Introduction

Important Information

Thank you for your interest in the Skills for Education and Employment (SEE) First Nations Delivery Grant.

Before you begin your application

Please ensure that you have read and understood the following documents:

- SEE First Nations Delivery Grant Opportunity Guidelines
- SEE First Nations Delivery Grant FAQs
- The DRAFT grant agreement
- A guide to managing your SEE First Nations Delivery Grant

Interpretation

Defined terms used within this Application Form have meaning as set out in the SEE First Nations Delivery Grant Opportunity Guidelines.

Privacy

The Department of Employment and Workplace Relations (the department), including its employees, contractors, and agents, is subject to the Privacy Act 1988 (Cth) (the Privacy Act) and to the requirements of the Australian Privacy Principles (APPs) contained in Schedule 1 of the Privacy Act.

For information about how the department handles personal information, how to access or correct personal information held by the department, or how to make a privacy complaint, please refer to the department's Privacy Policy.

Please note:

- Incomplete applications will not be considered.
- Applications that do not address the mandatory fields (*) will not be able to be submitted.
- The maximum size for each required attachment is 25MB. More than one file is permitted where indicated.

Organisation Type

* indicates a required field

Please select your organisation type. *
☐ Aboriginal Community Controlled Organisation (ACCO)
☐ First Nations Community Organisation Peak Body
☐ First Nations registered training organisation (RTO)
☐ First Nations Adult and Community Education (ACE) provider

Tip: Section 4.1 of the Delivery Grant Guidelines explains the meaning of eligible 'organisation types' for SEE First Nations. If the grant applicant organisation meets the eligibility requirements for more than one organisation type you can select more than one option.

If you are an RTO or registered ACE provider, please enter your registration number.

Please attach evidence to support the organisation type selected. *
Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached.
The maximum size for each file is 25MB. Tip: If you select more than one organisation type, evidence must be attached to support all selections. Section 7.1 of the Delivery Grant Guidelines lists documents that should be attached as evidence of organisation type.

Joint Applications

If this application is a joint application, a lead organisation needs to be nominated. The lead organisation has the responsibility of managing the grant and reporting on behalf of the group. For joint delivery projects the lead organisation must be an eligible 'organisation type'.

The applicant details requested in the next sections of the application are for the lead organisation for joint applications. Details of other applicants will be added to the Applicant Details - Joint Applicants section of the application form.

Is this a 'joint application'? *
○ Yes   ○ No
Tip: A joint delivery proposal should be considered where multiple eligible organisations operate in a community, or group of adjacent and connected communities.

Applicant Details - Organisation

* indicates a required field

The following sections relate to the organisation nominated as the grant applicant who will be responsible for project delivery, management, reporting and acquittal of funds. For joint applications this will be the lead organisation.

Applicant Legal Name *
Organisation Name

Tip: Your organisation must be a legal entity and have the legal capacity to enter into a grant agreement with the Commonwealth. Refer to Section 4.1 of the Delivery Grant Guidelines for further information.

Applicant Trading Name

Tip: Enter your organisation's trading name if it is different to your organisation's legal name.

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.

Applicant Primary Address *
Address

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

Applicant Postal Address *
Address

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

Applicant Office Phone Number *

Must be an Australian phone number.

Applicant Office Email *

Must be an email address.

Is your organisation currently delivering services for any other SEE First Nations projects as part of a joint application or a subcontracting arrangement? *
○ Yes　　　　　　　　　　　　　　　　　○ No

If yes, please provide details including the location/s, amount/s and year/s.

Word count:
Must be no more than 100 words.

Referees

Please provide details of 2 referees for your organisation here.

Please note that the department may also seek advice on the application from other persons as appropriate.

Referee *   ○ Individual   ○ Organisation
Organisation Name

Title	First Name	Last Name

Position *

Must be no more than 20 characters.

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Relationship to Applicant *

Word count:
Must be no more than 50 words.

How long have you (the applicant) known this referee? *

Word count:
Must be no more than 20 words.

Referee *   ○ Individual   ○ Organisation
Organisation Name

Title	First Name	Last Name

Position *

Must be no more than 20 characters.

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Relationship to Applicant *

Word count:
Must be no more than 50 words.

How long have you (the applicant) known this referee? *

Word count:
Must be no more than 20 words.

Applicant Details - Project Contact

* indicates a required field

Project Contact Name *

Title   First Name   Last Name

Tip: The applicant's Project Contact person is responsible for primary contact between the applicant's organisation and the department.

Contact Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Applicant Details - Financial

* indicates a required field

Are you currently delivering services for another Department of Employment and Workplace Relations program? *

○ Yes   ○ No

If yes, please provide details including the location/s, amount/s and year/s.

Word count:
Must be at least 100 words.

Are you seeking grant/project funding from another Department of Employment and Workplace Relations program, e.g. General SEE Delivery projects? *

○ Yes   ○ No

If yes, please provide details including the location/s, amount/s and year/s.

Word count:
Must be no more than 100 words.

Have you or your organisation previously requested or received General SEE Delivery or SEE First Nations funding? *

☐   Yes, General SEE Delivery projects
☐   Yes, SEE First Nations scoping grant
☐   Yes, SEE First Nations delivery grant
☐   No
Please select all that apply.

