

2020 Start Strong Capital Works Grants Program

Form Preview

ABOUT THE PROGRAM

The 2020 Start Strong Capital Works Grants Program aims to increase preschool places in areas of need and growing demand.

This application form enables eligible services to apply under the following categories:

- **Category 1 - Build a new centre-based community preschool**
- **Category 2 - Extend an existing centre-based community preschool**
- **Category 3 - Renovate premises for a centre-based community preschool**
- **Category 4 - Purchase a motor vehicle for a currently operating mobile preschool**
- **Category 5 - Respond to a crisis situation with a capital works project**

Applications open on **Monday 22 June 2020** and close **on Sunday 23 August 2020**.

For more information about the program requirements, see the [Start Strong Capital Works Grants Program Guidelines](#).

To assist services in the preparation of grant applications for this program, see the [Frequently Asked Questions - FAQs](#) and [Application Guide](#).

The [Application Guide](#) provides examples of the types of information that could be included to support your application for this capital works grants program.

Applications must be submitted by the closing date for the application to be assessed.

At the discretion of the Department, publicly available information specific to the applicant and this application may be accessed from regulatory platforms such as NSW Fair Trading, ACNC, NQAITS or ORIC.

IMPORTANT INFORMATION BEFORE YOU APPLY

Please take the time to review the [FAQs](#) and [Application Guide](#) before you begin. These resources provide information and examples on the types of information and documents you can include in support of your application.

Remember, if you start your application and realise that you do not have all the required evidence or documentation, you can save your application and return to it at a later date in the SmartyGrants portal. It must however be submitted in full by the due date of midnight **Sunday 23 August 2020**.

If you have any questions, please email capital.works@det.nsw.edu.au or call **1300 755 426**.

APPLICANT INFORMATION

* indicates a required field

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The following section relates to your eligibility to apply for this grants program.

EARLY CHILDHOOD EDUCATION - PROVIDER INFORMATION

1.1 Do you hold, or have an application lodged to hold, or intend to hold, a valid Provider Approval to operate an early childhood education service in NSW? *

- Yes - Approved Provider
- Yes - Application lodged/intend to lodge
- No - You are not eligible to apply

No more than 1 choice may be selected.

If Yes - Approved Provider, please provide your Provider Approval here (e.g. PR-00000000) *

If you have an Application lodged/intend to lodge, please enter PR-00000000.

1.2 Please provide full name and ABN of the eligible not for profit organisation or local government entity applying for the grant:

Name of Approved Provider or eligible organisation applying for the grant. *

Australian Business Number (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.

Attach proof of Provider Approval or Reference Document *

Attach a file:

A minimum of 1 file must be attached.

Approved Provider Primary Address - Country must be Australia *

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Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.
Country must be Australia

Primary Contact Name for the capital works grant application *

Primary Contact Position/Title *

Primary Contact Number *

Must be an Australian phone number.
e.g. Correct formatting: 02 9123 4567 or 0411 111 111

Primary Contact Email Address *

Must be an email address.

Secondary Contact Name *

Secondary Contact Position/Title *

Secondary Contact Number *

Must be an Australian phone number.
e.g. Correct formatting: 02 9123 4567 or 0411 111 111

Secondary Contact Email Address *

Must be an email address.

EARLY CHILDHOOD EDUCATION - NSW SERVICE INFORMATION

1.3 Please provide the following information for the NSW Service that is the subject of the capital works grant application:

Name of Service *

For applicants that do not have a currently approved service, please provide the proposed name of the service, if known.

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Service Approval Number (e.g. SE-00000000) *

If you are a new service please enter SE-00000000.

Service Primary Address - must be a NSW address *

Address

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

1.4 Is the NSW Service managed, or intended to be managed by an incorporated association operating on a not for profit basis or a local government entity operating on a cost recovery basis? *

- Yes
 No - You are not eligible to apply

No more than 1 choice may be selected.

