

Reforming Temporary Accommodation -HIF

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About the grant

Instructions for applicants

Please complete this form to submit an application for funding under Homelessness Innovation Fund - [Reforming Temporary Accommodation Program \(RTA\)](#). Before you apply please read the [RTA Grant Program Guidelines](#) and [Frequently Asked Questions 'FAQs'](#) to make sure you understand all relevant requirements.

Incomplete, unsubmitted applications and/or applications received after the closing date will not be considered. Once an application is submitted, your form cannot be varied.

Applications are open from 11 September 2024 up to 30 April 2025 or until all funds are allocated. **Applications will not be accepted post 30 April 2025.** Homes NSW will assess and award funding three times throughout 2024/25.

Please Note:

- Eligibility and submission of an application does not guarantee funding.
- This grant is one-off funding with a fixed 12 months term.
- Grant funding will need to be spent within 12 months of an executed Grant Funding Agreement.
- If successful, you are required to submit a Final Report and Acquittal in SmartyGrants no later than 30 days after your project end date.
- Your application must be accurate and complete upon submission. Your application will be deemed ineligible if the required information is not completed.
- Eligible organisations may submit more than one application.
- The cost of preparing an application is the responsibility of the applicant.
- All projects must be located within NSW and must be delivered in full within 12 months.
- Your organisation must maintain current and adequate Public Liability insurance (minimum \$10 million). If your organisation is not covered, you can approach an eligible organisation to sponsor your application and submit the application on your behalf.
- If organisations are formally partnering with an incorporated not-for-profit or NSW local council (i.e. in order to maintain appropriate and adequate insurance), the sponsoring body must submit the application form – including their bank details and authorised signatories.

Application Number

This field is read only.

Program Details

From the 2024/25 NSW budget decision, Homes NSW received \$527.6 million in extra funding over four years for frontline homelessness services. Of this \$100 million has been allocated to establish a Homelessness Innovation Fund (HIF). \$30 million has been provisionally allocated for 2024/2025 for the HIF. The HIF is not an ongoing source of

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funding. It provides one-off grant funding to organisations to support better responses to homelessness.

There are two Competitive rounds of Grant Programs for the HIF in 2024-2025,

1. **Reforming Temporary Accommodation Grant** will initially target reducing the current demand and costs of temporary accommodation.
2. **Service Reform and Innovation Grant** seeks proposals for service reform and innovation as solutions to addressing homelessness.

The grant rounds are open to all accredited Specialist Homelessness Services (SHS), registered Community Housing Providers (CHP) and Aboriginal Community Housing Providers (ACHP) both through National or Local Scheme.

Consideration will be given to organisations who agree to achieve SHS accreditation and housing providers who are in the process of registration.

Partnerships are welcome.

Applications led by, or in partnership with Aboriginal providers, will be highly regarded.

Reforming Temporary Accommodation Grant purpose:

The purpose of the Reforming Temporary Accommodation Grant is to:

- Reduce the cost, use and length of stay of clients in temporary accommodation.
- Move away from commercial hotels and motels to temporary accommodation models being delivered by the homelessness and housing sectors.
- Increase access to appropriate supports, particularly for people with complex needs, who are staying in temporary accommodation.
- Encourage flexible and sustainable use of properties and support services over time when demand for temporary accommodation decreases.
- Attract co-contributions from the sector.
 - Co-contributions could be in any form including case management support, land, properties, cash/equity, debt, tax concessions, philanthropic donations, reduced or avoided costs, or in-kind contributions.
 - While the value and quantum of co-contributions will be one of the factors assessed, it will not be the only criteria. This is to ensure small and large organisations can participate equitably.

Grant Program

This field is read only.

Program Timeframes

Reforming Temporary Accommodation grant program will remain open from 11 September 2024 until 30 April 2025 (or until all funds are allocated).

