Major Capital Fund EOI application form

Form Preview

Important information

The Start Strong Capital Works Grant Program aims to improve access to preschool by creating additional community preschool places in areas of need and demand across the state.

The Major Capital Works Fund supports the creation of additional community preschool places through new builds, extensions and renovations of centre-based community preschools in areas of need and demand.

Completing this application means you intend to do one of the following:

1. Build a new centre-based community preschool
2. Extend an existing building to create community preschool places
3. Renovate a building to create community preschool places.

Before you begin, please take the time to review the following guides, which provide examples of the types of information and documents you can include to support your application:

- Major Capital Works Fund Guidelines
- Frequently Asked Questions (FAQs)
- Major Capital Works Fund Application Guide

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.

If you have any application questions, please email capital.works@det.nsw.edu.au or call 1300 755 426 and ask for the Capital Works funding team.

Applicant details

* indicates a required field

Applicant details

1. Name of the organisation applying for this grant *

Organisation Name

2. Name of the primary contact person for this grant *

First Name | Last Name

3. Position or title of primary contact *

4. Email address of primary contact *

5. Mobile phone number of primary contact *

Must be an Australian mobile phone number. Correct formatting: 0411234567

6. Alternate phone number *

If landline, include area code.

7. Registered address of the organisation applying for this grant *
Address

Address line 1, Suburb, State, Postcode. Country must be Australia. You must be registered or incorporated in NSW.

8. 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.

9. Select what type of not-for-profit organisation you are: *

10. Select proof of your not-for-profit status: *

○ Currently registered on the Australian Charities and Not-for-profits Commission (ACNC) charity register
○ State incorporated association
○ Local government
○ Other proof

Enter your corporation number *

Eg. INC-0000000

Attach other proof of not-for-profit status *
Attach a file:

A minimum of 1 file must be attached.
For example, constitutional documents and/or articles of association that demonstrate the not-for-profit character of the organisation.

Provider details

* indicates a required field

11. Does the organisation applying for this grant hold, or intend to hold, a valid provider approval ID to operate a NSW early childhood service? *

- ○ Yes, I am an approved provider
- ○ Yes, I have lodged or intend to lodge an application to become an approved provider

Provider Approval must be obtained before the grant can be confirmed.

What is your provider approval ID? *

Eg. PR-00000000

Provide evidence of your lodged application, or evidence of your intent to lodge an application *
Attach a file:

Evidence of your intent to lodge can be a letter signed by your committee. If you have already lodged your application you should attach proof of your submission.

Past performance

* indicates a required field

The Department will review your past performance and assess whether it is likely to have an impact on successful delivery of your project. This will include a review of previous projects funded through the Start Strong Capital Works Grant Program, where applicable.

12. Have you ever been awarded a Start Strong Capital Works grant before? *
- ○ Yes
- ○ No

What grant round was it from? *

Please explain why you are requesting further grant funding *

Word count:
Must be no more than 300 words.

Service details

* indicates a required field

Please note this grant can only fund community preschool places. Long day care providers running a preschool program are not eligible to apply. Delivering a preschool program within a long day care is not the same as operating a community preschool service.

Existing multipurpose providers operating both a long day care and community preschool service may seek funding under this program for community preschool places only.

13. What is the address of the site where capital works will take place? *
Address

Address line 1, Suburb, State, Postcode. Country must be Australia.

14. Is the capital works address on a government school site? *
- ○ Yes
- ○ No

15. What is or what will be the service type of the capital works address? *

Confirm you understand that this program will only fund the portion of your build that will lead to an increase in community preschool places. Other types of early childhood education and care places will not be funded, this includes long day care, family day care and Out of School Hours (OOSH) care places. *
- ○ Confirm

16. Does the capital works site address have a valid service approval ID? *

○ Yes, I'm currently operating a preschool on the capital works site
○ No, I'm relocating an existing preschool with a valid service approval ID to the capital works site
○ No, I'm going to lodge an application to get a new service approval ID for the capital works site

What is the service approval ID? *

Eg. SE-00000000

What is the service approval ID of the service being relocated? *

Eg. SE-00000000

What is the name of the service being relocated? *

What is the address you are relocating from? *

Address

Address line 1, Suburb, State, Postcode. Country must be Australia.

Attach proof of lodgement or intention to lodge *

Attach a file:

Service providers intending to operate an early childhood education centre must obtain a Service Approval or increase their licence for an existing site as soon as the capital works project is completed.

17. If you are successful with this funding application, will you be closing any existing services? *

○ No, all new and/or existing services will remain in operation
○ Yes, I am closing an existing service after the project is complete

What is the service approval ID of the service being closed? *

Eg. SE-00000000

What is the name of the service being closed? *

Capital Works project details

* indicates a required field

18. Please choose a category that best describes your project: *

19. Give a brief description of your proposed project *

Word count:

20. Select all the statements below to confirm you understand and agree to them: *

☐ I confirm that this grant will not be used to fund the purchase of land, premises or service delivery costs
☐ The service will continue to operate for a period of 10 years from the date the project/ works are complete
☐ The premises or the part of the premises affected by the capital works and funded by this program will be used primarily to create community preschool places and enrolments
☐ I have not already received full financial support from other sources
☐ The proposed project has not been completed at the time of this application

Capability and capacity for project delivery

* indicates a required field

21. Provide an expected time frame for project delivery below:

Projected start date *

Projected end date *

Outline key project milestones and time frames for delivery: *

Word count:
Must be no more than 300 words.

Major capital works projects must be completed and acquitted within 24 months of the funding agreement being executed. Prior to submitting your application, you can speak to the Capital Programs Team in respect to negotiating your timeline. You should provide justification above if you indicate a longer timeframe. If you don't think the project will be able to be delivered in this time, you may wish to apply later.