Is your organisation being funded from other sources for the activities proposed in this project? *

○ Yes   ○ No
Tip: This information helps to inform the application's value with money.

If yes, please provide details of other funding sources.

Word count:
Must be no more than 100 words.
Tip: This information helps to inform value with money.

Financial Assessment

- Financial assessment processes are carried out to assess the financial capacity and credentials of an organisation to fulfil service requirements.
- The processes are undertaken to minimise risk to the Commonwealth.
- The processes are not used to measure the profitability of an entity nor potential for success of the entity in the market.

For a financial assessment to be completed please attach the form that applies to your grant application. Copies of these forms are located on **GrantConnect**.

If the proposed grant amount is **less than $400,000** (excluding GST), please submit a **Credentials Information Form** for your organisation.

If the proposed grant amount is **more than $400,000** (excluding GST), please submit a **Financial and Credentials Information Form** for your organisation.

Please attach either a completed Financial and Credentials Information Form OR a Credentials Information Form. *
Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached.
The maximum size for each file is 25MB.

Applicant Details - Joint Applicants

* indicates a required field

The following sections are for organisations who have agreed to be Joint Applicants for the Delivery Grant.

Please enter the details of each organisation who has agreed to be a Joint Applicant.

Note: This section **does not** include the **lead organisation**. The lead organisation's information should be entered in the Applicant Details - Organisation section of the grant application.

Joint Applicant Details *

○ Individual   ○ Organisation

Organisation Name

[   ]

Title   First Name   Last Name

[   ]   [   ]   [   ]

What role will this joint applicant have in the project? *

[   ]

Word count:
Must be no more than 100 words.

Is this organisation participating in, or delivering services for, any other SEE First Nations projects as part of a joint application or a subcontracting arrangement? *

○ Yes   ○ No

If yes, please provide details including the location/s, amount/s and year/s.

[   ]

Word count:
Must be no more than 100 words.

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.

Address *
Address

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

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Joint Applicant Letter of Support or equivalent

If you are making a joint application for a Delivery Grant, each partnering organisation needs to provide a letter of support from the organisation's board, CEO or equivalent. This should include:

- details of the partnering organisation (including the percentages of Indigenous ownership, control and/or management)
- an overview of how each partner organisation will work with the lead organisation and any other partner organisations in the group to successfully complete the grant activity
- a copy of the formal instruments setting out the arrangements between the parties (deeds, memoranda of understanding, etc.)
- an outline of the relevant experience and/or expertise each partner organisation will bring to the group
- the roles/responsibilities of each partner organisation and the resources they will co-contribute, either financially or in-kind (if any)
- details of a nominated management level contact officer at each partner organisation.

Please attach supporting documents for all of the organisations nominated as Joint Applicants here. *
Attach a file:

A minimum of 1 file and a maximum of 10 files may be attached.
The maximum size for each file is 25MB.

Joint Applicant Financial Assessment

- Financial assessment processes are carried out to assess the financial capacity and credentials of an organisation to fulfil service requirements.
- The processes are undertaken to minimise risk to the Commonwealth.

- The processes are not used to measure the profitability of an entity nor potential for success of the entity in the market.

For a financial assessment to be completed please attach the form that applies to your grant application. Copies of these forms are located on **GrantConnect**.

If the proposed grant amount is **less than $400,000** (excluding GST), please submit a **Credentials Information Form** for your organisation.

If the proposed grant amount is **more than $400,000** (excluding GST), please submit a **Financial and Credentials Information Form** for your organisation.

Please attach either a completed Financial and Credentials Information Form OR a Credentials Information Form for all of the organisations nominated as Joint Applicants here. *
Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached.
he maximum size for each file is 25MB. Tip: You do not need to attach the form for the 'lead organisation' here, as it is included with the Applicant Details - Financial section.

Referees

Please provide details of 2 referees.

Please note that the department may also seek advice on the application from other persons as appropriate.

Referee 1 *
○ Individual   ○ Organisation
Organisation Name

Title	First Name	Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

What is the referee's relationship to the Joint Applicant? *

Word count:
Must be no more than 50 words.

How long has the Joint Applicant known this referee? *

Word count:
Must be no more than 20 words.

Referee 2 *

○ Individual   ○ Organisation
Organisation Name

Title   First Name   Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

What is the referee's relationship to the Joint Applicant? *

Word count:
Must be no more than 50 words.

How long has the Joint Applicant known this referee? *

Word count:
Must be no more than 20 words.

Peak Body Members

* indicates a required field

This section applies to Peak Bodies who have nominated themselves as the grant applicant.

If you have already identified member organisations who have agreed to participate in the Delivery Grant project, their details should be entered into the application. Please select Yes, in the question below and the entry fields for participating members will appear.

Have you identified member organisations who have agreed to participate in the Delivery Grant project? *

○ Yes   ○ No

Participating Member Details

Please enter the details of your members who have agreed to participate in the Delivery Grant.

- If member organisations have agreed to you managing the grant, a statement of agreement from the member organisation must be attached.
- As you have a unique position to have knowledge of activities of multiple member organisations, you must take particular care to not knowingly submit applications for projects on behalf of different members that might compete for participants.
- You have the same responsibility as other applicants to demonstrate that to the best of your knowledge the projects you propose are viable, including with respect to other activities in the same community/communities.