Organisations can submit an application at any time, but note that assessment processes will be completed as per the following schedule:

- Submitted applications received by 30 October 2024 will be comparatively assessed and announced in November 2024.
- Submitted applications received by 14 February 2025 will be comparatively assessed and announced in March 2025.
- Submitted applications received by 30 April 2025 will be comparatively assessed and announced in May 2025.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and DCJ expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and DCJ does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Grant Program Guidelines and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this application is successful, the relevant details of the proposal will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- DCJ will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the *Government Information (Public Access) Act 2009* (GIPA Act); and
- in some circumstances DCJ may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- DCJ is required to comply with the *Privacy and Personal Information Protection Act 1998* (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://dcj.nsw.gov.au/statements/privacy/privacy-policy.html>);
- the information they provide to DCJ in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies

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in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;

- they have taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that DCJ and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

* indicates a required field

Eligible organisation

Select which type of eligible applicant are you? *

- ☐ Accredited Specialist Homelessness Services (SHS)
- ☐ Registered Aboriginal Community Housing Provider (ACHP)
- ☐ Registered Community Housing Provider (CHP)
- ☐ Community Housing provider in the process of registration
- ☐ Aboriginal Community Housing Provider in the process of registration
- ☐ Organisations who are willing and able to achieve SHS accreditation

Specialist Homelessness Services (SHS) - Community Housing Provider (CHP)

Has your organisation received other funding from NSW Government in the past two years for your proposed project? *

- ☐ Yes
- ☐ No

This is to ensure this project is solely funded.

Other type of funding from NSW Government

Please specify the type and amount of the funding received and the purpose of that funding (if any): *

Will your project support people who are homeless or at risk of homelessness? *

- ☐ Yes
- ☐ No

If your answer is no, please note that you are not eligible for this grant.

Please confirm that your organisation has not been publicly identified as declining to join the NSW National Redress Scheme OR failing to join the scheme at the expiry of six months after being notified to join the Scheme.

- ☐ Yes, I confirm
- ☐ No, I cannot confirm (You may be deemed ineligible for this grant)

PLEASE NOTE: For more information on the NSW Government Redress Scheme Sanctions Policy, visit <https://arp.nsw.gov.au/c2021-13-nsw-government-redress-scheme-sanctions-policy/>

Please declare this application meets the Program eligibility criteria:

- It has been prepared by and is being submitted by an eligible applicant.

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- Grant funding will be spent within 12 months of an executed Grant Funding Agreement.
- Applicant Organisation must maintain adequate and current insurance cover including, but not limited to; Workers Compensation Insurance, Professional Indemnity Insurance, Personal Accident Insurance, and a minimum of \$10 million Public Liability Insurance.
- Applicant Organisation does not have a Redress Obligation under the [NSW National Redress Scheme](#).
- Applicant must not have any outstanding acquittals for any other funding program with Homes NSW or DCJ.
- Applicant must adhere to NSW Government public health orders and advice in regard to COVID-19.
- Application will provide a budget outlining proposed funding of eligible expenditure items including the type and value of co-contributions and how the model responds to particular cohorts, or regional factors.
- Project can be operated and maintained beyond the funding period **if applicable**.
- Applicant will notify the Department if grant funding is secured from another source.

I confirm that the applicant and project is eligible according to the criteria outlined in the RTA Grant Program Guidelines *

☐ Yes

You are not eligible for this Grant

The response you have provided does not meet the program guidelines and unfortunately you are ineligible to apply for this grant.

Applicant Organisation Contact Details

* indicates a required field

Grant funding applies only to organisations and projects based in NSW.

Please note projects **outside** of NSW will not be considered for this grant.

Organisation Details

Organisation Name *

Organisation Name

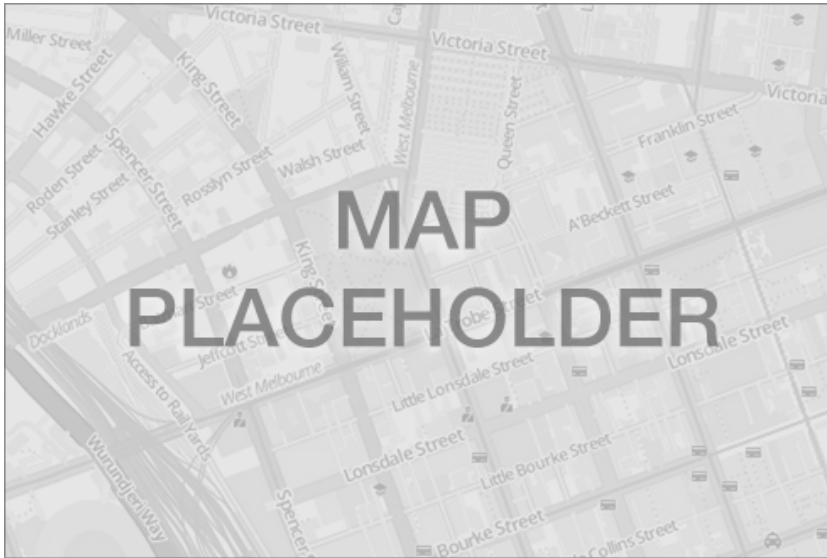
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address