1.5 Please confirm that the Applicant agrees to comply with the requirement of the applicable national and state laws and regulations for the service. *

- The Applicant agrees to comply with applicable national state laws and regulations. For example, The Early Childhood Education and Care Services National Law Act 2010, Children (Education and Care Services National Law Application) Act 2010, Education and Care Services National Regulations, Supplementary Provisions Regulation 2012.

1.6 Does the Applicant operate or intend to operate, a centre-based community preschool service with a valid/current Service Approval? *

- Yes - The service has a valid/current Service Approval
 Yes - Application lodged/intend to lodge
 No

No more than 1 choice may be selected.

Services intending to operate an early childhood service must obtain a Service Approval within 12 months of receiving notification of the successful outcome of this capital works grant application.

Capital Works Grant application category of purchasing a vehicle is only available to currently operating mobile preschools.

1.7 Does the Applicant currently operate a mobile preschool service with a valid/current Service Approval? *

- Yes - The service has a valid/current Service Approval
 No

Please note: If you have selected 'no' for both Q1.6 and Q1.7, you are not eligible to apply for a capital works grant.

Attach proof of Service Approval or document confirming intent here. *

Attach a file:

The capital works grants program cannot fund projects that have already received full financial support through other funding sources. This program also

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cannot fund capital works projects that have already been completed at the time of application.

Please confirm that you are not applying for a capital works grant that has already received full financial support from other sources and that the proposed capital works project has not been completed at the time of this application. *

Yes, I confirm.

APPLICATION CATEGORIES

* indicates a required field

You can apply for a capital works grant under any of the following five categories:

- **Category 1 - Build a new centre-based community preschool**
- **Category 2 - Extend an existing centre-based community preschool**
- **Category 3 - Renovate premises for a centre-based community preschool**
- **Category 4 - Purchase a motor vehicle for a currently operating mobile preschool**
- **Category 5 - Crisis situation centre based community preschools**

For more information about these application categories and eligibility criteria, refer to the [Program Guidelines](#).

2.1 Please select ONE of the five categories that best reflect your proposed capital works funding project: *

Please note: Applicants who are seeking a grant to purchase a motor vehicle can only do so if they are currently operating a mobile preschool service.

Category 1 - BUILD A NEW CENTRE BASED COMMUNITY PRESCHOOL

* indicates a required field

2.2 The Applicant must confirm that the capital works grant must not be used to fund the purchase of land or premises (and the existing buildings on the land). Please confirm that you agree. *

I confirm that this grant will not be used to fund the purchase of land or premises.

2.3 The Applicant must provide proof of current ownership of the land and/or a current adequate lease period (minimum 10 years), where the capital works project is proposed to take place. *

- Proof of current ownership of land attached
- Proof of current lease attached (minimum of 10 years)
- The proposed Capital Works will be on an existing NSW Department of Education school site
- Other - please complete Q2.4 below

At least 1 choice must be selected.

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2.4 What is the current arrangement for the proposed project site? (Applicants need to demonstrate the ability to provide a suitable project site and security instrument valid throughout the 10 year project period.) *

Please refer to the [Program Guidelines](#), [Application Guide](#) and [FAQs](#) for more information.

Attach proof of ownership of land or lease or other documents here. *

Attach a file:

Attach any other evidence such as relevant approval confirming that the proposed works can proceed on the site here.

Attach a file:

Category 2 - EXTEND AN EXISTING CENTRE-BASED COMMUNITY PRESCHOOL

* indicates a required field

2.2 The Applicant must confirm that the capital works grant must not be used to fund the purchase of land or premises (and the existing buildings on the land). Please confirm that you agree. *

I confirm that this grant will not be used to fund the purchase of land or premises.

2.3 The Applicant must provide proof of current ownership of the land and/or a current adequate lease period (minimum 10 years), where the capital works project is proposed to take place. *

- Proof of current ownership of land attached
- Proof of current lease attached (minimum of 10 years)
- The proposed capital works will be on an existing NSW Department of Education school site
- Other - please complete Q2.4 below

At least 1 choice must be selected.

