

# Flying Start Workforce Grants

## Form Preview

### Contact Details

\* indicates a required field

#### Organisation details

**Name of Organisation or Service: \***

**Australian Business Number: \***

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

**Is your organisation: \***

- ☐ Aboriginal Community Controlled Organisation  
☐ Aboriginal-owned business  
☐ Neither

**Is your organisation registered for Goods and Services Tax (GST): \***

- ☐ Yes  
☐ No

**Please provide a copy of your insurance Certificate of Currency \***

Attach a file:

Insurance requirements will be confirmed through the Funding Agreement process.

**Organisation address \***

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.  
Post Office Box addresses are not accepted

**Is your organisation based in South Australia? \***

- ☐ Yes  
☐ No

### South Australian community connection

**Please provide details about the organisations you support in South Australia \***

Word count:

Must be no more than 100 words.

If your organisation is not based in South Australia you must be supporting South Australian organisations to be eligible.

### Contact for application

**Name: \***

Title

First Name

Last Name

**Position held: \***

**Contact number: \***

Must be an Australian phone number.

**Contact email \***

### Alternate contact for application

**Alternate contact name:**

Title

First Name

Last Name

**Alternate contact number:**

Must be an Australian phone number.

**Alternate contact email:**

Must be an email address.

## ECEC Service Details

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\* indicates a required field

Details about ECEC services that will be supported by your proposal

Hint: To view all columns click the maximise button in the top right of the table

ECEC service name:	ECEC service address:	SE-ID:	Is the service an ACCO or Aboriginal Owned:	Does this service have an ECT waiver in place:	Role in proposal:
	Post Office Box addresses are not accepted	SE-ID - Service approval number	ACCO - Aboriginal Community Controlled Organisation	ECT - Early Childhood Teacher	

Underutilised capacity

**Do any of the services listed above have underutilised capacity due to workforce barriers: \***

- ☐ Yes  
☐ No

Number of licensed places vs occupancy.

Underutilisation data

**How many of the ECEC services involved in your proposal have underutilised capacity:**

Must be a number.

**Please provide information on the underutilised capacity across all ECEC services your proposal will support \***

Word count:

Must be no more than 100 words.

ECEC services declarations

**Please confirm the following statements about the ECEC service/s your proposal will support: \***

- ☐ The ECEC service/s listed above currently deliver or plan to deliver a preschool program  
☐ The ECEC service/s listed above employ or are seeking to employ an early childhood teacher

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☐ I have written evidence that all the ECEC service/s listed above have agreed to be part of the proposal

At least 3 choices must be selected.

Copies do not need to be attached to your application but must be made available if requested.

## Partner Organisation Details

\* indicates a required field

**Does your proposal include partner organisations: \***

☐ Yes

☐ No

Hint: To view all columns click the maximise button in the top right of the table

Partner organisation name:	Partner organisation address:	Is this organisation an ACCO or Aboriginal Owned:	Role in proposal:
	Post Office Box addresses are not accepted	ACCO - Aboriginal Community Controlled Organisation	

## Partner organisation declaration

**Please confirm the following statement about the partner organisations involved in your proposal:**

☐ I have written evidence that all the partner organisations listed above have agreed to be part of the proposal.

Copies do not need to be attached to your application but must be made available if requested.

## Assessment Criteria

\* indicates a required field

### Assessment criteria

**What are the current early childhood workforce challenges for your community and how will your proposal overcome these: \***

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Word count:

Must be no more than 250 words.

**Which elements of the workforce does your proposal focus on: \***

- ☐ Attraction
- ☐ Retention
- ☐ Sustaining

Please refer to the Flying Start Workforce Guidelines ([LINK](#))

**How will your proposal attract, retain or sustain the early childhood workforce in your community: \***

Word count:

Must be no more than 250 words.

**In what ways does your proposal demonstrate an innovative response to address ECEC workforce challenges in your community: \***

Word count:

Must be no more than 250 words.

