your service *

Attach a file:

This evidence could include communication to parents and other marketing material or supporting letters from local principals.

Project Details

* indicates a required field

Proposal

Below are the stated objectives of the Innovation Grant Program. You should reference these objectives as you answer the questions relating to your proposed project and its expected outcomes. Projects that do not align with the objectives of the Innovation Grant Program cannot be supported.

The Innovation Grant Program seeks to encourage the development of creative and innovative approaches that meet at least one of the following objectives:

- 1.To support new projects that develop innovative practice to achieve significant improvements to the provision of before and after school care to NSW primary school students.
- 2.To support new projects that encourage excellence in the delivery of before and after school care to NSW primary school students.

Project Name *

Word count:

Must be no more than 10 words.

For records management purposes only. "Costs towards Innovation project at..." followed by the location of your service is fine.

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Brief project description *

Word count:

Must be no more than 20 words.

Briefly summarise your project in one or two sentences. You will have the opportunity to expand on this description and provide expenditure detail below.

What are you proposing to do with the funding, should you be successful? *

Word count:

Must be no more than 500 words.

Briefly list (bullet points) the specific activities that will take place and where they will take place.

What is new or innovative about this project? How is this activity different from what you've done in the past? Does this project have relevance to the broader BASC sector? If so, provide details. *

Word count:

Must be no more than 250 words.

Include benefit to the service, as well as to the students and parents.

You may attach any documentation you have that supports your proposed project here.

Attach a file:

Project Time frame

Please provide the dates this project will begin and end. The project end date should be the estimated date all grant funding would be spent.

Project Start Date *

Must be a date and no earlier than 1/6/2023.

Project End Date *

Must be a date and no later than 30/6/2024.

Your acquittal and final report will be due six weeks after this date.

Project Outcomes

* indicates a required field

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Outcomes

Below are the stated objectives of the Innovation Grant Program. You should reference these objectives as you answer the questions relating to your proposed project and its expected outcomes. Projects that do not align with the objectives of the Innovation Grant Program cannot be supported.

The Innovation Grant Program seeks to encourage the development of creative and innovative approaches that meet at least one of the following objectives:

- 1.To support new projects that develop innovative practice to achieve significant improvements to the provision of before and after school care to NSW primary school students.
- 2.To support new projects that encourage excellence in the delivery of before and after school care to NSW primary school students.

What do you hope the outcomes of the project will be? *

Describe what you want the project to achieve. Program goals and outcomes should be realistic, measurable, and achievable.

How will you know if these outcomes have been achieved? *

Describe the changes you will see if the expected outcomes of the project occur.

Project Budget and Funding Request

* indicates a required field

Budget

Please provide details of the expenditure for which you are seeking funding support.

Please confirm these expenditure items by choosing "Yes" or "No" from the drop down menu.

It is in your best interest to review the [Innovation Grant Guidelines 2022-2023 Round 2](#) to ensure you are only requesting funding support for appropriate expenditure.

Supporting Documentation for Budgets

You are required to provide supporting documentation for project expenditure that will be covered by a successful grant application. The assessment panel need to be confident that your budget is accurate and realistic, and that your funding request is not too high or too low.

The following is a list of acceptable supporting documentation for typical budget expenditure items:

Minor equipment purchase

- Written quotations from equipment providers

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- Scan of catalogue page
- Screenshot of on-line shopping cart

Excursions/Incursions

- Written quotations from suppliers

Major equipment purchases

- Written quotations from providers
- Copy of advertisement that includes price

Equipment hire

- Written quotation from supplier including term of hire and cost

Project staff wages

- Comprehensive breakdown including:
 - Role
 - Relevant award
 - Hourly rate
 - Estimated weekly hours
 - Timeframe of employment in weeks
 - Total cost

The following documentation is unacceptable:

- Links to websites
- A word or excel document which lists items without any of the above documentation
- Copies of previous invoices or receipts (costs may have increased, or you may be requesting funding for expenses already incurred)

Expenditure items that do not include appropriate supporting documentation will not be funded.

All dollar amounts should include GST.

Budget

Expenditure Details (items being paid for)	\$ Estimated Cost (including GST)	Will be paid for by this grant?	Supporting Documentation
			Eg quotations and formal estimates
	\$		
	\$		
	\$		

Total Project Budget

Total Expenditure Amount

\$

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This number/amount is calculated.

Funding Request

Please enter the amount of funding you are requesting in this application (including GST).

Please note: your funding request must not be greater than the Total Expenditure Amount above.

Total Amount Requested *

\$

Must be a whole dollar amount (no cents) and no more than 80000.

What is the total financial support you are requesting in this application?

Additional Funding

If your Total Amount Requested is less than the Total Expenditure Amount, you must tell us where the additional funding is coming from (e.g. loan, accumulated funds, fundraising, fees).

If you have obtained funding from alternate grant programs for this project you must tell us whether this funding is confirmed or not, and exactly what this funding is going to be spent on.

Supporting documentation is required to support any assertion around available funds. This documentation could include supporting letters from accountants or treasurers, or grant funding confirmation.

Source of additional funding

Upload supporting documentation for additional funding sources if required

Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that:

- **I am an appropriately authorised person to submit this application**
- **To the best of my knowledge the statements made within this application are true and correct**

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- I understand that information contained within this application may be disclosed to reviewers and assessors, viewed by agency staff responsible for the administration and promotion of the Innovation Grant Program
- I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval or funding agreement
- I declare that I do not have any matters which might give rise to a real or perceived conflict of interest

I agree *

Yes

No

Authorised Officer *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorised Officer Position *

Authorised Officer Primary Phone Number *

Must be an Australian phone number.

Authorised Officer Primary Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.