2.4 What is the current arrangement for the proposed project site? *

Applicants need to demonstrate the ability to provide a suitable project site and security instrument valid throughout the 10 year project period.

Please refer to the [Program Guidelines](#), [Application Guide](#) and [FAQs](#) for more information.

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Attach proof of ownership of land or lease or other documents here. *

Attach a file:

Attach any other evidence such as relevant approval confirming that the proposed works can proceed on the site here. *

Attach a file:

Category 3 - RENOVATE PREMISES FOR A CENTRE-BASED COMMUNITY PRESCHOOL

* indicates a required field

2.2 The Applicant must confirm that the capital works grant must not be used to fund the purchase of land or premises (and the existing buildings on the land). Please confirm that you agree. *

I confirm that this grant will not be used to fund the purchase of land or premises.

2.3 The Applicant must provide proof of current ownership of the land and/or a current adequate lease period (minimum 10 years), where the capital works project is proposed to take place. *

- Proof of current ownership of land attached
- Proof of current lease attached (minimum 10 years)
- The proposed Capital Works will be on an existing NSW Department of Education school site
- Other - Please complete Q2.4 below

At least 1 choice must be selected.

2.4 What is the current arrangement for the proposed project site? *

Applicants need to demonstrate the ability to provide a suitable project site and security instrument valid throughout the 10 year project period.

Please refer to the [Program Guidelines](#), [Application Guide](#) and [FAQs](#) for more information.

Attach proof of ownership of land or lease or other documents here. *

Attach a file:

Attach any other evidence such as relevant approval confirming that the proposed works can proceed on the site here. *

Attach a file:

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Category 4 - PURCHASE A MOTOR VEHICLE FOR A CURRENTLY OPERATING MOBILE PRESCHOOL

* indicates a required field

If you answer No to questions 2.2, 2.3 or 2.4 you are not eligible to apply under this category.

One application per new vehicle is required.

2.2 Does the Applicant agree that the motor vehicle referred to in this application will be used primarily to deliver preschool education at approved mobile preschool venues? *

- Yes
 No

No more than 1 choice may be selected.

2.3 Does the Applicant agree that the motor vehicle referred to in this application will be fit for purpose and capable of transporting equipment to mobile venues and operating safely in varying weather conditions? *

- Yes
 No

No more than 1 choice may be selected.

2.4 Does the Applicant agree that the motor vehicle referred to in this application will be registered in NSW? *

- Yes
 No

No more than 1 choice may be selected.

Please refer to the [Program Guidelines](#), [Application Guide](#) and [FAQs](#) for more information.

Category 5 - CRISIS SITUATION CENTRE BASED COMMUNITY PRESCHOOL

* indicates a required field

Please note that mobile preschools seeking urgent replacement of vehicles should apply under *Category 4 - Purchase a motor vehicle for a currently operating mobile preschool.*

The crisis situation category is for capital works projects that increase or maintain current preschool places in centre-based community preschools by addressing an immediate need in one or more of the following situations, *when all other options have been exhausted:*

- **Maintaining preschool places where a service is facing closure due to exceptional circumstances. For example, compulsory acquisition of premises.**

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- **Providing access to the preschool to satisfy government accessibility requirements for preschools, where the capital works project enables an increase in preschool places.**
- **Providing unique solutions for preschool provision in remote communities where access is limited or non-existent.**
- **Maintaining or increasing preschool places where a service impacted by the 2019/2020 NSW bushfires must complete urgent structural remediation work as a result of a shortfall/gap in their insurance cover or a declined insurance claim.**

The requirement for applicants to provide a 5% contribution to the total project cost for crisis situations may be waived if the provider is unable to otherwise meet this requirement.

2.2 The Applicant must confirm that the capital works grant must not be used to fund the purchase of land or premises (and the existing buildings on the land). Please confirm that you agree. *

I confirm that this grant will not be used to fund the purchase of land or premises.

