

# Minor Capital Fund 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 Minor Capital Works Fund supports smaller-scale extensions or renovations and/or the recalculation of unencumbered space where it will result in an increase in community preschool places. The maximum grant amount is \$100,000 (ex GST).

This application form enables eligible services to apply under the minor capital works fund, which means you intend to:

1. Extend or renovate existing centre-based preschool where it will result in an increase in licenced places; and/or
2. Engage a certified building practitioner to re-calculate unencumbered space where it will result in an increase in licenced 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:

- [Minor Capital Works Fund Guidelines](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Minor Capital 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](mailto: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 \***

# Minor Capital Fund application form

## Form Preview

### 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 the 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	<a href="#">More information</a>
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

# Minor Capital Fund application form

## Form Preview

- 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

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

### What is your provider approval ID? \*

Eg. PR-00000000

## 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

# Minor Capital Fund application form

## Form Preview

**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

To be eligible for a Minor Capital grant a provider must operate a community preschool service as an approved provider with a valid service approval. Please note this grant can only fund the creation of 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.

**13. Does the applicant operate a centre-based community preschool with valid service approval? \***

- Yes
- No - You are not eligible to apply

**What is the service approval ID? \***

Eg. SE-0000000

**What is the address of the site where minor capital works will take place?**

Address

  

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

**Is the above address on a government school site? \***

- Yes
- No

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

- Confirm

# Minor Capital Fund application form

## Form Preview

### Capital Works project details

\* indicates a required field

#### Grant categories

##### **Extending or renovating an existing centre-based community preschool to create community preschool places**

Select this option below if you are a centre-based community preschool requesting funding for minor capital works to increase unencumbered space, resulting in an increase in the community preschool places. You are requesting reimbursement for the cost of the minor capital works and engagement of a certified building practitioner as part of this application.

##### **Engaging a certified building practitioner to re-calculate unencumbered space at an existing centre-based community preschool to create community preschool places**

Select this option below if you are only requesting reimbursement for the cost of engaging a certified building practitioner to draw up professional plans to capture an increase in unencumbered space. You will **not** be requesting reimbursement for minor capital works.

#### **15. Please choose a category that best describes your project: \***

#### **Attach the quote for the minor capital works \***

Attach a file:

#### **16. Give a brief description of your proposed project \***

Word count:

Must be no more than 300 words.

#### **17. Attach the invoice for engagement of certified building practitioner \***

Attach a file:

#### **18. Attach professional plans from a certified building practitioner \***

Attach a file:

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

\*

# Minor Capital Fund application form

## Form Preview

- 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 5 years from the date the project/works are complete
- I have not already received full financial support from other sources
- The proposed project has not been completed at the time of this application, with the exception of re-calculating unencumbered space

## Capability and capacity for project delivery

\* indicates a required field

Applicants need to provide a suitable project site for a 5 year compliance period that begins after the project is completed.

### 20. 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.

Minor 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.

**21. Select your current landholding arrangement: \***

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

**Select the option that applies: \***

- I have a lease or license for 5 or more years
- I have a lease or license for less than 5 years
- Other appropriate arrangement

# Minor Capital Fund application form

## Form Preview

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

**22. Attach evidence of your current landholding arrangement \***

Attach a file:

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

I confirm that the project has been discussed with all affected stakeholders and partners and that they are supportive of the minor capital works and the services operation for the compliance period of 5 years

**24. Attach evidence that you have approval and/or support to proceed with the minor capital works project at your nominated site \***

Attach a file:

Evidence may include preliminary minutes from discussions with your council, letters of support from your landlord, other funding bodies contributing to the project or partners, a Development Approval application lodged or approved.

## Increase in licensed preschool places in areas of need and demand

\* indicates a required field

The objective of this grant is to deliver an increase in community preschool places in areas of need and demand. To answer these questions, please note we are referring to per day or licence places (and not 600-hour or per week places). Please refer to the [Minor Capital Fund Application Guide](#) and [Preschool place regulatory requirements](#) for examples and assistance in responding to these questions.

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

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

**26. Can you confirm your project will result in an increase in licensed preschool places according to the National Quality Agenda IT System (NQAITS)? \***

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

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

# Minor Capital Fund application form

## Form Preview

This is NOT 600 hour places.

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

**Expected total places: \***

= (Current places) + (New places). This is the number of licensed community preschool places offered by the service after project completion.

**27. 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 for the increase in licensed preschool places.

**28. Explain how you have calculated the proposed increase of preschool places with reference to the certified plans that you attached at Question 18. In your response, please articulate how you will meet the space and planning requirements as outlined in regulations 107 and 108 and any other relevant regulations. \***

Word count:

Must be no more than 300 words.

## Accessibility and inclusion

\* indicates a required field

**29. Explain how 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) \***

Word count:

Must be no more than 300 words.



# Minor Capital Fund application form

## Form Preview

### Budget details

\* indicates a required field

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

Attach a file:

#### 31. 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 [Minor Capital 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 Minor Fund grant request	\$0.00	No
Provider contribution	Preschool funds (must be a minimum of 5% of total project expenditure)	\$0.00	No
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	No
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	No
Other eg. another grant program	<If you have another grant program funding source, specify the details here.> If this funding source does not apply to you: the amount	\$0.00	No

# Minor Capital Fund application form

## Form Preview

	should stay as \$0, and choose "No" for source confirmed column.		
Other eg. large scale donations	<If you have a large-scale donation, specify the details 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	No

### Project expenditure

- Provide a breakdown of your budget expenses and the sources you will use from your Income table to fund each item.
- All amounts must be excluding GST.

Project expenses	\$ Amount (ex GST)	Project income sources to be used
Building practitioner fees	\$0.00	NSW Department of Education
Minor project works (quote)	\$0.00	
Project management fees	\$0.00	
Administrative expenses (eg. Council, Legal)	\$0.00	
Professional fees (eg. Architect)	\$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

**32. 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.**

# Minor Capital Fund application form

## Form Preview

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 submitting this application does not 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 \***