

Surplus Funds Application | 2023 Start Strong for Community Preschools

Surplus and Refunds guidelines

Services are required to expend all annual Start Strong for Community Preschools funding in accordance with the spending rules during the relevant program period. The department understands that some providers may have a surplus at the end of their reporting period which needs to be returned to the department according to the 2023 Early Childhood Outcomes Program Funding Agreement Terms and Conditions. Surpluses will be identified and validated through the annual acquittal process.

Surplus refers to the program payment surplus and any surplus fee relief remaining after all fees and/ or charges are reduced to zero for families accessing fee relief at the service. Please see [Sections 4.1.1 and 4.1.2](#) of the 2023 Start Strong for Community Preschools program guidelines for more information on spending rules.

Depending on the amount of surplus reported at the end of the reporting period, providers have different options for managing surplus funds. Please see [Section 4.6.1](#) in the program guidelines for more information.

Surplus Application Overview

The purpose of this form is to submit an application to retain a surplus above 10% or \$30,000 of the 2023 Start Strong for Community Preschools annual program funding.

The information submitted in this application will be assessed against the service's annual acquittal information, program's objectives and spending rules. The approval of surplus funds application is at the discretion of the department.

In this application, services are required to outline:

1. Program Surplus Funds
2. Fee Relief Surplus Funds (excludes Reserved Fee Relief Funds)
3. Operational need to retain the funds above threshold surplus.

Note: Reserved Fee Relief Funds refer to fee relief funds that are not actively been utilised due to a lower number of enrolments claiming fee relief than what the service has been funded for. For example, where the service has a decrease in overall enrolments, or if the service has any enrolments claiming fee relief at another service.

You will be asked to upload evidence to support your application. For help with completing the application form, including information on uploading files, please click [here](#).

Before you begin, please ensure that you have completed the financial accountability report relevant to your funding reporting agreement and submit it through the Early Childhood Contract Management System (ECCMS).

- If your organisation reports on a calendar year, ensure the 2023 report is completed.
- If your organisation reports on a financial year, ensure the 2022-23 report is completed.

Further information is available in the [Financial Accountability Return Guide](#) and on the [Financial Accountability - Information for Services page](#).

Surplus Funds Application - Simple form - Start Strong CPS

Form Preview

You may preview this form via the menu on the left-hand side. Once you begin the form, you may save your progress and return to it at any time.

For support with this application, please contact the Department at **1800 619 113** or **ecec.funding@det.nsw.edu.au**.

Privacy Notice

The NSW Department of Education (the **department**) is committed to protecting the privacy of your personal information in accordance with the *Privacy and Personal Information Protection Act 1998 (PIIP Act)*.

The department is collecting personal information including your name, contact and employment details. The provision of this information is voluntary. However, if you do not provide this information then the department may not be able to review or process your request to retain a surplus from the 2023 Start Strong for Community Preschools program funding.

The department will use this information to review your service's Surplus, in accordance with the 2023 Early Childhood Outcomes Program Funding Agreement Terms and Conditions and the 2023 Start Strong for Community Preschools program guidelines, to assess whether your service can retain the Surplus.

The department will not disclose your personal information to third parties unless authorised by law, or with consent.

Your personal information will be held and managed by the department in accordance with the PIIP Act, and subject to the privacy policy published by the department. For further information, including the department's address, please see the department's [Privacy Management Plan](#) and [Privacy policy](#).

If you have a concern or complaint about the way your personal information has been collected, used or disclosed you should contact: **legal.privacy@det.nsw.edu.au**.

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

Identification Details

* indicates a required field

Identification details

Please enter the accurate and complete service details in the designated fields below. These details will be used to identify your service.

Name *

Title First Name Last Name

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Please provide your first name and surname.

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Position *

What is your role/title at the service?

Email *

Must be an email address.

Please provide your service's email address.

Phone Number *

Must be an Australian phone number.

Please provide your service's phone number.