Organisation * Organisation Name

Contact * | Title | First Name | Last Name

Position *

Address * Address

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

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

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.

Please select this member's 'organisation type'. *

○ Aboriginal Community Controlled Organisation (ACCO)　　○ First Nations RTO

○ First Nations Community Organisation Peak Body　　○ First Nations ACE provider

Tip: Member organisations must also be an eligible 'organisation type', as per Section 4.1 of the Delivery Grant Guidelines.

Please attach statement of agreement from member AND evidence to support the organisation type selected. *

Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached. The maximum size for each file is 25MB. Tip: Section 7.1 of the Delivery Grant Guidelines lists documents that should be attached as evidence of organisation type.

Project Details

* indicates a required field

While grant opportunities are available nation-wide, applications from areas with greater need for English LLND training will be given preference, including remote and very remote locations where access to training and related services may be limited by a lack of availability.

NOTE: Need and location will be considered when assessing your application.

Project Title *

Word count:
Must be no more than 10 words.

Start Date *

Must be a date and no earlier than 1/9/2024.
When deciding your start date please allow for time required to assess your application, and if successful, establish a grant agreement.

End Date *

Must be a date and no later than 31/12/2029.

Grant Value (total of all milestone costs)

This number/amount is calculated.
What is the total cost (dollars) of your project?

Total of Other financial or in-kind contributions

This number/amount is calculated.
GST exclusive

Short project description *

Word count:
Must be no more than 100 words.
Provide a short description of your project - what are you out to do? Describe the main activities and expected outcomes of the project (for participants and/or communities). If funding has been received previously, please outline how this project will build on previous projects success.

Outline how your project will contribute towards SEE First Nations' objectives and policy outcomes. *

Word count:
Must be no more than 100 words.
Tip: Section 2.1 of the Delivery Grant Guidelines describes the aims of SEE First Nations. Refer to these aims to develop your response. This information will also help inform value with money.

Project Location

* indicates a required field

Please select the number of project locations you propose to deliver in. Please note that a group of adjacent and connected communities can be a single project location and do not need to be entered as separate locations. *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Tips:
- A project location can be one community, or a group of adjacent and connected communities.
- Only select multiple project locations if your project includes communities that are not adjacent or connected.
- You should also consider the annual funding limits outlined in Section 2.1 of the Delivery Grant Guidelines.

In these sections of the application form, you will need to provide information and evidence for each project location you nominate:
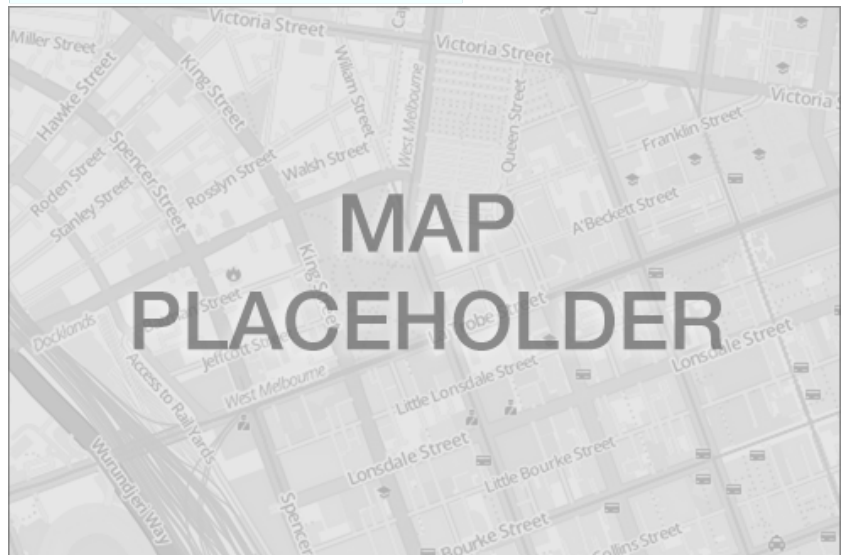- Milestones and Costs

- Training Details (if known)
- Subcontractors (if known)
- Assessment Criteria
- Evidence of Support and Community Affiliation

Please enter the project location for your grant application. If your project will be delivered in more than one location*, please add all locations (up to a total of 5).

* A single project location can be one community, or a group of adjacent and connected communities. Multiple project locations are where communities are not adjacent or connected.

Project Location *   Address

Suburb/Town and State/Province are required. Country must be Australia

Project Milestones and Costs

* indicates a required field

Please list the milestones for your project. Milestones and activities will depend on your project, but it is expected that they will have 4 distinct phases:

1. Establishment of the project
2. Co-design of the training model
3. Delivery of the training model
4. Exit and embed the project

These phases should be considered when proposing activities.

Tips:

- For information on eligible grant activities and expenditure, please read Section 5 of the Delivery Grant Guidelines.
- Timeframes should fall within the Start and End dates that are nominated for this project.
- Amounts entered should be GST exclusive.
- A basic **estimate tool** is available. It provides an example only of how a project's costs might be calculated. It does not form part of the Delivery Grant application.

Total Milestone Costs *

This number/amount is calculated.

