About the grant

Instructions for applicants

Please complete this form to submit an application for funding under Homelessness Innovation Fund (HIF) - <u>Service Reform and Innovation Program.</u> Before you apply please read the <u>Service Reform and Innovation Grant Program Guidelines</u> and <u>Frequently Asked Questions 'FAQs'</u> 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 until 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 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

Service Reform and Innovation - HIF

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.

Service Reform and Innovation Grant purpose:

The purpose of the Service Reform and Innovation Grant is to:

- support homelessness services to transform current accommodation and/or service responses to deliver more and/or better outcomes for clients.
- support homelessness services in action-research to test new service delivery approaches.
- increase the flexibility of assets and/or supports so they can adapt to changing need and demand for services and housing.

Grant Program

This field is read only.

Program Timeframes

Service Reform and Innovation 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 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.

Service Reform and Innovation - HIF

Eligibility Criteria

* indicates a required field

Eligible organisation	
Select which type of eligible applicant a Accredited Specialist Homelessness Servi Registered Aboriginal Community Housin Registered Community Housing Provider Community Housing provider in the proce Aboriginal Community Housing Provider i Organisations who are willing and able to Specialiest Homelessness Services (SHS) - Community	ices (SHS) g Provider (ACHP) (CHP) ess of registration n the process of registration achieve SHS accreditation
two years for your proposed project? * O Yes	nding from NSW Government in the past
This is to ensure this project is solely funded. Other type of funding from NSW G	overnment
,	the funding received and the purpose of
Will your project support people who ar O Yes If your answer is no, please note that you are not	e homeless or at risk of homelessness? * O No eligible for this grant.
to join the NSW National Redress Schenexpiry of six months after being notified	to join the Scheme. *
Yes, I confirm PLEASE NOTE: For more information on the NSW 0 https://arp.nsw.gov.au/c2021-13-nsw-government	 No, I cannot confirm (You may be deemed ineligible for this grant) Government Redress Scheme Sanctions Policy, visit c-redress-scheme-sanctions-policy/

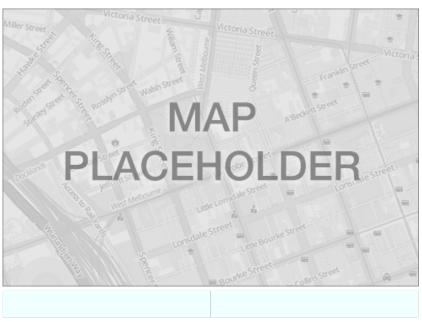
Eligibility Confirmation

Please declare this application meets the Program eligibility criteria:

- It has been prepared by and is being submitted by an eligible applicant.
- Grant funding will be spent within 12 months of an executed Grant Funding Agreement.
- Applicant Organisation can 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 <u>NSW National</u> 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 expenditureitems 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 Service Reform and Innovation 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 for 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



MAP
PLACEHOLDER
A MET Melonical
Alle Street We Street
Lonsus Linte Bour
Bourke Street
Postal Address Address
Address
Primary Phone Number *
Filmary Filone Number
Must be an Australian phone number. Country code not required, area code for landlines is required.
Other Phone Number
Other Phone Number
Must be an Australian phone number. Country code not required, area code for landlines is required.
Email Address *
Linan Address
Must be an email address.
Website
Must be a URL.
Must be a ONE.
Please detail the primary activities of the applicant organisation. *
Word count:

Must be no more than 200 words.

Please upload a copy of your most recent Annual Report. * Attach a file: If you do not have a copy of your most recent Annual Report, please provide recent Financial Statements. Does the applicant organisation have at least \$10 million in public liability insurance, or is willing to obtain \$10 million in public liability insurance? * ○ 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. Please provide evidence that the applicant organisation holds Public Liability Insurance. * Attach a file: Applicants are required to hold at least \$20 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 * Up-to-date information is available on the NSW Government COVID-19 website Does the applicant organisation have an Australian Business Number (ABN)? * Yes \cap 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.
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 not that each email address must be unique and cannot be associated with more than are individual.
 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
Title Trist Name Last Name
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

Second Authorised Signatory - Organisation contact email *

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

Second Authorised Signatory - Organisation contact position *

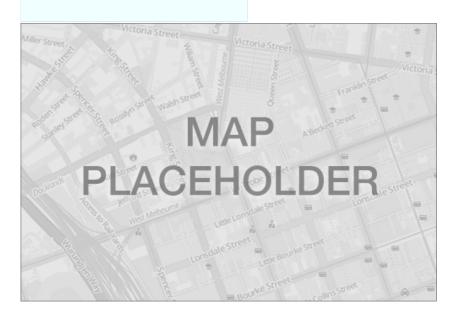
Not a generic email as this address will used to correspond with you about this grant.
If successful, does the organisation wish to nominate a third party (Legal/Admin Representative) to review the Grant Funding Agreement prior to sign off? * ○ Yes ○ No
Nomination Grant Funding Agreement Reviewer
Organisation's relevant Legal or administrative staff will receive a copy.
Grant Funding Agreement Reviewer * Title First Name Last Name
Grant Funding Agreement Reviewer's email *
Must be an email address.
Bank Details
Applicant Bank Account * Account Name
BSB Number Account Number
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
No you plan to use a partnership for the delivery of this project? *

○ Yes	○ No
Partner Organisation Name * Organisation Name	
Partner Organisation - Office Address Address	*
Address Line 1, Suburb/Town, State/Province, F	Postcode, and Country are required.
Subcontracting Applications	
Do you plan to have a subcontracting project? * O Yes	arrangement for the delivery of this
Subcontracting Organisation Det	-
Subcontracting Organisation name *	
Please use the organisations full name. Make s documentation such as that with the ABR, ACN	sure you provide the same name that is listed in official IC or ATO.
Subcontracting Organisation ABN *	
The ABN provided will be used to look up to check that you have entered the ABN corr	the following information. Click Lookup above to rectly.
Information from the Australian Business Regi	ster
ABN	
Entity name	
ABN status Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More info	ormation
ACNC Registration	_
Tax Concessions	

Main business location

Must be an ABN.

