



Australian Government

Department of Families, Housing,
Community Services and Indigenous Affairs

APPLICATION FORM

Financial Management Program

Commonwealth Financial Counselling and/or Financial Management Resource Support Unit services - 2008-09

Information for Applicants

Applications must be submitted in hardcopy (original plus three copies) and must be received by 2pm AEDST Tuesday 25 November 2008.

Completed applications must be posted or delivered to:

Response Number RFT640
Tender Box
Department of Families, Housing, Community Services and Indigenous Affairs
Tuggeranong Office Park (TOP)
B Block
Corner Soward Way and Athllon Drive
GREENWAY ACT 2900

Confirmation of Receipt of Application

All organisations who submit an application will receive formal confirmation that it has been received by the department.

Before completing this form you should read the Commonwealth Financial Counselling Guidelines (if applicable), the Money Management Services Guidelines (if applicable) and the Commonwealth Financial Counselling and/or Financial Management Resource Support Unit Application Guidelines. Assessment of applications will be in accordance with the information provided in the Application Guidelines.

Privacy

Any personal information you provide is protected under the Privacy Act 1988. The department will not use any personal information for any other purposes unless required by law or you provide your consent to do so. The department will not disclose any personal information to any other organisation or to any individual unless required by law or you provide your consent to do so.

Please indicate whether you agree to the department using the information (not personal information) you have provided in your application for the purpose listed above.

- I agree.
 I do not agree.

Contact Information

Assistance

Should you have any questions about this application form, please consult the Commonwealth Financial Counselling/Financial Management Resource Support Unit Application Guidelines. If you cannot find the information you require please call **1800 775 099** or email **Financial.Management@fahcsia.gov.au**

TTY

A TTY Service for people who have a hearing or speech impediment is available via **1800 555 677**.
(A TTY phone is required for this service.)

Part 1

Eligibility

The Australian Government is seeking organisations to provide Commonwealth Financial Counselling and/or Financial Management Resource Support Unit services in selected areas across Australia.

Details of the areas for which services are required are at Attachment A (Commonwealth Financial Counselling — Identified Areas) and Attachment B (Financial Management Resource Support Unit — Identified Areas) of the Application Guidelines.

Are you applying for funding to provide:

	Yes	No
Commonwealth Financial Counselling services	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management Resource Support Unit services	<input type="checkbox"/>	<input type="checkbox"/>

In which of the selected service regions are you proposing to operate your Commonwealth Financial Counselling and/or Financial Management Support Unit service?

All applicants must answer Questions 1 – 19

This question is designed to save you time by indicating whether your organisation is eligible to apply.

1. Organisation type

Is your organisation a non-profit community-based organisation incorporated under the relevant state or territory legislation (or established under other legislation) or a local government organisation?

Yes No

Eligible	Not Eligible
<input type="checkbox"/> <i>Incorporated Association</i>	<input type="checkbox"/> <i>Individual</i>
<input type="checkbox"/> <i>Incorporated Cooperative</i>	<input type="checkbox"/> <i>Government entity (other than Local Government)</i>
<input type="checkbox"/> <i>Organisation established through specific Commonwealth or State/Territory legislation (e.g. Churches, Public Benevolent Institutions)</i>	<input type="checkbox"/> <i>Overseas entity</i>
<input type="checkbox"/> <i>Aboriginal Corporation</i>	<input type="checkbox"/> <i>Commercial entity</i>
<input type="checkbox"/> <i>Local Government</i>	
<input type="checkbox"/> <i>Company (Incorporated under Corporations Act 2001)</i>	
<input type="checkbox"/> <i>Trustees on behalf of a Trust</i>	

Part 2 About Your Organisation

2. What is the legal name of your organisation?

This is the name that appears on all official documents and legal papers. It may be different to your trading name.

All further responses within this Application Form must relate to this entity. This is the legal entity with which the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) will enter into a Funding Agreement, if this application is successful.

3. What is the trading name of your organisation?

This is the name your organisation is commonly known by.

4. Does your organisation plan to sub-contract any or all of the service provision, if this application is successful?

Yes No

If yes, successful applicants may be asked to provide details of those sub-contracting arrangements and the organisations involved.

5. What is the postal address of your organisation?

Building / Floor

Street No. and name / PO Box

Suburb / Town

State

Postcode

6. What is the organisation's registered business address?

Same as above.