Service name: *

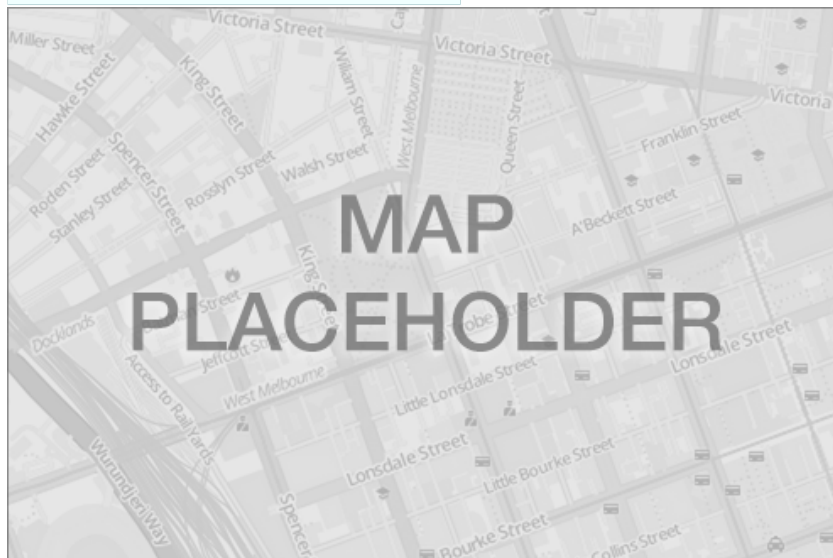
Please provide exact name as per NQA ITS

Service Approval ID (SE-ID) *

Start entering your Service Approval ID (for example, SE-00001234) and choose your SE-ID from the options that appear. You can only choose one SE-ID. If you accidentally select the wrong SE-ID, you can click on the 'x' next to the chosen SE-ID to remove it.

Service Address *

Address



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

Please enter your service's address, not the address of the provider.

Approved Provider Name *

Surplus Funds Application - Simple form - Start Strong CPS

Form Preview

Please provide exact name as per NQA ITS. This is the name of your provider, i.e., the organisation that manages the service.

Provider Approval ID (PR-ID) *

Start entering your Provider Approval ID (for example, PR-00004321) and choose your PR-ID from the options that appear. You can only choose one PR-ID. If you accidentally select the wrong PR-ID, you can click on the 'x' next to the chosen PR-ID to remove it.

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.

Financial Accountability Information

* indicates a required field

Surplus Overview

In this section, you will provide details about the surplus reported in either the financial year 2022-2023 **or** 2023 calendar year. **Surplus** refers to the program payment surplus and any surplus fee relief remaining after all fees and/ or charges are reduced to zero for families accessing fee relief at the service. This does not include your reserved fee relief funds.

You can refer to the financial accountability report submitted through ECCMS (if available) to help fill out this section.

Reminder: The information provided will undergo a verification process to confirm its consistency with the figures submitted to the department.

Fee Relief Balance *

\$

Must be a dollar amount.

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This excludes reserved fee relief funds.

**Program Payment
Balance ***

\$

Must be a dollar amount.

Total Surplus *

\$

This number/amount is calculated.

**Service Total Program
Surplus Percentage ***

Must be a number.

Please refer to the last row of Table 3 in the Financial Accountability report to fill out this question.

Operational Needs

* indicates a required field

Please describe the operational reason/s to retain the surplus funds above 10% or \$30 000 of the Start Strong for Community Preschools annual funding *

Word count:

Must be no more than 300 words.

Please outline expected deadline for surplus expenditure *

Must be a date.

Please tick how this request meets current objectives of Start Strong for Community Preschools funding *

- ☐ Improve the affordability of preschool education and support children with disabilities and who have higher learning support needs
- ☐ Support ongoing quality and uplift initiatives in preschool education
- ☐ Drive improved outcomes for children
- ☐ Increase enrolment, priority of access and attendance in quality preschool programs

At least 1 choice must be selected.

Please use the text box to provide additional information, if applicable

Word count:

Must be no more than 300 words.

Please attach documentation to demonstrate the service's operational needs to retain the surplus. For example, a copy of the previous year financial statements, annual general meeting minutes or a forecast budget

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Attach a file:

Application Declaration

* indicates a required field

Declaration

By completing this section, you acknowledge that you are an authorised person completing this submission on behalf of the approved funded provider.

I certify that to the best of my knowledge the statements made within this submission are true and correct and that funding has been spent in accordance with the Agreement. *

☐ Yes

I understand the approval of surplus funds application is at the discretion of the department. *

☐ Yes

I am authorised to submit this application on behalf of the Approved Provider *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date *

Must be a date.