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Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Please detail the primary activities of the applicant organisation. *

Word count:

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Must be no more than 200 words.

Does the applicant organisation have at least \$10 million in public liability insurance, or is willing to obtain \$10 million in public liability insurance? *

- ☐ Yes
☐ No, but willing to obtain

Applicants are required to hold at least \$10 million public liability insurance in order to enter into a funding deed with the NSW Government. If you do not have insurance in place now you will be required to purchase insurance and provide a copy of the certificate of currency.

Please provide evidence that the applicant organisation holds Public Liability Insurance. *

Attach a file:

HINT: Applicants are required to hold at least \$10 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please confirm that your project will adhere to NSW Government public health orders and advice in regard to COVID-19

- ☐ Yes ☐ No

Up-to-date information is available on the NSW Government COVID-19 website

Does the applicant organisation have an Australian Business Number (ABN)? *

- ☐ Yes ☐ No

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.

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Organisation Contact - Authorised Signatories

- The Authorised Organisation Contact will receive formal correspondence from the Department of Communities and Justice and will be the organisation's **authorised delegated contact and sign the Grant Funding Agreement** .
- Grant Funding Agreements can only be signed by authorised officers of your organisation. This may be a member of the executive/committee as deemed under the Articles of Association or Constitution for a not-for-profit organisation, or the General Manager or delegated officer if you are a council.
- DCJ will add your contact details to the Payment and Contracting system. **Please note that each email address must be unique and cannot be associated with more than one individual.**
- It is your responsibility to update the Department of Communities and Justice of any contact detail changes during the delivery of the project.
- Optional - the organisation may wish to nominate a third party to review the Grant Funding Agreement prior to having your authorised signatories sign off.

First Authorised Signatory - Organisation contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this grant.

First Authorised Signatory - Organisation contact position *

e.g., Manager, Board Member or Fundraising Coordinator.

First Authorised Signatory - Organisation contact phone number *

Must be an Australian phone number.

Country code not required, area code for landlines is required.

First Authorised Signatory - Organisation contact email *

Not a generic email as this address will used to correspond with you about this grant.

Second Authorised Signatory - Organisation contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Second Authorised Signatory - Organisation contact position *

e.g., Manager, Board Member or Fundraising Coordinator.

Second Authorised Signatory - Organisation contact email *

Not a generic email as this address will used to correspond with you about this grant.

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If successful, does the organisation wish to nominate a third party (Legal/Admin Representative) to review the Grant Funding Agreement prior to sign off? *

☐ Yes ☐ No

Nomination Grant Funding Agreement Reviewer

Organisation's relevant Legal or administrative staff will receive a copy.

Grant Funding Agreement Reviewer *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Grant Funding Agreement Reviewer's email *

Must be an email address.

Bank Details

Applicant Bank Account *

Account Name

BSB Number Account Number

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

Must be a valid Australian bank account format.

Please provide a recent bank statement of the account you would use to receive the grant funding if you are successful. *

Attach a file:

You do not have to show transaction details, however, the statement must:

- Be for an account in the name of the applicant
- Clearly show the BSB, account number and name of the account holder
- Be a statement on financial institution letterhead
- Not be an online transaction list

Partnership Applications

Do you currently have any partnerships in place? *

☐ Yes ☐ No

Do you plan to use a partnership for the delivery of this project? *

☐ Yes ☐ No

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Partner Organisation Name *

Organisation Name

Partner Organisation - Office Address *

Address

Subcontracting Applications

Do you plan to have a subcontracting arrangement for the delivery of this project? *

☐ Yes

☐ No

Subcontracting Organisation Details

Subcontracting Organisation name *

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Subcontracting Organisation 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.