Physical Address (Not a PO Box)

Building / Floor

Street No. and name

Suburb / Town

State

Postcode

7. Who are the authorised Contact Persons for this application?

	Preferred Contact	Alternative Contact
Title		
First name		
Surname		
Position in organisation		
Telephone number		
Mobile number		
Fax number		
Email address		

Part 2a

Consortium Details

Consortium Definitions

- **Lead Agency** – This is the legal entity, specified in Part 2, that if successful will be offered a funding contract by FaHCSIA.
- **Consortium** – This is the combined group of entities that is applying for funding through this application form. (See the Application Guidelines Glossary for further information) Note that the consortium does not sign any contract.

Consortium Details

(Lead agency details must be completed in Part 2.)

Please list the legal names of all members of the Consortium and provide a brief description of each member's role in the delivery of the services.

Organisation Legal Name	ABN Number	Role in Consortium
1		Lead Agency and contract signatory
2		
3		
4		
5		
6		
7		
8		

- For each Consortium member, attach responses to Application Form **Parts 4, 5 and 6**.
- Attach a Memorandum of Understanding signed by the proposed Consortium members showing:
 - their agreement to enter into a Consortium arrangement
 - the nature of the legal relationship between parties, and
 - how the arrangements between the members will be managed and overseen by the Lead Agency.
- Provide two written references

The Department will not accept changes to Consortium arrangements that, in the opinion of the Department represents a material change to its Application.

An overall assessment of a Consortium will be made based on the assessments of each member organisation.

Part 3

Financial Details

8. What is your organisation's Australian Business Number (ABN)?

Only provide the ABN of your organisation.

Do not have an ABN.

If the funding will be used by a Branch with its own Branch ABN, what is that number?

9. Is your organisation registered for GST?

Yes

No

(Questions on GST requirements should be addressed to the Australian Taxation Office)

10. If you would like Recipient Created Tax Invoices (RCTIs) to be sent to an alternative email address to that listed in Q7, please provide the new email address here.

If this is left blank RCTIs will be sent to the "Preferred Contact" email address at Q7.

Part 4 Financial Viability and Governance

11. Please attach the following information:

- Your whole organisation's most recent **audited** financial statements being reports for 2005-06 and 2006-07 or if available, 2006-07 and 2007-08.

Are these statements fully compliant with Australian accounting standards Yes No

If "No" what is your rationale for preparation of Financial Statements which are not fully compliant with Australian Accounting Standards.

If this space will not accommodate your response, please provide as an attachment to this form.

- A 2007-08 financial statement (income and expenditure, balance sheet, and statement of equity - this statement does not need to be audited).
- An income and expense **budget**, for the 2008-09 financial year (excluding the funding being applied for in this Application).

12. Please indicate if your organisation has the following:

Please mark where applicable:

- An organisation chart.
- Duty statements for all positions.
- Financial policy and procedures (systems manual).
- Delegations, (authorised financial delegates or decision makers).
- Business plan.
- Risk management plan.
- Minutes of board meetings.

As a part of our financial viability verification process you may be asked to provide copies of these documents.

Can you provide copies of these documents within 7 days of a request by us?

- Yes No

13. Please mark if any of the following apply to your organisation.

- Any form of litigation or enquiry during the past three years, current or pending.
NOTE: If you have settled a claim on confidential terms, please indicate this in your response.
- Any significant financial matter which may impact on the organisation, e.g. insolvency or voluntary administration.
- Future commitments or contingent liabilities that might materially affect the organisation.

If you have marked any of the above (Q13) please provide a short explanation here (further information may be requested).

Recent Funding Applications

14 Has your organisation recently applied for any other FaHCSIA funding?			
FaHCSIA program name	Amount of funding	Period of funding	Date of application

15 Has your organisation applied for funding from any other source to deliver the same services covered by this application?		
Program or funding source name	Contact Officer	Date of application

Part 5

Budget

16. Provide a breakdown of your planned budget (GST exclusive). Applications without a budget may not be considered. (Show whole dollars only)

You can provide further breakdown within these categories if it will assist understanding of your approach.