Project Location 1 Milestones and Costs

Milestone Name *

Word count:
Must be no more than 10 words.

Start Date *

Must be a date and between 1/9/2024 and 1/7/2029.

End Date *

Must be a date and no later than 31/12/2029.

Milestone Activities *

Word count:
Must be no more than 100 words.
Please list the activities that will be completed in this milestone.

Number of Personnel for Milestone (FTE) *

Must be a number.

Personnel included in Milestone *

☐ Teachers/Trainers
☐ Mentor/s
☐ Project Manager/s
☐ Administration Staff
☐ Executive/Management
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Personnel Cost for Milestone *

Must be a whole dollar amount (no cents).

Training Delivery and Development Cost Descriptions *

☐ Training Premises (rent, utilities)
☐ Accommodation, Travel, Transport (for training delivery and development)
☐ Training and Learning Materials
☐ IT Costs (hardware, software, licences)
☐ Local Engagement Activities
☐ Consultant Services
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Training Delivery and Development Cost *

Must be a whole dollar amount (no cents).

Operating Overhead Cost Descriptions *

☐ Office Premises (rent, utilities)
☐ Office Equipment
☐ Insurances
☐ Professional development
☐ Accommodation, Travel, Transport (other than for training delivery and development)
☐ Marketing and Advertising
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Operating Overhead Cost *

Must be a whole dollar amount (no cents).

Learner Support Cost Descriptions *

☐ Transportation
☐ Meals
☐ Childcare
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Learner Support Cost *

Must be a whole dollar amount (no cents).

Total Cost of Milestone *

This number/amount is calculated.
Value should be GST exclusive.

Project Milestones and Costs (project location 2)

* indicates a required field

Total Milestone Costs *

This number/amount is calculated.

Project Location 2 Milestones and Costs

Milestone Name *

Word count:
Must be no more than 10 words.

Start Date *

Must be a date and between 1/9/2024 and 1/7/2029.

End Date *

Must be a date and no later than 31/12/2029.

Milestone Activities *

Word count:
Must be no more than 100 words.
Please list the activities that will be completed in this milestone.

Number of Personnel for Milestone (FTE) *

Must be a number.

Personnel included in Milestone *

☐   Teachers/Trainers
☐   Mentor/s
☐   Project Manager/s
☐   Administration Staff
☐   Executive/Management
☐ Other:

☐   Not applicable
Select all that apply to this milestone.

Personnel Cost for Milestone *

Must be a whole dollar amount (no cents).

Training Delivery and Development Cost Descriptions *

☐   Training Premises (rent, utilities)
☐   Accommodation, Travel, Transport (for training delivery and development)
☐   Training and Learning Materials
☐   IT Costs (hardware, software, licences)
☐   Local Engagement Activities
☐   Consultant Services
☐ Other:

[ ]

☐   Not applicable

Select all that apply to this milestone.

Training Delivery and Development Cost *

[ ]

Must be a whole dollar amount (no cents).

Operating Overhead Cost Descriptions *

☐   Office Premises (rent, utilities)
☐   Office Equipment
☐   Insurances
☐   Professional development
☐   Accommodation, Travel, Transport (other than for training delivery and development)
☐   Marketing and Advertising
☐ Other:

[ ]

☐   Not applicable

Select all that apply to this milestone.

Operating Overhead Cost *

[ ]

Must be a whole dollar amount (no cents).

Learner Support Cost Descriptions *

☐   Transportation
☐   Meals
☐   Childcare
☐ Other:

[ ]

☐   Not applicable

Select all that apply to this milestone.

Learner Support Cost *

[ ]

Must be a whole dollar amount (no cents).

Total Cost of Milestone *

[ ]

This number/amount is calculated.

Project Milestones and Costs (project location 3)

* indicates a required field

Total Milestone Costs *

[ ]

This number/amount is calculated.

Project Location 3 Milestones and Costs

Milestone Name *

Word count:
Must be no more than 10 words.

Start Date *

Must be a date and between 1/9/2024 and 1/7/2029.

End Date *

Must be a date and no later than 31/12/2029.

Milestone Activities *

Word count:
Must be no more than 100 words.
Please list the activities that will be completed in this milestone.

Number of Personnel for Milestone (FTE) *

Must be a number.

Personnel included in Milestone *

☐ Teachers/Trainers
☐ Mentor/s
☐ Project Manager/s
☐ Administration Staff
☐ Executive/Management
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Personnel Cost for Milestone *

Must be a whole dollar amount (no cents).

Training Delivery and Development Cost Descriptions *

☐ Training Premises (rent, utilities)
☐ Accommodation, Travel, Transport (for training delivery and development)
☐ Training and Learning Materials
☐ IT Costs (hardware, software, licences)
☐ Local Engagement Activities
☐ Consultant Services
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Training Delivery and Development Cost *

Must be a whole dollar amount (no cents).

Operating Overhead Cost Descriptions *

☐   Office Premises (rent, utilities)
☐   Office Equipment
☐   Insurances
☐   Professional development
☐   Accommodation, Travel, Transport (other than for training delivery and development)
☐   Marketing and Advertising
☐ Other:

[ ]

☐   Not applicable

Select all that apply to this milestone.

