

Introduction

Important Information

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

Before you begin your application

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

- SEE First Nations Scoping Grant Opportunity Guidelines
- SEE First Nations Scoping Grant FAQs
- sample letter of agreement with the contractual terms and conditions for grant funding

Interpretation

Defined terms used within this Application Form have meaning as set out in the SEE First Nations Scoping 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 Scoping 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 Scoping Grant Guidelines lists documents that should be attached as evidence of organisation type.

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.

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 Scoping 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	

SEE First Nations Scoping Grant 2024-27 Application v1.0

Form Preview

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.

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 *

SEE First Nations Scoping Grant 2024-27 Application v1.0

Form Preview

Must be an email address.

Applicant Details - Financial

* indicates a required field

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.

Has 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

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.
- You will need to upload a completed Credentials Information Form for a financial assessment to be completed. A copy of this form is located on **GrantConnect**.

Please attach a completed 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.

Project Details

* indicates a required field

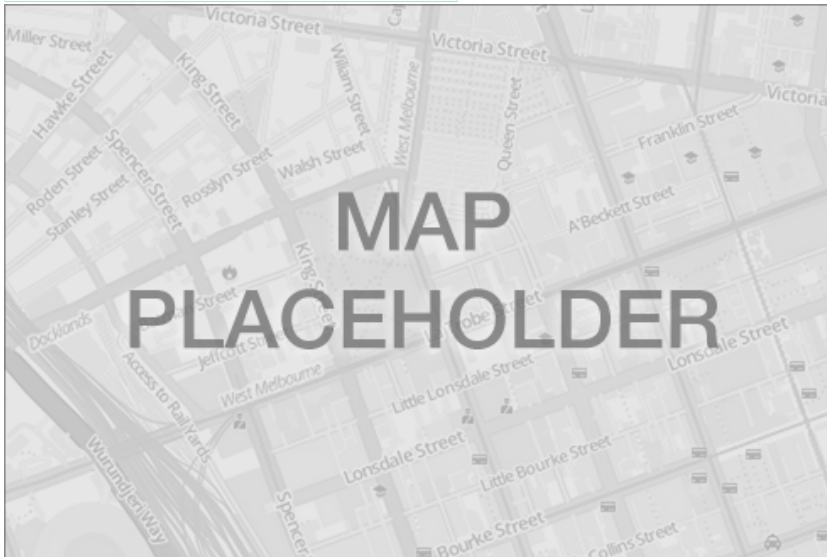
Project Title *

Word count:

Must be no more than 10 words.

Project Location *

Address



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

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). Each Scoping Grant will be for activities in one community, or a group of adjacent and connected communities.

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 Scoping Grant Guidelines describes the aims of SEE First Nations. Refer to these aims to develop your response.

SEE First Nations Scoping Grant 2024-27 Application v1.0

Form Preview

Start Date *

Must be a date and no earlier than 15/8/2024.

End Date *

Must be a date and between 1/9/2024 and 31/12/2027.

Is the project duration expected to be more than 6 months? *

- Yes No

If yes, please explain why the project duration is more than 6 months.

Word count:

Must be no more than 100 words.

Tip: Scoping Grants will typically be for a period of up to 6 months unless a different grant period is approved. Refer to Section 3.2 of the Scoping Grant Guidelines for more information.

Grant Amount

* indicates a required field

Maximum Grant Eligibility

- The maximum grant amount available depends on the Remoteness Area of the project.
- Remoteness Areas are defined by the Australian Bureau of Statistics (ABS) classes of remoteness. The ABS have an interactive map on their website that can help to identify your project's [Remoteness Area](#).
- Each Scoping Grant will be for activities in one community, or a group of adjacent and connected communities.
- Please refer to the Section 3.1 of the Scoping Grant Guidelines for more information on the maximum funding available for your proposed project.

Select the maximum amount for your proposed project location. *

- Up to \$15,000 (major cities / inner regional)
 Up to \$25,000 (outer regional)
 Up to \$30,000 (remote / very remote)

Total Grant Amount

Total grant amount being requested

This number/amount is calculated.

This figure is calculated from your entries into the Expenditure table.

Please confirm that the total grant amount does not exceed the maximum this project is eligible for. *

- Confirmed

SEE First Nations Scoping Grant 2024-27 Application v1.0

Form Preview

Itemised Expenditure

Section 5.1 of the Scoping Grant Guidelines provides examples of eligible grant activities and expenditure. Please note that the list is not exhaustive.

Section 5.2 of the Scoping Grant Guidelines provides examples of expenditure that grant funds cannot be used for.

Amounts entered should be GST exclusive.

Expenditure Description	\$
Please provide a short description of the expenditure item. Add additional rows for each item. Must be no more than 5 words.	Amounts must be GST exclusive. Must be a whole dollar amount (no cents) and between 1 and 30000.

Subcontractors

* indicates a required field

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

Yes

No

Not sure

If yes, what work will be completed by subcontractors.

Word count:

Must be no more than 100 words.

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

Yes

No

Tip: 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 Scoping Grant project, please select 'No' and continue with the application form.

Subcontractor Details

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

Name *

Individual

Organisation

Organisation Name

Title

First Name

Last Name

Address *

Address

SEE First Nations Scoping Grant 2024-27 Application v1.0

Form Preview

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.

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 Scoping 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 Scoping Grant project? *

Yes

No

Participating Member Details

SEE First Nations Scoping Grant 2024-27 Application v1.0

Form Preview

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

Remember: Each Scoping Grant will be for activities in one community, or a group of adjacent and connected communities, as per Section 3.1 of the Scoping Grant Guidelines.

Organisation *

Organisation Name

Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Position *

Address *

Address

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

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 Scoping Grant Guidelines.

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: Section 7.1 of the Scoping Grant Guidelines lists documents that should be attached as evidence of organisation type.

Assessment Criteria

* indicates a required field

Criterion 1 - Community Support

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

Word count:

Must be no more than 500 words.

Criterion 2 - Appropriateness of proposed approach

Please outline your proposed approach and demonstrate the appropriateness of this approach. You need to 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 500 words.

Criterion 3 - Organisational Capability and Governance

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

Word count:

Must be no more than 500 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. *

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.

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/>).

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 Not sure

Tip: Relevant personnel include any person performing work on any part of the Scoping Grant project that involves working with or contact with vulnerable persons or children.

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.

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 Scoping 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 Not sure

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

SEE First Nations Scoping Grant 2024-27 Application v1.0

Form Preview

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. Tip: Contact the WGEA to obtain a compliance certificate.

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.

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 Scoping 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

SEE First Nations Scoping Grant 2024-27 Application v1.0

Form Preview

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Declaration Officer Position *

If you find an error in your application after submitting it, you should contact us immediately on SEEFirstNations@dewr.gov.au.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.