



# Safe Places Emergency Accommodation Program Designated Use Annual Report

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In line with section E.5 of the Grant Funding Agreement, Grantees must submit a Designated Use Report to the Department of Social Services (the department). A report must be submitted annually, for the duration of the Designated Use Period (15 years).

The date the Designated Use Period commenced is the date the Grantee achieved Practical Completion of the Works. Reporting is for the previous financial year and is due to the department by 31 August each year.

If a Grantee has more than one project funded under the program, a separate Designated Use Report will need to be submitted for each project. Failure to follow the Designated Use requirements can result in the department seeking corrective action.

## Definitions

**Designated Use** is the specialist services and emergency accommodation provided to women and children leaving domestic and family violence.

**Designated Use Period** is the duration the Grantee is required to report on. The designated use period is the date the project achieves Practical Completion of the Works and expires 15 years after that date.

**Grant Agreement** is the Commonwealth Standard Grant Agreement between the Department of Social Services and the Grantee, for the provision of Safe Places Emergency Accommodation.

**Reporting Period:** A financial year that falls wholly or partly within the Designated Use Period.

*Please refer to 'Section 5: Dictionary' of the Grant Agreement for more definitions.*



All templates must be complete and returned to [DSSCapital@dss.gov.au](mailto:DSSCapital@dss.gov.au) by 31 August each year.

**Details of Grantee/Project**

Grantee Name	
Project Name	
GPS Agreement ID	
Designated Use Period Commencement Date	
Reporting Period (financial year)	
Submission Date:	

1. Did the property/ies meet Designated Use requirements under the Grant Agreement during the Reporting Period? Including supporting the delivery of specialist services and complying with all applicable state or territory requirements?

Yes

No

If you have ticked no, please explain why and attach any relevant evidence. If you require more space, please attach a separate document.

2. What was the average length of stay in the Safe Places Emergency Accommodation for the reporting period?

Please only include tenants that exited from the accommodation during the reporting period.

Number of days	
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As per Item K of the Funding Agreement, your organisation may be required to have a Lease Agreement over the property until the expiry of the Designated Use Period. Does your organisation have a current Lease Agreement over the property?

- Not Applicable
- Yes

If you ticked yes, please provide expiry date of lease agreement: [Click or tap to enter a date.](#)

- No

If a lease agreement is required but not in place, please provide information as to why:

### Reporting Information

3. What was the percentage of occupancy for the reporting period?

Dwelling Add new row for each dwelling	Number of days the dwelling was unoccupied?	Percentage of days the dwelling was unoccupied?

### Tenant Demographics

4. Number of people assisted in the Reporting Period

Please note you are not required to provide statistics about Persons with a Disability, however, the department would appreciate this information to help inform future program and policy development.

Tenant Demographics	Age: Under 18	Age: 18 - 25	Age: 26 - 40	Age: 41-65	Age: 65 and over
Aboriginal and/or Torres Strait Islander					
Culturally and Linguistically Diverse (CALD)					
Persons with Disability (if known)					
<b>Total Overall</b>					



**Specialist Service Provision**

Please note the department must be notified of any changes within 30 days, as per Funding Agreement. (Clause E.5 (c) of the Grant Agreement refers; see also Item M of the Grant Agreement.)

5. Has there been a Change in the Specialist Service Provider/s since the start of the Designated Use Period?

Yes

If yes, please attach partnership evidence, including commencement date of new partnership and an updated Item M Declaration Checklist. If you have already reported this information to the department, there is no need to resubmit.

No

6. Have any of the Specialist Service provider/s policies or procedures changed?

Yes

If yes, please attach both the updated Item M Declaration Checklist with the changed policies and procedures listed including the date these changes were implemented, along with any updated policy and procedure documentation.

No

What date does the agreement with the Specialist Service Provider expire?

Provider	Date
Add new row for each provider	



**Declaration**

This Declaration must be signed by a CEO, or another person who is suitably authorised within the Grantee’s organisation to execute documents and legally bind the Grantee by their execution.

**I confirm that:**

- I am a person authorised by the Participant to execute documents and legally bind the participant by their execution.
- All information in this designated use report is true and is not misleading by reason of any material misstatements or omissions.

**I acknowledge (subject to any qualifications provided in this report):**

- That under section 137.1 of the schedule to the *Criminal Code Act 1995* it is an offence to knowingly provide false or misleading information to the Commonwealth.
- That compliance with all relevant laws including the terms and conditions of the Grant Agreement, has been maintained.
- The property/ies under the Grant Agreement have been used solely for Designated Use.
- The completed works meet the Designated Use requirements under the Grant Agreement, including supporting the delivery of specialist services.
- All relevant Commonwealth, State or Territory requirements for delivering the Designated Use have been complied with.
- The property, the works and assets used for the Designated Use complies with the requirements and obligations from the Grant Agreement for clauses SC22.1 Use of the Property, the Works and the Assets for the Designated Use.
- The operation of the emergency accommodation complies with the requirements and obligations from the Grant Agreement for clauses CB7 Relevant qualifications, licenses, permits, approvals or skills, CB8 Vulnerable Persons and CB9 Child Safety.

Name	
Position Title:	
Signature	
Date	