Operating Overhead Cost *

[ ]

Must be a whole dollar amount (no cents).

Learner Support Cost Descriptions *

☐   Transportation
☐   Meals
☐   Childcare
☐ Other:

[ ]

☐   Not applicable

Select all that apply to this milestone.

Learner Support Cost *

[ ]

Must be a whole dollar amount (no cents).

Total Cost of Milestone *

[ ]

This number/amount is calculated.

Project Milestones and Costs (project location 4)

* indicates a required field

Total Milestone Costs *

[ ]

This number/amount is calculated.

Project Location 4 Milestones and Costs

Milestone Name *

[ ]

Word count:
Must be no more than 10 words.

Start Date *

[ ]

Must be a date and between 1/9/2024 and 1/7/2029.

End Date *

Must be a date and no later than 31/12/2029.

Milestone Activities *

Word count:
Must be no more than 100 words.
Please list the activities that will be completed in this milestone.

Number of Personnel for Milestone (FTE) *

Must be a number.

Personnel included in Milestone *

☐   Teachers/Trainers
☐   Mentor/s
☐   Project Manager/s
☐   Administration Staff
☐   Executive/Management
☐ Other:

☐   Not applicable
Select all that apply to this milestone.

Personnel Cost for Milestone *

Must be a whole dollar amount (no cents).

Training Delivery and Development Cost Descriptions *

☐   Training Premises (rent, utilities)
☐   Accommodation, Travel, Transport (for training delivery and development)
☐   Training and Learning Materials
☐   IT Costs (hardware, software, licences)
☐   Local Engagement Activities
☐   Consultant Services
☐ Other:

☐   Not applicable
Select all that apply to this milestone.

Training Delivery and Development Cost *

Must be a whole dollar amount (no cents).

Operating Overhead Cost Descriptions *

☐   Office Premises (rent, utilities)
☐   Office Equipment
☐   Insurances
☐   Professional development
☐   Accommodation, Travel, Transport (other than for training delivery and development)
☐   Marketing and Advertising
☐ Other:

☐   Not applicable
Select all that apply to this milestone.

Operating Overhead Cost *

Must be a whole dollar amount (no cents).

Learner Support Cost Descriptions *

☐   Transportation
☐   Meals
☐   Childcare
☐ Other:

☐   Not applicable
Select all that apply to this milestone.

Learner Support Cost *

Must be a whole dollar amount (no cents).

Total Cost of Milestone *

This number/amount is calculated.

Project Milestones and Costs (project location 5)

* indicates a required field

Total Milestone Costs *

This number/amount is calculated.

Project Location 5 Milestones and Costs

Milestone Name *

Word count:
Must be no more than 10 words.

Start Date *

Must be a date and between 1/9/2024 and 1/7/2029.

End Date *

Must be a date and no later than 31/12/2029.

Milestone Activities *

Word count:

Must be no more than 100 words.
Please list the activities that will be completed in this milestone.

Number of Personnel for Milestone (FTE) *

Must be a number.

Personnel included in Milestone *

☐ Teachers/Trainers
☐ Mentor/s
☐ Project Manager/s
☐ Administration Staff
☐ Executive/Management
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Personnel Cost for Milestone *

Must be a whole dollar amount (no cents).

Training Delivery and Development Cost Descriptions *

☐ Training Premises (rent, utilities)
☐ Accommodation, Travel, Transport (for training delivery and development)
☐ Training and Learning Materials
☐ IT Costs (hardware, software, licences)
☐ Local Engagement Activities
☐ Consultant Services
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Training Delivery and Development Cost *

Must be a whole dollar amount (no cents).

Operating Overhead Cost Descriptions *

☐ Office Premises (rent, utilities)
☐ Office Equipment
☐ Insurances
☐ Professional development
☐ Accommodation, Travel, Transport (other than for training delivery and development)
☐ Marketing and Advertising
☐ Other:

☐ Not applicable
Select all that apply to this milestone.

Operating Overhead Cost *

Must be a whole dollar amount (no cents).

Learner Support Cost Descriptions *

☐ Transportation
☐ Meals
☐ Childcare
☐ Other:

☐ Not applicable

Select all that apply to this milestone.

Learner Support Cost *

Must be a whole dollar amount (no cents).

Total Cost of Milestone *

This number/amount is calculated.

Other financial or in-kind contributions

Total financial or in-kind contributions from other sources.

This number/amount is calculated.
This figure is calculated from your entries into the table below.

Please list any other financial or in-kind contributions that are being made to the delivery of this project.

You must provide this information for all project locations nominated.

Description of contribution	Source of contribution	Value
Please provide a short description of the contribution. Add additional rows for each item. Must be no more than 10 words.	Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Other financial or in-kind contributions (project location 2)

Total financial or in-kind contributions from other sources.

This number/amount is calculated.

Please list any other financial or in-kind contributions that are being made to the delivery of this project.

You must provide this information for all project locations nominated.

Description of contribution	Source of contribution	Value
Please provide a short description of the contribution. Add additional rows for each item. Must be no more than 10 words.	Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Other financial or in-kind contributions (project location 3)

Total financial or in-kind contributions from other sources.

This number/amount is calculated.

Please list any other financial or in-kind contributions that are being made to the delivery of this project.