Subcontracting Organisation primary address *

Address

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Subcontracting Organisation primary contact person *

Organisation Name

Subcontracting Organisation primary contact position *

Subcontracting Primary Phone Number *

Must be an Australian phone number.

Subcontracting Primary Email *

Must be an email address.

Please attach a letter from the subcontracting organisation confirming that the subcontracting arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Application Details

*** indicates a required field**

About your Project details

Applications will need to outline:

- The value of the grant being applied for and/or the nightly rate that will be charged.
- Which property or properties they intend to use.
- How many rooms/units will be available for temporary accommodation.
- The groups of people that will be accepted and how risks will be managed if accommodating mixed groups.
- When the service will be operational.
- The intake hours.
- How long the property/service will be operational.

Providers will need to demonstrate their capacity to support clients and work actively to exit them from temporary accommodation into more appropriate and more stable accommodation as quickly as possible.

Properties must be accessible and appropriate for the cohort. This means:

- Properties should have appropriate amenity.

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- A high standard of amenity would be a newer build with self-contained cooking and laundry facilities.
- Shared bathrooms are less desirable.
- Properties should be accessible by public transport.

Funding proposals cannot be used to supplement existing beds in crisis or temporary accommodation.

Homes NSW is aiming to reform temporary accommodation as quickly as possible, so models that can be operational within the next six months will be preferred.

Proposals need to demonstrate viability of the service if demand for temporary accommodation reduces over time.

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

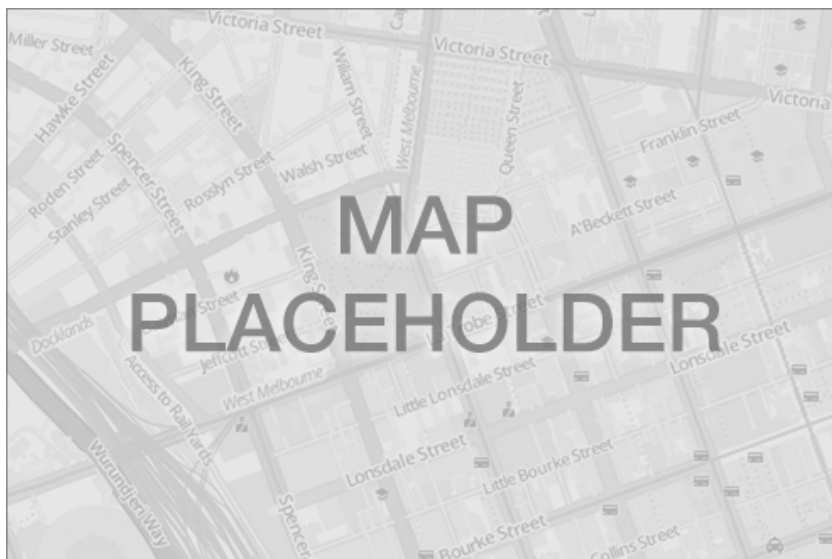
Anticipated end date *

Primary location of your initiative

Address

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Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Please update anticipated start/end date

You have indicated above that your project either starts either before 1 December 2024 and/or ends after 30 June 2026, the timeframe for delivery under this Program is 12 months.

Please update the details to ensure your dates fit within the Program timeframes.

- Submitted applications received by 30 October 2024 will be comparatively assessed and announced in November 2024.
- Submitted applications received by 14 February 2025 will be comparatively assessed and announced in March 2025.
- Submitted applications received by 30 April 2025 will be comparatively assessed and announced in May 2025.

Project Cohorts

Please select the client cohorts that your project will be delivering services to. *

Multiple choices are allowed. Please select up to 5 primary client cohorts.

Project Scope

Please provide a Project Proposal Plan that outlines project delivery within program timeframe requirements, with consideration of Development Approval if required.

A Project Proposal Plan template can be found [HERE](#).

Please upload details of the project scope of works. *

Attach a file:

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It is strongly recommended that applicants use the template provided or align their information to the fields within the template. Project plans must have a suitable level of detail commensurate with the funding amount sought.