2.3 The Applicant must provide proof of current ownership of the land and/or a current adequate lease period (minimum 10 years), where the capital works project is proposed to take place. *

- Proof of current ownership of land attached
- Proof of current lease or equivalent arrangement (minimum 10 years)
- The proposed capital works will be on an existing NSW Department of Education school site
- Other - please answer Q2.4

At least 1 choice must be selected.

Please refer to the [Program Guidelines](#), [Application Guide](#) and [FAQs](#) for more information.

Attach proof of ownership of land or lease and any other evidence such as relevant approval confirming that the proposed works can proceed on the site here. *

Attach a file:

2.4 What is the current arrangement for the proposed project site? *

Applicants need to demonstrate the ability to provide a suitable project site and security instrument valid throughout the 10 year project period.

Attach any other evidence such as relevant approval confirming that the proposed works can proceed on the site here. *

Attach a file:

2.5 Please provide a detailed description of the crisis situation including the immediate need and outline how all other options have been exhausted.* *

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INFORMATION ON PRESCHOOL PLACES

* indicates a required field

IMPORTANT: Following the completion of a capital works project the Department expects successful applicants to demonstrate an increase in preschool places including as many 600 hour enrolments as possible. Preschool places refers to the service's approved preschool places as listed in [NQAITS](#).

Refer to the [Application Guide](#) for suggested inclusions and examples.

3.1 Please indicate your current approved preschool places as per NQAITS. *

Must be a number.

For new services not yet operational, this will be zero.

3.2 Please indicate how many new preschool places will be created as a result of this capital works project. *

Must be a number.

3.3 Please indicate your expected total preschool places after the proposed project is completed (Add numbers from 3.1 & 3.2 to equal the expected total for 3.3. (3.1 + 3.2 = 3.3) *

Must be a number.

3.4 Please describe the process used to assess and determine your expected increase in preschool places in relation to space and planning guidelines. *

Attach relevant documents here. *

Attach a file:

For example, National guidelines on floor space requirements, floor plans showing the floor space ratio and preschool places practice/approach or other.

3.5 Please provide a description of the need and demand for preschool places in your area. *

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Please attach proof of need and demand in preschool places. *

Attach a file:

For example, summary of waiting list, demographic or population data for your area.

Additional information

4.1 How will the capital works project improve the provision of a culturally safe and appropriate educational setting for Aboriginal children? *

Attach supporting documentation of consultation with the local Aboriginal community. *

Attach a file:

For example, a recommendation letter from a local Aboriginal organisation or an Aboriginal elder.

4.2 How will the capital works project improve the provision of a culturally safe and appropriate educational setting for equity children and children from culturally and linguistically diverse backgrounds? *

Equity children refers to: Aboriginal children, children with disability or additional needs, children from low income families

Attach supporting documentation that the service will use the grant to improve access for 'equity children' and children from culturally and linguistically diverse backgrounds? *

Attach a file:

For example, community consultation outcomes, efforts to better engage children from non-English speaking families or communities.

PROJECT INFORMATION

* indicates a required field

This section is about your proposed capital works project.

Refer to the [Application Guide](#) for suggested inclusions and examples.

5.1 Please provide a full address and current photo of the proposed site or premises (exterior building only) where the capital works project will take place. *

Address

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

Attach proposed site or premises photo here: *

Attach a file:

5.2 Please provide a brief description of your proposed capital works project. *

5.3 Please provide a detailed project plan and timeline for the capital works project. *

Attach a file:

For example, you may also include concept drawings, Development Application (DA) submissions and any other supporting documents. Include information such as overview of the site, project outcome, scope of works, milestones and timelines, approvals, procurement approaches and managing risk.

PROJECT BUDGET - Income and Expenditure

* indicates a required field

6.1 What is the total capital works funding amount requested (ex GST)? *

\$

Must be a dollar amount.

The Department will not pay associated relocation costs, except for Crisis situations where required. This dollar amount must be referenced later in the Project Budget table.