You must provide this information for all project locations nominated.

Description of contribution	Source of contribution	Value
Please provide a short description of the contribution. Add additional rows for each item. Must be no more than 10 words.	Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Other financial or in-kind contributions (project location 4)

Total financial or in-kind contributions from other sources.

This number/amount is calculated.

Please list any other financial or in-kind contributions that are being made to the delivery of this project.

You must provide this information for all project locations nominated.

Description of contribution	Source of contribution	Value
Please provide a short description of the contribution. Add additional rows for each item. Must be no more than 10 words.	Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Other financial or in-kind contributions (project location 5)

Total financial or in-kind contributions from other sources.

This number/amount is calculated.

Please list any other financial or in-kind contributions that are being made to the delivery of this project.

You must provide this information for all project locations nominated.

Description of contribution	Source of contribution	Value
Please provide a short description of the contribution. Add additional rows for each item. Must be no more than 10 words.	Must be no more than 10 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and at least 1.

Training Details

* indicates a required field

If known, please enter the details of the LLND training you plan to deliver. You must provide this information for all project locations nominated.

Further information:

- If your project's training organisation is not the nominated grant applicant or a joint applicant, they will be a 'subcontractor' and you will also need to enter their details into the Subcontractor section of the application.
- Your training organisation does not need to be a First Nations organisation, but they should have demonstrated experience in the delivery of culturally safe LLND training to First Nations people.
- If your organisation is a First Nations RTO or ACE provider and you can meet all the requirements of an eligible training organisation, then you may choose to be wholly responsible for all the training aspects of your proposed project. You should respond to the questions in this section as the trainer/training partner.

Do you know who your trainer/training partner will be? *
○ Yes   ○ No, this will be decided during the co-design process.

Tip: If you have not identified a training partner organisation, you may provide their information later, once you have identified them. However, this must be before you enter a formal agreement with them.

Do you know what type of training will be delivered? *
○ Yes   ○ No, this will be decided during the co-design process.

Trainer/Training Partner

Please add details of your trainers/training partners here. You may add more than one trainer/training partner.

Name of Trainer or Training Partner Organisation *

Word count:
Must be no more than 10 words.

Is your training partner an RTO or ACE provider? *

○ Yes ○ No

If yes, please enter their registration number if known.

Please confirm that your trainer/training partner is able to: *

☐ Develop non-accredited training or customise training for the community's needs, if required.

☐ Develop or customise training resources for the community's needs.

☐ Deliver LLND training and assessment to the community.

At least 3 choices must be selected.
Please confirm all.

*** If your project's training partner is not the nominated grant applicant organisation or a joint applicant organisation, you will need to add details of 2 referees here.

Referee details for grant applicants and joint applicants are provided in the applicant section of the application form and do not need to be provided again here.

Referee 1

○ Individual ○ Organisation

Organisation Name

Title First Name Last Name

Position

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Relationship to trainer/training provider.

Word count:
Must be no more than 50 words.

Referee 2

○ Individual   ○ Organisation
Organisation Name

[   ]

Title   First Name   Last Name

[   ]   [   ]   [   ]

Position

[   ]

Phone Number

[   ]

Must be an Australian phone number.

Email

[   ]

Must be an email address.

Relationship to trainer/training provider.

[   ]

Word count:
Must be no more than 50 words.

Training

Will your project include accredited training? *
○ Yes   ○ No

Tip: Accredited training must be delivered by an RTO and be on that RTO's scope of delivery as listed in the national register (training.gov.au).

If yes, please provide a short description of the accredited training that will be offered.

[   ]

Word count:
Must be no more than 50 words.
Tip: This description can include the national course code, the course description or a skill set description. You can find accredited course information on training.gov.au.

Will your project include non-accredited training? *
○ Yes   ○ No

Tip: Non-accredited training can be delivered by an RTO or ACE provider but must be developed using the Commonwealth non-accredited framework.

Has your non-accredited training been developed using the Commonwealth non-accredited framework? *
○ Yes   ○ No

Will your non-accredited training be developed and/or delivered by trainers with the minimum qualifications identified in the Delivery Grant Guidelines? *

○ Yes   ○ No

Tip: The person developing the non-accredited training must have at a minimum of either TAE50122 - Diploma of Vocational Education and Training with a specialisation in Design and Development, OR an equivalent Adult LLND qualification with relevant specialisation in design and development, AND demonstrated experience in the design and development of LLND courses. Refer to Section 4.2 of the Delivery Grant Guidelines for further information.

Are you applying for a waiver to the minimum qualifications to develop or deliver non-accredited training? *

○ Yes   ○ No

If yes, please describe why a waiver should be issued.

Word count:
Must be no more than 100 words.
For a waiver to be issued the training organisation must be able to demonstrate that it has sufficient and ongoing professional development processes in place; AND provides mentoring to trainers/assessors/training developers to whom the waiver applies.

Subcontractors

* indicates a required field

Are you planning to subcontract work being completed for the Delivery Grant? *

○ Yes   ○ No

Tip: If your project's training organisation is not the nominated applicant organisation or a joint applicant, you should enter them as a subcontractor.

If yes, what work will be completed by subcontractors. You must provide this information for all project locations nominated.