Landowners Consent

Do you require Landowner's Consent in order to conduct the activities listed in your project plan? *

☐ Yes ☐ No

Activities involving the upgrade or construct on land not owned by the applicant must seek Land Owners Consent prior to commencing any works.

Who owns the land where the project will be delivered? *

- ☐ Local Council
- ☐ NSW Government
- ☐ Commonwealth Government
- ☐ Community Group
- ☐ Private Land
- ☐ Other

Does your project require development approval? *

☐ Yes ☐ No

We encourage you to apply for development approval from the relevant consent authority as soon as possible. If your application is successful, approvals can take several months depending on the project's complexity. This will prevent any unnecessary delays to the delivery of your project to your community.

Please provide evidence of landowner consent/s or evidence of ownership or support. *

Attach a file:

Development Approval

Have you secured the development approval? *

☐ Yes ☐ No

If your project has not secured development approval please ensure consideration of this in the Project Management Plan.

Evidence Development approval

Please upload evidence of development approval *

Attach a file:

Development approval consent

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Have you engaged the relevant consent authority (ie Council) to commence the development approval process? *

☐ Yes

☐ No

If you have not begun the development approval process please ensure consideration of this in the Project Management Plan.

What stage of the development approval process are you up to (including an expected timeframe to obtain development approval)? *

Project Key Personnel

Applicants are required to demonstrate access to the necessary capability and experience required for successful project delivery. Please detail the key personnel who will be responsible for the delivery of the project, including their qualifications and experience. Project experience should be proportional to the level of funding being sought. Include only one person per row. Add more rows if you want to list additional personnel.

Name	Organisation	Role	Qualifications/ Experience
			Must be no more than 50 words.

Assessment Criteria

* indicates a required field

Assessment criteria

Eligible organisations must meet the following criterions as per [RTA Grant Program Guidelines](#) to be considered for funding.

Application will be assessed on how well they align with the draft NSW Homelessness Strategy principles, and funding aims.

- Value for money, noting that Homes NSW is seeking to have a statewide impact.
- How the model will reduce demand for temporary accommodation through the level and quality of the supports offered, service integration/co-ordination, and the pathways out of temporary accommodation.
- How the model will reduce the nightly cost of temporary accommodation noting that the cost charged should be significantly less than market rates charged by commercial operators in the area.
- The type and value of co-contributions and how the model responds to particular cohorts, or regional factors.
- The amenity of the property or properties.
- How long properties are available for if lease or access is 'meanwhile' or term-limited.
- The level and quality of the support services that will be provided.
- The viability of the model based on current demand for temporary accommodation, as well as sustainability of the model over time when demand decreases.

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C1. In line with the Program's objectives, please describe how your project will deliver value for money and how it will benefit the community? *

Word count:

Must be no more than 250 words.

C2. Describe how your project will ensure that clients are linked into appropriate support services to identify suitable pathways out of temporary accommodation? *

Word count:

Must be no more than 250 words.

C3. Outline your project's proposed nightly temporary accommodation charge costs (excluding GST) and describe how they are significantly less than market rates charged by commercial operators in the area? *

Word count:

C4. Describe the type and value of your co-contributions towards your proposed project and how the application responds to the needs of clients and/or regional factors? *

Word count:

C5. Explain the appropriateness of the property/ies, including how they meet the needs of clients? *

Word count:

Must be no more than 250 words.

C6. In terms of the property/ies being utilised, define how long they will be available for? Please include if they are leased or access is 'meanwhile' or term limited? *

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Word count:
Must be no more than 250 words.

C7. Describe the level and quality of support services that will be provided to support clients in meeting their needs? *

Word count:
Must be no more than 250 words.

C8. As the demand for temporary accommodation decreases over time, what is your alternate use of the property/ies? *

Word count:
Must be no more than 250 words.

Budget

* indicates a required field

Funding amounts

- The **maximum amount that will be considered up to \$500,000 per application, with a minimum of \$50,000, unless there are exceptional circumstances.**
- Some proposals may be funded by other mechanisms and processes available to Homes NSW where it makes sense to do that - the HIF is the vehicle to bring ideas forward.
- Funding will need to be spent within 12 months of an executed Grant Funding Agreement.
- Funding **cannot be used to fund ongoing costs.**
- Homes NSW may vary the distribution of funds depending on the number of funding applications submitted.
- Homes NSW may also offer successful applicants a package lower than the amount requested.

