### 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 <a href="Privacy Policy">Privacy Policy</a>.

#### 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

Ple	ease 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
tha	n 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 documen 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 <u>More information</u>

ACNC Registration
Tax Concessions

Main business location
Must be an ABN.
Plase de all Abiv.
Applicant Primary Address * Address
Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be
Australia
Applicant Postal Address *
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 *
Applicant office Linear
Must be an email address.
Applicant Datails - Project Contact
Applicant Details - Project Contact
* indicates a required field
Project Contact Name * Title First Name Last Name
THE THIS NAME EAST 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 *
March language Archaelian alega archaelan
Must be an Australian phone number.
Email *

	Mι	ıst	he	an	email	add	ress
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Applicant Details - Financial	
* indicates a required field	
	ling from another Department of Employment e.g. General SEE Delivery projects? *  ○ No
If yes, please provide details include	ding the location/s, amount/s and year/s.
Word count: Must be no more than 100 words.	
Has your organisation previously re 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 f	from other sources for the activities proposed
in this project? *  O Yes	○ No
If yes, please provide details of oth	ner funding sources.
Word count: Must be no more than 100 words. Tip: This information helps to inform value v	with money.
Financial and Credentials Asse	essments
<ul> <li>Financial assessment processes are credentials of an organisation to ful</li> <li>The processes are undertaken to m</li> </ul>	

- 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 an assessment to be completed. A copy of this form is located on **GrantConnect**.

Please attach a completed Credent Attach a file:	tials Information Form. *
A minimum of 1 file and a maximum of 5 file. The maximum size for each file is 25MB.	es may be attached.

### **Project Details**

\* indicates a required field

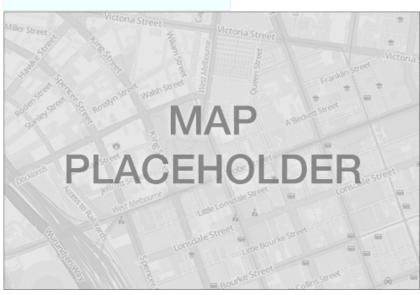
**Project Title \*** 

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.

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 expecte	ed 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.	or a period of up to 6 months unless a different grant period is

### **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 <a href="Remoteness Area">Remoteness Area</a>.
- 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. \*

approved. Refer to Section 3.2 of the Scoping Grant Guidelines for more information.

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

### Itemised Expenditure

Address \*

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.

<b>Expenditure Description</b>		\$		
Please provide a short description of expenditure item. Add additional row item.		Amounts must be Must be a whole between 1 and 3	dollar amount (no d	cents) and
Must be no more than 5 words.				
Subcontractors				
* indicates a required field				
Are you planning to subcontra  ○ Yes	No	eing completed	<ul><li>Not sure</li></ul>	g Grant? *
If yes, what work will be comp	pleted by	subcontractors.		
Word count: Must be no more than 100 words.				
Have you identified a person of Yes  Tip: If you have already identified subdetails requested below. If you plan to please select 'No' and continue with the	bcontractors to identify su	No note No <	and complete the s	subcontractor
Subcontractor Details				
Please provide details of the subc project.	contractors	you have identifie	ed for the Scoping	Grant
Name * Organisation Organisation Name				
	Title	First Name	Last Name	

Address

	Address Line 1, Suburb/Town Country are required. Country	n, State/Province, Postcode, and ry must be Australia
Phone Number *		
	Must be an Australian phone	number.
Email *		
	Must be an email address.	
ABN *		
		used to look up the following above to check that you have
	Information from the Austral	lian 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 O No

Participating Member Details

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		
Position *					
Address *	Address				
		ne 1, Suburb/Town, S Country must be Aus		Postcode are	
Phone Number *					
	Must be an	Australian phone nu	umber.		
Email *					
	Must be an email address.				
	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 nan	ne			
	ABN statu	S			
Entity type Goods & Services Tax (GST)					
	DGR Endo				
ATO Charity Type <u>More information</u>				<u>ation</u>	
	ACNC Reg				
	Tax Conce				
	Main busir	ness location			
	Must be an	ABN.			

Please select this member's 'organisation type'. *	<ul> <li>Aboriginal Community</li> <li>First Nations RTO</li> <li>Controlled Organisation</li> <li>(ACCO)</li> </ul>
	<ul> <li>First Nations Community</li> <li>First Nations ACE provider</li> <li>Organisation Peak Body</li> </ul>
	Tip: Member organisations must also be an eligible 'organisation type', as per Section 4.1 of the Scoping Grant Guidelines.
Please attach evidence	Attach a file:
to support the organisation type selected. *	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
concept of your proposed En	nity support. You must provide evidence that the aglish LLND skills training project is supported by the resed by community leaders. *
Word count: Must be no more than 500 words.	
Criterion 2 - Appropriate	ness of proposed approach
of this approach. You need to	d approach and demonstrate the appropriateness o provide a picture of the context of your project to appropriate to the situation. *
Word count: Must be no more than 500 words.	
Criterion 3 - Organisation	nal Capability and Governance
Please demonstrate your org manage the Scoping Grant. *	ganisational governance capability and capacity to
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. $\ast$

○ 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 <a href="https://www.nationalredress.gov.au/">https://www.nationalredress.gov.au/</a>).
- comply with the Modern Slavery Act (see <a href="https://modernslaveryregister.gov.au/">https://modernslaveryregister.gov.au/</a>).

### Working with Vulnerable People and Children

and the same and t					
Do all relevant personn Working with Children of the project? *					
O Yes  Tip: Relevant personnel include that involves working with or	de any person perfo		Not sure of the Scoping Grant project		
If you are not sure, plea	ase explain why.				
Word count: Must be no more than 100 wo The department may contact		mation.			
If you are working with vul personnel in all of the orga with Vulnerable People reg commencement in the pro	nisations you wor gistrations and Wo	k with will need to hole	d appropriate Working		
The Scoping Grant Guideli	nes define:				
<ul> <li>A child/children as individual/s under the age of 18 years.</li> <li>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.</li> </ul>					
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)? *  O Yes	○ No	O N	ot sure		

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. 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:				
<ul> <li>Has a professional, commercial, or personal relationship with a party who is able to influence the application process.</li> <li>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.</li> </ul>				
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

I declare that the information provided in this application is true and accurate to the best of my knowledge. *  ○ Yes				
Date of declaration *				
NA to la	and a fine and an analysis of	1/7/2024		
Must be a date and no earlier than 1/7/2024.				
<b>Declara</b> Title	tion Officer * First Name	Last Name		
Title	riist name	Last Name		
Declaration Officer Position *				
If you find an error in your application after submitting it, you should contact us immediately on <a href="mailto:SEEFirstNations@dewr.gov.au">SEEFirstNations@dewr.gov.au</a> .				
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				
Positio	1 *			
Phone Number *				
Must be an Australian phone number.				
Email *				
Maratala	an ana ail a al-lea-			
Must be a	an email address.			