	Proposed Commonwealth Financial Counselling funding	Proposed Financial Management Resource Support Unit funding
Budget	2008-09	2008-09
Corporate overheads	\$	\$
Salary / wages	\$	\$
Expenses (e.g. Travel, telephone)	\$	\$
Training / Training Materials	\$	\$
Advertising / Communication	\$	\$
Insurance	\$	\$
Other:	\$	\$
Total	\$	\$

All applicants

17 Service Delivery Model

Describe the proposed service delivery model and how it will be implemented to achieve the outcomes, including:

- a) the process for how the service will be established and associated timelines
- b) difficulties that could be encountered in implementing the service and solution strategies to overcome any problems
- c) the region to be serviced, including:
 - ❖ any proposed outreach service
 - ❖ regular services to remote locations
 - ❖ a map showing the proposed service delivery area overall
 - ❖ the location from which the service would be delivered
 - ❖ management locations where separate.
- d) how your organisation will work collaboratively within local community service networks and how it will link clients with complementary support services
- e) the accessibility and suitability of the proposed premises for the new service/s, including such things as accessibility by public transport, addressing the needs of clients with disabilities, meeting the needs of clients who come from a disadvantaged background, have low literacy skills and/or where English is not their first language
- f) client feedback and complaints handling policy
- g) any proposed subcontracting arrangements

For Resource Support Units only:

- h) Also describe your strategy for:
 - ❖ providing mentoring and building capacity for Service Providers and workers
 - ❖ providing ongoing, consistent and regular formal training and education to money management workers
 - ❖ how your organisation will engender support from Money Management Service providers, workers and clients

18. Demonstrated service capability

Outline your organisation's experience and expertise in developing, delivering and managing these types of services and staff (e.g. financial counselling, other community services, capacity building, training), including:

- a) providing services to vulnerable and disadvantaged people, including people who have low literacy skills and/or where English is not their first language
- b) the number and type of positions (including part-time and full time) for the proposed service
- c) position descriptions for each position, including supporting positions
- d) your strategy for ensuring that staff meet the professional qualification requirements
- e) the availability of, or the ability to recruit or train within a reasonable timeframe, suitably qualified staff
- f) the training, staff supervision and performance measurement strategies that will assist your organisation to meet program requirements

19. Demonstrated management capability

Provide information on the management structure to oversee and effectively manage the services including:

- a) existing quality assurance arrangements within the organisation
- b) financial controls and risk management applications
- c) details of your organisation's strategy for measuring the effectiveness of service delivery and how you will monitor your progress to achieve the desired outcomes, including how client data will be collected
- d) data reporting arrangements
- e) your vision for the future, continuation and development of the service

Part 7

Declaration

Please complete the declaration

NOTE:
This Declaration **MUST** be signed.

I declare that:

- the information, including financial information, contained in this form is true and accurate,
- I have read the Commonwealth Financial Counselling Program Guidelines (if applicable), the Financial Management Resource Support Unit Guidelines (if applicable) and the Commonwealth Financial Counselling/Financial Management Resource Support Unit Application Guidelines,
- I have read, understood and accept the terms and conditions of funding and my organisation will be able to fully comply with those conditions,
- I understand that incomplete applications may **not** be considered,
- if and where any personal details of a third party are included, the third party has been made aware of, and given their permission for, those details to appear in this application,
- If successful, the organisation name and funding details may be made public in relation to the funding.

If any financial information requested at Q11 has not been submitted please list any missing documents here.

If this space will not accommodate your response, please provide as an attachment to this form.

Signature

Name (please PRINT)

Date

Position in your Organisation

Contract

Successful applicants must agree to and sign a funding agreement with the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

The draft funding agreement is included in the application pack.



If this form was completed by an organisation with less than 20 employees, please provide an estimate of the time taken to complete this form.

Include:

- The time actually spent reading the instructions, working on the questions and obtaining the information.
- The time spent by all employees in collecting and providing this information.

Hours

Minutes

Part 8

Application Checklist

To ensure that your application is complete, use the following checklist.

Part 1 Eligibility: Have you marked all applicable boxes?	<input type="checkbox"/>
Part 2 Organisation Details: Have you completed all questions?	<input type="checkbox"/>
Part 3 Financial Details: Have you completed all questions?	<input type="checkbox"/>
Part 4 Financial Viability and Governance: Have you provided the documents requested at question 11, and completed all questions?	<input type="checkbox"/>
Has a short explanation to question 13 been attached (if required)?	<input type="checkbox"/>
Part 5 Budget: Have you completed the budget at question 16?	<input type="checkbox"/>
Part 6 Selection Criteria: Have you answered all questions, in this Application, in line with the Application Guidelines?	<input type="checkbox"/>
Part 7 Declaration: Have you read and completed the declaration carefully?	<input type="checkbox"/>
Have you signed the declaration before submitting the application by post?	<input type="checkbox"/>

Note: Applications that are incomplete may not be considered.