22. Select your current landholding arrangement: *

○ You own the land
○ You have a lease or other appropriate arrangement

Applicants need to demonstrate the ability to provide a suitable project site and security instrument valid throughout the 10 year project period. The provision of a security instrument is a precondition for funding and we encourage you to discuss this requirement with all relevant parties prior to submitting your application. Applicants that are invited to Stage 2 will be required to submit evidence in this regard. Refer to the Security Instrument factsheet for further information.

Select the option that applies: *

○ I have a lease or license for 10 or more years
○ I have a lease or license for less than 10 years
○ Other appropriate arrangement

You will be required to provide confirmation that this is in place at ITA stage.

What is your other arrangement and what is its duration? *

23. Select the statements below to confirm you understand and agree to them: *

☐ I confirm that the project has been discussed with all affected stakeholders and partners and that they are supportive of the capital works.
☐ I confirm that I have discussed the requirement of a security instrument valid for the 10 year project period with all relevant parties.

Increase in licensed preschool places in areas of need and demand

* indicates a required field

24. Can you confirm there is need and demand in your area that you intend to address with your capital works project? *

○ Yes
○ No - you are not eligible to apply for this grant

Applicants that are invited to Stage 2 will be required to submit evidence in this regard.

25. Can you confirm your project will result in an increase in licensed preschool places according to NQAITS? *

○ Yes
○ No - you are not eligible to apply for this grant category

NQAITS is the National Quality Agenda IT System available here.

(Current places) How many licensed preschool places does the service subject to capital works have approval for? *

This is NOT 600 hour places. This number should be listed on NQAITS as your per day licensed places. This number should be zero for brand new services that are not yet operational.

(New places) How many licensed preschool places will be created because of this capital works project? *

Check the Preschool place regulatory requirements factsheet and the Major Capital Works Fund Application Guide to accurately calculate this number.

Expected total places: *

This number is automatically calculated. This is the number of licensed community preschool places per day offered by the service after project completion.

26. Select the statement below to confirm you understand and agree to it: *

○ I confirm that this project will be compliant with all relevant regulations and requirements needed to obtain service approval with the intended increase in licensed preschool places.

Applicants invited to Stage 2 will be required to provide evidence to substantiate how they have calculated the proposed increase in places in line with applicable regulations.

Accessibility and inclusion

* indicates a required field

27. Select the statement below to confirm you understand and agree to it: *

○ I confirm that this project will provide and/or improve the provision of a culturally safe, accessible and inclusive educational setting for equity children (Aboriginal and/or Torres Strait Islander children, children with disability and additional needs, and children from low income settings).

Applicants that are issued an Invitation to Apply at Stage 2 of the grant application process will be required to submit evidence in this regard.

Budget details

* indicates a required field

28. Attach at least one (1) quote obtained in the past 6 months to substantiate your proposed budget below *

Attach a file:

29. Complete the tables below with project income and project expenditure details

Project income

- Provide a list of your project income sources using this table to write: the project income source name, type, amount and if the income source was confirmed at the time of submitting this application.
- All amounts must be excluding GST.
- Refer to the Major Capital Works Fund Application Guide for further assistance.

Project income sources	Type	$ Amount (ex GST)	Is your source confirmed?
First two rows are compulsory	List the source type below and any requested details	All amounts excluding GST	At time of form submission
NSW Department of Education	Start Strong Capital Works Major Fund grant request	$0.00	Yes No
Provider contribution	Preschool funds (must be a minimum of 5% of total project expenditure)	$0.00	
Provider contribution	<If you have a loan, write the name of your lending entity here> If this funding source does not apply to you: the amount should stay as $0, and choose "No" for source confirmed column.	$0.00	
In-kind services	<Write what services you are receiving & from whom here> If this funding source does not apply to you: the amount should stay as $0, and choose "No" for source confirmed column.	$0.00	
Other eg. another grant program	<Write the contribution type and name of contributor here> If this funding source does not apply to you: the amount should stay as $0, and choose "No" for source confirmed column.	$0.00	
Other eg. large scale donations	<Write the contribution type and name of contributor here> If this funding source does not apply to you: the amount	$0.00	

	should stay as $0, and choose "No" for source confirmed column.		

Project expenditure

- Provide a breakdown of your budget expenses and the sources you will use from your Income table to fund each item.
- The first row is compulsory, all other rows can be added and deleted from this table as applicable.
- All amounts must be excluding GST.

Project expenses	$ Amount (ex GST)	Project income sources to be used
Main project works (quote)	$0.00	NSW Department of Education
Project management fees	$0.00	
Administrative expenses (eg. Council, Legal)	$0.00	
Professional fees (eg. Architect)	$0.00	
Professional fees (eg. Engineer)	$0.00	
Contingency	$0.00	
Other	$0.00	

Budget totals

The total project income (your requested grant amount plus all other sources of funding) must be equal to the total project expenditure (the total cost of the project).

Total project income ex GST:

$

This number/amount is calculated.

Total project expenditure ex GST:

$

This number/amount is calculated.

Applicant declaration

* indicates a required field

30. An authorised representative for your organisation must read and sign the declaration below. Please note that providing false or misleading information may result in the withdrawal of funding.

I, the undersigned, declare that:

- The Applicant will be the Approved Provider of the service which is the subject of this application.
- 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.
- I understand that neither submitting this Stage 1 application nor being invited to submit an application at Stage 2 constitute a promise for funding.
- I confirm I have read and agree to the Terms and Conditions for this grant.

Name of authorised representative *

Position of authorised representative *

Email address of authorised representative *

Must be an email address

Phone number of authorised representative *

Must be an Australian phone number.

Date this declaration was acknowledged by the authorised representative *