Subcontracting Organisation primary address * Address



Subcontracting Organisation primary contact person * Organisation Name

Subcontracting Organisation primary person 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

The **purpose** of the Service Reform and Innovation Grant Program is to:

- support homelessness services to transform current accommodation and/or service responses to deliver more and/or better outcomes for clients.
- support homelessness services in action-research to test new service delivery approaches.
- increase the flexibility of assets and/or supports so they can adapt to changing need and demand for services and housing.

The project proposal will need to address the following criteria:

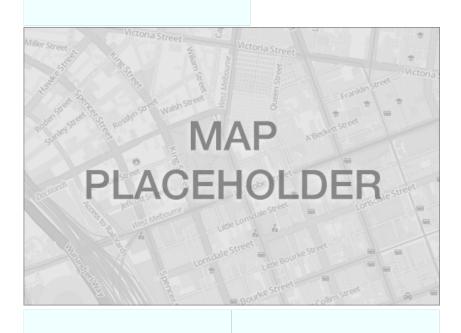
- Value for money of the grant applied for, noting that Homes NSW is seeking to have a statewide impact.
- How the application will provide accommodation for more clients within exiting support resources. This includes crisis and medium-term accommodation.
- How the application will support people out of crisis accommodation and into more stable and appropriate accommodation.
- How the application will reach more clients and/or deliver better outcomes for clients.
- How the application will improve the coordination of service delivery.
- How the model responds to particular cohorts, or regional factors.
- Evidence that the applicant has the capacity and capability to execute the proposal and within the proposed timeframes.
- How the model reshapes service delivery or contributes to system transformation

This grant program is deliberately open and flexible and provides an opportunity for services to be positioned for the future.

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 ber outcomes you expect from your activities.	nefit from this initiative, what activities you will do es.	and what
Anticipated start date *		
Anticipated end date *		

Primary location of your initiative

Address



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.
A project proposal plan template can be found HERE .
Please upload details of the project scope of works. * Attach a file:
Landowners Consent
Do you require Landowner's Consent in order to conduct the activities listed in your project plan? * O Yes O 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:
A minimum of 1 file must be attached.
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:

A minimum of 1 file must be attached.

Development approval consent

Have you engaged the relevant consent authority (ie Council) to commence the development approval process? * O Yes O 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 **Service Reform and Innovation Grant Program Guidelines** to be considered for funding.

Applications 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 application will provide accommodation for more clients within existing support resources. This includes crisis and medium-term accommodation.
- How the application will support people out of crisis accommodation and into more stable and appropriate accommodation.
- How the application will reach more clients and/or deliver better outcomes for clients.
- How the application will improve the coordination of service delivery.
- How the model responds to particular cohorts, or regional factors.
- Evidence that the applicant has the capacity and capability to execute the proposal and within the proposed timeframes.

How the model reshapes service delivery or contributes to system transformation.
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 proposed project will provide accommodation for more clients within exiting support resources? This includes crisis and medium-term accommodation? *
Word count: Must be no more than 250 words.
C3. Describe how your project will support people out of crisis accommodation and into more stable and appropriate accommodation? *
Word count: Must be no more than 250 words.
C4. Please advise how you will reach more clients and/or deliver better outcomes for clients? *
Word count: Must be no more than 250 words.
C5. Please advise how the application responds to the needs of clients and/or regional factors? *
Word count: Must be no more than 250 words.
C6. Demonstrate your organisation's capacity and capability to execute the proposal within the proposed timeframes? *
Word count:

C7. Describe how the application reshapes service delivery or contributes to system transformation? $\boldsymbol{*}$

Must be no more than 250 words.

Word count: Must be no more than 250 words.		
C8. Describe how the project grant period? *	will be maintained or	r continued at the end of the
Word count: Must be no more than 250 words.		
Budget		
* indicates a required field		
Funding Amounts		
Homes NSW where it makes forward. • Funding through the HIF wil Funding Agreement. • Homes NSW may vary the dapplications submitted.	umber of larger grants, nded by other mechanisr sense to do that - the H need to be spent withir istribution of funds depe	ms and processes available to IF is the vehicle to bring ideas in 12 months of an executed Graending on the number of fundin package lower than the amount
Total Amount Requested *	\$ What is the total financia grant?	l support you are requesting under
Please revise your total a	mount requested	
Please note the total amount you	ı have requested has ex	ceeded the total grant funding
Would you accept delivering than what you have requeste ○ Yes		with a lower funding amou

Applicant co-contributions

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 inkind contributions.

Please detail any in-kind materials	and contributions by	y paid staff aı	nd volunteers
of the organisation towards their	project costs		

Word count:

Must be no more than 100 words.

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)

	\$
Must be no more than 20 words.	Must be a dollar amount.

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.

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

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

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.

Service Reform and Innovation - HIF

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 Organisa	ation *			
Authorisation				
I agree *	□ Yes			
Name of authorised person *		First Name senior staff member	Last Name r, board member o	r appropriately
Position *	Position h	eld in applicant orga	nisation (e.g. CEO,	Treasurer)
Phone number *	We may c	n Australian phone r ontact you to verify olicant organisation		n is authorised
Email *				
A callagal Facility at		n email address.		
Applicant Feedback				
You are nearing the end of click the SUBMIT button,				
How did you find the o			fficult O	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.	