**What knowledge, skills and expertise will be shared with the organisations involved in your proposal: \***

Word count:

Must be no more than 250 words.

**How will this knowledge, skills and expertise be shared: \***

**How will your proposal ensure wellbeing, mental health and cultural safety are embedded in your ECEC workforce community: \***

Word count:

Must be no more than 250 words.

**Will you be able to continue your proposal once the funding period has ended: \***

- ☐ Yes

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- ☐ No
- ☐ Unsure

### Sustaining the proposal

**How will you sustain the proposal at the end of the funding period: \***

Word count:  
Must be no more than 250 words.

### Exit strategy

**Outline your exit plan at the end of the funding period: \***

Word count:  
Must be no more than 250 words.

## Proposal Activities and Timeline

\* indicates a required field

### Key activities

Outline the key activities of your proposal and anticipated timeframes each of these will commence:

*Hint: To view all columns click the maximise button in the top right of the table*

Proposed activity:	Short description:	Anticipated timeframe:
List the key activities you will undertake as part of your proposal	Provide a brief description of the activity Must be no more than 50 words.	When will this activity start and end

### Proposed outcomes

Please describe your top 3 proposal outcomes and how you intend to measure these:

*Hint: To view all columns click the maximise button in the top right of the table*

Outcomes:	Measures:

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Proposal outcomes are the end-goals of the proposal	Measures are used to track your progress against the outcomes

### Risks

**Please describe any/all of your project risks: \***

Word count:

Must be no more than 250 words.

A risk is an uncertain event that may or may not occur during a project.

### Project Budget

\* indicates a required field

#### Budget

Please outline all budget items linked to your proposal.

The amount of funding approved for applicants will be based on the eligible budget items included in the application. Flying Start Workforce Grants are limited to \$100,000.

Please don't add commas to figures (e.g. write \$1000 not as \$1,000)

Budget item:	Short description:	\$ Amount:	Does this amount include GST:

#### Value for money

**Please outline how your proposal represents value for money: \***

Word count:

Must be no more than 250 words.

**Is there any co-contribution of funding that you would like to outline?**

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### Word count:

Must be no more than 250 words.

This could include your own or other partner organisations contribution, donations, grants, and/or other funding or support related to the proposal.

## Declaration and Privacy Statement

\* indicates a required field

### Declaration and Privacy Statement:

Applicants should be aware that the Office for Early Childhood Development (OECD) is subject to certain legislative, Parliamentary and administrative accountability and transparency requirements of the Australian Government and Government of South Australia, including public disclosure in accordance with Department of the Premier and Cabinet policy.

The OECD will treat all information provided by applicants sensitively. Any information contained in, or relating to, an application, including information identified by an applicant as confidential, may be disclosed by the OECD:

- to its employees, advisers or third parties in order to evaluate and assess an application
- within the Government of South Australia or other entities where this serves the legitimate interest of the OECD
- in response to a request by a House or Committee of the Parliament of the Commonwealth of Australia or South Australia
- if the application is successful, for promotion of project activities and outcomes
- where information is authorised or permitted by law to be disclosed
- where the information is already in the public domain.

### Declarations \*

- ☐ I am aware the Grant Conditions outlined in the Flying Start Workforce Grants Program Guidelines will apply to successful proposals.
- ☐ I understand that the information contained in this application will be used in accordance with relevant legislation and policies and procedures.
- ☐ If successful, I agree to undertake the proposal as stated and provide the required evidence to demonstrate that the grant was expended in accordance with the agreement.
- ☐ I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.



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- ☐ I agree that I will contact the Office for Early Childhood Development immediately via [OECD.ECWorkforceSupport@sa.gov.au](mailto:OECD.ECWorkforceSupport@sa.gov.au), if any information provided in this application changes or is incorrect.
- ☐ I have collected and recorded the information or evidence as outlined in the application form and can if asked provide copies of this evidence.
- At least 6 choices must be selected.

**Authorised person's name: \***

Title

First Name

Last Name

**Position held: \***

**Date of declaration: \***