Word count:
Must be no more than 100 words.

Have you identified a person or organisation you plan to subcontract work to? *

○ Yes   ○ No

If you have already identified subcontractors, please select 'Yes' and complete the subcontractor details requested below. If you plan to identify subcontractors as part of the Delivery Grant project, please select 'No' and continue with the application form.

Subcontractor Details

Please provide details of the subcontractors you have identified for the Delivery Grant project.

You must provide this information for all project locations nominated.

Name *   ○ Individual   ○ Organisation

Organisation Name

Title   First Name   Last Name

Address *

Address

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

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

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 assessment processes are carried out to assess the financial capacity and credentials of an organisation to fulfil service requirements. You will need to upload a completed **Subcontractors Credentials Information Form** for a financial assessment to be completed. A copy of this form is located on **GrantConnect**.

Please attach a completed Subcontractors Credentials Information Form *

Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached. The maximum size for each file is 25MB.

Assessment Criteria

* indicates a required field

Criterion 1 - Community Support

Please demonstrate community support. You must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders. *

Word count:
Must be no more than 1000 words.

Criterion 2 - Appropriateness of proposed training model and training organisation

Please outline your proposed approach and demonstrate the appropriateness of this approach. You need to describe the English LLND skills training model you are proposing to deliver and provide a picture of the context of your project to show how your approach is appropriate to the situation. *

Word count:
Must be no more than 1000 words.

Criterion 3 - Delivering outcomes

Please outline how your project will deliver outcomes. *

Word count:
Must be no more than 1000 words.

Criterion 4 - Organisational Capability and Governance

Please demonstrate your organisational governance and capability to manage the Delivery Grant. *

Word count:
Must be no more than 1000 words.

Assessment Criteria (project location 2)

* indicates a required field

Criterion 1 - Community Support

Please demonstrate community support. You must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders. *

Word count:
Must be no more than 1000 words.

Criterion 2 - Appropriateness of proposed training model and training organisation

Please outline your proposed approach and demonstrate the appropriateness of this approach. You need to describe the English LLND skills training model you are proposing to deliver and provide a picture of the context of your project to show how your approach is appropriate to the situation. *

Word count:
Must be no more than 1000 words.

Criterion 3 - Delivering outcomes

Please outline how your project will deliver outcomes. *

Word count:
Must be no more than 1000 words.

Criterion 4 - Organisational Capability and Governance

Please demonstrate your organisational governance and capability to manage the Delivery Grant. *

Word count:
Must be no more than 1000 words.

Assessment Criteria (project location 3)

* indicates a required field

Criterion 1 - Community Support

Please demonstrate community support. You must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders. *

Word count:
Must be no more than 1000 words.

Criterion 2 - Appropriateness of proposed training model and training organisation

Please outline your proposed approach and demonstrate the appropriateness of this approach. You need to describe the English LLND skills training model you are proposing to deliver and provide a picture of the context of your project to show how your approach is appropriate to the situation. *

Word count:
Must be no more than 1000 words.

Criterion 3 - Delivering outcomes

Please outline how your project will deliver outcomes. *

Word count:
Must be no more than 1000 words.

Criterion 4 - Organisational Capability and Governance

Please demonstrate your organisational governance and capability to manage the Delivery Grant. *

Word count:
Must be no more than 1000 words.

Assessment Criteria (project location 4)

* indicates a required field

Criterion 1 - Community Support

Please demonstrate community support. You must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders. *

Word count:
Must be no more than 1000 words.

Criterion 2 - Appropriateness of proposed training model and training organisation

Please outline your proposed approach and demonstrate the appropriateness of this approach. You need to describe the English LLND skills training model you are proposing to deliver and provide a picture of the context of your project to show how your approach is appropriate to the situation. *

Word count:
Must be no more than 1000 words.

Criterion 3 - Delivering outcomes

Please outline how your project will deliver outcomes. *

Word count:
Must be no more than 1000 words.

Criterion 4 - Organisational Capability and Governance

Please demonstrate your organisational governance and capability to manage the Delivery Grant. *

Word count:
Must be no more than 1000 words.

Assessment Criteria (project location 5)

* indicates a required field

Criterion 1 - Community Support

Please demonstrate community support. You must provide evidence that your proposed English LLND skills training project is supported by the target community and by community leaders. *

Word count:
Must be no more than 1000 words.

Criterion 2 - Appropriateness of proposed training model and training organisation

Please outline your proposed approach and demonstrate the appropriateness of this approach. You need to describe the English LLND skills training model you are proposing to deliver and provide a picture of the context of your project to show how your approach is appropriate to the situation. *

Word count:
Must be no more than 1000 words.

Criterion 3 - Delivering outcomes

Please outline how your project will deliver outcomes. *

Word count:
Must be no more than 1000 words.

Criterion 4 - Organisational Capability and Governance

Please demonstrate your organisational governance and capability to manage the Delivery Grant. *

Word count:
Must be no more than 1000 words.

Evidence of support and community affiliation

* indicates a required field

Please attach evidence of your affiliation with the community and evidence of their support here. You must provide this information for all project locations you have nominated. *
Attach a file:

A minimum of 1 file and a maximum of 20 files may be attached.
The maximum size for each file is 25MB.