Total Amount Requested

*

\$

What is the total financial support you are requesting under this grant?

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Please revise your total amount requested

Please note the maximum amount is up to \$500,000 per application, and the minimum is \$50,000.

If you wish to request additional funding due to exceptional circumstances then please enter the maximum amount and refer to question below for additional funding.

Would you accept delivering the proposed project with a lower funding amount than what you have requested above? *

☐ Yes ☐ No

Additional funding due to exceptional circumstances

Do you wish to be considered for additional funding due to exceptional circumstances? *

☐ Yes ☐ No

Select Yes if your proposal requires funding that exceeds the maximum amount ie: \$500,000

Additional funding amount

You are requesting additional funding, beyond the maximum grant available (\$500,000).

Below, please ensure that you advise the **additional** funds you seek.

For example, if you are seeking \$700,000 you would nominate "\$200,000" as the additional funding required.

Additional funding required *

Must be a dollar amount.

Enter the additional amount required.

Please describe what this additional funding will be used for and the exceptional circumstances that justifies this request *

Applicant co-contributions

One of the primary objectives of this grant program is to attract co-contributions from applicants.

Your organisation's co-contributions could be in any form, including:

- case management support
- land
- properties

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- cash/equity
- tax concessions
- philanthropic donations
- reduced or avoided costs, or
- in-kind contributions.

Total Applicant Co-contribution *

Must be a dollar amount.

What is the total monetary value of your organisation's contribution to the project? An estimate is acceptable. If you are not making a Co-Contribution then please enter "0".

Please advise details of all your Co-Contributions to the total project cost. *

Word count:

Must be no more than 100 words.

Please detail any contributions the applicant will be making to the project.

Expenditure

Please include all expenditure items that you are seeking to fund under the grant. **Please note, these items must be eligible under the grant as according to the guidelines.**

Expenditure description	Expenditure amount (ex. GST)
	\$
Please detail the items for the grant amount requested excluding funding under exceptional circumstances. Must be no more than 20 words.	Must be a whole dollar amount (no cents).

Proposed Expenditure Total

The figure below is calculated from the items you have listed above. **Please ensure that this figure matches the figure you are applying for (see above).**

Total Expenditure amount

This number/amount is calculated.

Total Amount Requested minus Total Expenditure *

This number/amount is calculated.

This number must equal "0" to have an equal budget.

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Please attach quotes for those expenditure (cost) items over \$2,000. Quotes containing combined items of \$2,000 or more will be accepted.

Attach a file:

Please provide quotes in support of your project submission

Outcomes

Outcomes and Benefits

Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project.

Please tell us about the outcomes you expect to result from your project, clearly showing who will benefit from the outcomes from the proposal.

SHORT-TERM OUTCOMES

The impact your project's outputs (the tangible products or goods your proposed project is planning to deliver) will have after the project has been delivered and the target community and geographic area/s that will benefit from these impacts. These are usually measured within the first 6 months after finishing a project, but this will vary with each project.

MEDIUM TO LONG TERM OUTCOMES

The changes you will start to see over time in the target community group and geographic areas that are a direct result of the impacts of your project. Again, the timing of these measurements will vary with each project – however, medium term outcomes are usually measured between 6 and 12 months after a project is completed, with long term outcomes measured anywhere from 1 year to multiple years later.

Outcome	Outcome Measure
What changes do you expect will occur as a result of your project. Please be brief. One per row.	

Qualitative and Quantitative Evidence

Based on the outcomes listed above - Qualitative data and Quantitative evidence is a descriptive rather than numeric form of evidence designed to indicate whether or not progress towards your project outcomes are occurring.

Please note this data will be required for your project reporting.

Examples of qualitative data sources include interviews, testimonials, focus group transcripts/summaries, social media posts, media appearances/mentions, and artistic or multimedia depictions such as photographs, videos and audio/podcasts.

Declaration and Authorisation

* indicates a required field

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Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form you hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Name of your Organisation *

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Reforming Temporary Accommodation -HIF

Form Preview

Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How did you find the online application process?

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.