6.2 Please confirm that the Applicant will contribute 5% or more of the funding amount requested. *

- Yes, the Applicant will contribute.
 This application is for a Crisis situation and the Applicant requests this requirement be waived.

No more than 1 choice may be selected.

All applicants must contribute at least 5% of the funding amount requested.

6.3 What amount will the Applicant contribute (ex GST)? *

\$

Must be a dollar amount.

For applications under the Crisis situation category, the minimum 5% financial contribution to the total project cost will be waived if necessary. Please include the GST component to the 5% of the total amount of funding requested.

6.4 Please describe the project elements that you will fund with your contribution. *

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For example, architect costs, concept design fees, council fees, DA lodgment

Please attach proof of funds. *

Attach a file:

For example, bank statements, income statements, balance sheets

If you are applying under the Crisis situation category and cannot support a minimum 5% contribution, please outline your situation below. *

Applicants seeking to have the 5% contribution waived must have already indicated that they are a Service who is seeking funding under the crisis situation category. If you are applying under the other categories, please write Not Applicable.

6.5 Will the Applicant receive any additional funding for the proposed project from other sources? *

- Yes - Please outline details in the text box below.
 No

If Yes, please provide information about the additional funding source/s. *

6.6 What is the total cost of the capital works project (ex GST)? *

\$

Must be a dollar amount.

Amount must be exclusive of GST.

6.7 Please confirm that you have provided 3 quotes detailing the costs of the capital works project. *

- Yes
 No - Please provide your reason/s in Q6.8 text box below.

Wherever possible and practicable, applicants should source quotes from NSW registered businesses and tradespersons. For centre based community preschools this should include 3 quotes from registered builders with the details of cost, materials, preliminaries, plans and drawings as part of the application. For mobile preschools this should include quotes for the purchase of a motor vehicle.

6.8 Attach 3 building quotes/motor vehicle quotes *

Attach a file:

Wherever possible and practicable, applicants should source quotes from NSW registered businesses and tradespersons. Please note, for estimate quotes or comprehensive scope of works quotes on building projects exceeding or equal to \$100,000 please ensure the quotes submitted are current and/or not older than twelve months from the date of issue.

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If you are unable to supply 3 quotes, please provide a reason *

For example, Preschools in remote areas may not be able to provide 3 quotes. If you are able to provide 3 quotes, please write Not applicable.

6.9 Please complete the table with the proposed funding amount and expenditure details for this capital works project.

The total Funding amount must be equal to the total Expenditure amount.

Please ensure that the Capital Works grant amount you are applying for is included as a funding source.

See [Application Guide](#) for support and an example.

Proposed funding amount and expenditure

Funding Source	Funding amount	Project Elements	Expenditure
	\$		\$

Budget Totals

Total Income Amount *

This number/amount is calculated.

Total Expenditure Amount *

This number/amount is calculated.

Income - Expenditure *

This number/amount is calculated.

APPLICATION AUTHORISED REPRESENTATIVE

* indicates a required field

Please provide information relating to the Applicant's Authorised Representative

Name of Authorised Representative *

Position of Authorised Representative *

Authorised Representative Contact Number *

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Must be an Australian phone number.

Authorised Representative Email Address *

Must be an email address.

APPLICANT DECLARATION

SIGNATORY

Providing false or misleading information may result in the withdrawal of funding

- **The person signing this declaration must be authorised to submit this application on behalf of the Approved Provider or eligible organisation applying for this grant.**

Please read and sign the declaration below.

I, the undersigned, declare that:

- **the Applicant will be the Approved Provider of the service which is the subject of this application, and**
- **the information in this application, including all documents attached to or forming part of this application, is to the best of my knowledge true and correct,**
- **where I am giving this undertaking and making this declaration as the applicant's delegate, I am duly authorised by the applicant to do so.**

Name of Approved Provider *

Name of Authorised Representative *

Date this declaration was acknowledged by the Authorised Representative *

Must be a date and between 19/6/2020 and 24/8/2020.