Evidence of support may be statements of support from members of your community, your organisation's board or CEO, or other organisations within your community.

Evidence of affiliation with the community on whose behalf you are applying might be acknowledgement in community media or documents, such as annual reports or local community involvement at a board/employment level.

Ideally evidence should:

- Show the different views people might have of the proposed project. For example, the views of an individual, or a community organisation, a local council, or local employer.
- Not be from people or organisations where there is a conflict of interest in relation to the project. For example, people or organisations who would receive a direct financial benefit if the project is approved.

Eligibility

* indicates a required field

Please complete the following section to confirm that all organisations nominated in this application can meet the eligibility requirements for this grant opportunity.

Eligibility

As the representative of the Applicant Organisation, I declare that the following eligibility conditions have been met. *
○ Yes

That all organisations nominated in this application can meet the eligibility requirements for this grant opportunity:

- do not have any overdue acquittals or serious breaches with other Australian Government entities. A serious breach is one that has resulted in, or warrants, the termination of a grant agreement.
- are not insolvent or subject to insolvency proceedings.
- are not included on the National Redress Scheme websites list of 'Institutions that have not joined or signified their intent to join the Scheme (see https://www.nationalredress.gov.au/).
- comply with the Modern Slavery Act (see https://modernslaveryregister.gov.au/).

Right Fit for Risk (RFFR)

We have a process known as Right Fit for Risk (RFFR) to ensure that organisations we fund can keep people's data and personal information safe.

If you are successful in obtaining a Delivery Grant you must obtain RFFR accreditation within 9 months of the start of the grant agreement. In addition to the grant applicant

organisation, all other organisations nominated in this application that will be collecting, storing, and managing people's data and personal information will also need RFFR accreditation. For example, a subcontracted training provider.

Are all organisations RFFR accredited OR can they obtain accreditation within 9 months of the start of the grant agreement? *
○ Yes   ○ No

Working with Vulnerable People and Children

Do all relevant personnel hold Working with Vulnerable People registrations and Working with Children checks OR are they able to obtain them prior to working on the project? *
○ Yes   ○ No   ○ Not applicable
Tip: Relevant personnel include any person performing work on any part of the Delivery Grant project that involves working with or contact with vulnerable persons or children.

If you are working with vulnerable people or children as a part of this project, relevant personnel in all of the organisations you work with will need to hold appropriate Working with Vulnerable People registrations and Working with Children checks prior to their commencement in the project.

The Delivery Grant Guidelines define:

- A **child/children** as individual/s under the age of 18 years.
- A **Vulnerable Person** as an individual aged 18 years and above who is or may be unable to take care of themselves or is unable to protect themselves against harm or exploitation for any reason, including age, physical or mental illness, trauma or disability, pregnancy, the influence, or past or existing use, of alcohol, drugs or substances or any other reason.

Working with Vulnerable People registrations and Working with Children checks are not required at the application stage of the project, but you should consider your ability to obtain them prior to relevant personnel commencing work on your proposed project.

Workplace Gender Equality Act 2012 (Cth)

The *Workplace Gender Equality Act 2012 (Cth)* requires non-public sector employers that employ 100 or more employees in total to register for the Gender Equality Reporting program and submit data to the Workplace Gender Equality Agency (WGEA) annually. More information is available on the WGEA website.

Are any organisations a 'relevant employer' under the Workplace Gender Equality Act 2012 (Cth)? *
○ Yes   ○ No

If yes, please attach a current letter of compliance for these organisations. *
Attach a file:

A minimum of 1 file and a maximum of 10 files may be attached.

Tip: Contact the WGEA to obtain a compliance certificate.

Conflict of Interest

* indicates a required field

Please advise if you, your organisation's personnel or any person or entity connected to your application:

- Has a professional, commercial, or personal relationship with a party who is able to influence the application process.
- Has a relationship with, or interest in, an organisation from which they may receive, or be perceived to receive, personal gain from this grant funding.

Please refer to Section 13.2 of the Delivery Grant Guidelines for more information.

To the best of your knowledge, are there any potential, perceived or actual conflicts of interest relating to this application? *

○ Yes   ○ No   ○ Not sure

If yes, please outline the potential, perceived or actual conflicts of interest.

Word count:
Must be no more than 100 words.

If you are not sure, please explain why.

Word count:
Must be no more than 100 words.
The department may contact you for further information.

Declaration

* indicates a required field

I declare that the information provided in this application is true and accurate to the best of my knowledge. *

○ Yes

Date of declaration *

Must be a date and no earlier than 1/7/2024.

Declaration Officer *

Title   First Name   Last Name

[ ] [ ] [ ]

Declaration Officer Position *

[   ]

If you find an error in your application after submitting it, you should contact us immediately on SEEFirstNations@dewr.gov.au. However, the department is not required to accept any additional information, nor requests from you to correct your application after the closing time.

Application Form Contact

These contact details should be completed by the person or organisation who has completed this form.

Organisation Name *
Organisation Name

[   ]

Contact Name *

Title   First Name   Last Name

[   ] [   ] [   ]

Position *

[   ]

Phone Number *

[   ]

Must be an Australian phone number.

Email *

[   ]

Must be an email address.