

# COVID-19 Free Preschool funding program | 2021 Opt out form - provider level

## Form Preview

### 2021 COVID-19 Free Preschool funding program - Opt out

#### Overview

The temporary COVID-19 free preschool funding program has been extended throughout 2021 to continue to support families with cost of living pressures and to support the ongoing provision of 600 hours of early childhood education in the year before school.

Funding will be provided as a top up payment to replace a high proportion of estimated fee income. In turn, services are required to provide at least 15 hours of fee-free preschool per week for families.

Start Strong funding and mobile preschool contract funding provided by the NSW Government and support provided under the Australian Government's JobKeeper program will be taken into account before any additional funding support is provided.

Please refer to the [program guidelines](#) for additional information.

For support with this program, please contact the Department's Early Childhood Education Directorate on 1300 755 426 or [ecec.funding@det.nsw.edu.au](mailto:ecec.funding@det.nsw.edu.au).

#### Instructions for opt out process

\* indicates a required field

This form is for Approved Providers who have opted in to the COVID-19 Free Preschool Funding program for 2021.

Approved Providers are able to opt out of the 2021 COVID-19 Free Preschool funding program on behalf of your service/s.

The opt out must apply to a full term, and should be completed prior to payment for that term being progressed. Providers cannot opt in or out for part of a term.

This form is to be completed and submitted by an authorised representative on behalf of the Approved Provider.

The form will enable the Approved Provider to opt out of the 2021 COVID-19 Free Preschool funding program for all of your eligible service/s.

Before you begin, you may preview this form via the menu on the left-hand side.

Once you begin the form, you may save your progress and come back to it at any time.

Your form number will be emailed to you. Please retain this form number for future information requests from the Department.

**I understand the opt out process and I am authorised to submit this opt out form on behalf of the Approved Provider \***

I agree

Tick the box to confirm the statement

# COVID-19 Free Preschool funding program | 2021 Opt out form - provider level

Form Preview

## Approved Provider Details

\* indicates a required field

### Primary Contact Details

#### Name \*

Title

First Name

Last Name

#### Position \*

#### Email \*

Must be an email address.

#### Phone Number \*

Must be an Australian phone number.

Must contain 10 digits e.g. 0291231234 or 0412345678

#### Approved Provider Name (name of organisation) \*

Organisation Name

Please provide exact name as per NQA ITS

#### ABN. Please enter the Provider level ABN (not the Service level 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

# COVID-19 Free Preschool funding program | 2021 Opt out form - provider level

## Form Preview

Must be an ABN.

**Approved Provider ID (PR-12345678) - Numbers only. Please do not enter the Service Approval ID (SE-XXXXXXXX) \***

Must be a whole number (no decimal place).

Please enter an 8 digit number as per NQAIT5. Please do not enter any letters (PR).

## Opt out confirmation

\* indicates a required field

Approved Providers are able to opt out of the 2021 COVID-19 Free Preschool funding program on behalf of your service/s.

The opt out must apply to a full term, and should be completed prior to payment for that term being progressed. Providers cannot opt in or out for part of a term.

**I confirm that I am opting out of the 2021 COVID-19 Free Preschool funding program as of next term \***

Yes

Tick the box to confirm the statement

Reason for opting out of the program

**Please select the option/s that best describes your reason/s for opting out of this program \***

- I am concerned about my service/s financial viability in offering free preschool for up to 15 hours
- The amount of funding I received under this program does not meet my costs
- The service/s are collecting fees for any period during Terms 1 to 4
- Other

**If Other, please add additional information below**

**I confirm I am aware that Sector Support is available to provide advice on the associated guidelines, funding conditions and spending rules \***

Yes

Tick the box to confirm the statement

## Authorised Representative Declaration

\* indicates a required field

# COVID-19 Free Preschool funding program | 2021 Opt out form - provider level

## Form Preview

**I confirm that the information provided is complete, correct and accurate \***

Yes

Tick the box to confirm the statement

**I understand that by submitting this form, any funding received may need to be returned to the Department \***

Yes

Tick the box to confirm the statement

**I understand I may be required to provide further information to the Department upon request, including as part of funding compliance activity \***

Yes

Tick the box to confirm the statement

**I understand that by submitting this form the funding agreement previously established under this program will end for all of my eligible service/s \***

Yes

Tick the box to confirm the statement

**I am authorised to submit this opt out form on behalf of the Approved Provider \***

First Name

Last Name

**Date \***