

# Service Reform and Innovation - HIF

## Form Preview

### About the grant

#### Instructions for applicants

Please complete this form to submit an application for funding under Homelessness Innovation Fund (HIF) - [Service Reform and Innovation Program](#). Before you apply please read the [Service Reform and Innovation 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 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

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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.

### **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**

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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.

### Eligibility Criteria

\* 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/>

#### 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 [NSW National Redress Scheme](#).

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- 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 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 \*

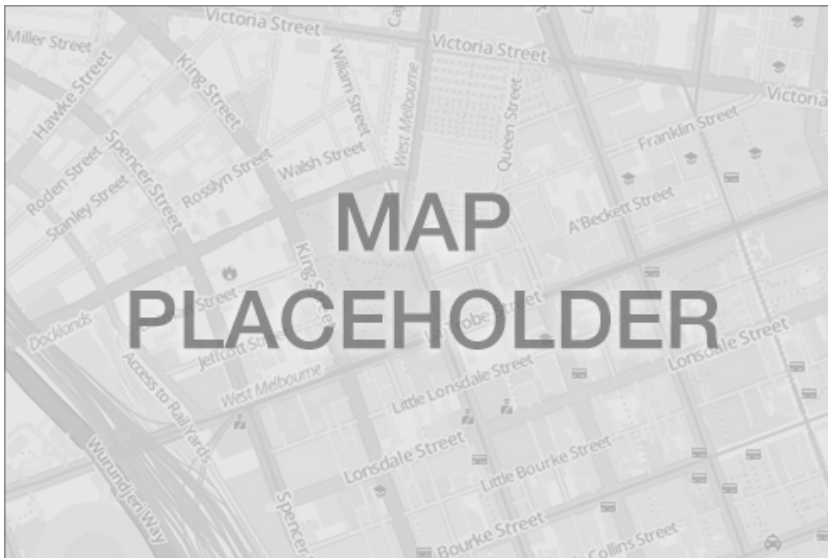
Organisation Name

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

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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.

### 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? \*

- 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.

### 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 \*

- 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	<a href="#">More information</a>
ACNC Registration	

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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 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"/>
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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"/>
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#### Second Authorised Signatory - Organisation contact position \*

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

#### Second Authorised Signatory - Organisation contact email \*



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Not a generic email as this address will be 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
<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? \***

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Yes

No

### Partner Organisation Name \*

Organisation Name

### Partner Organisation - Office Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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

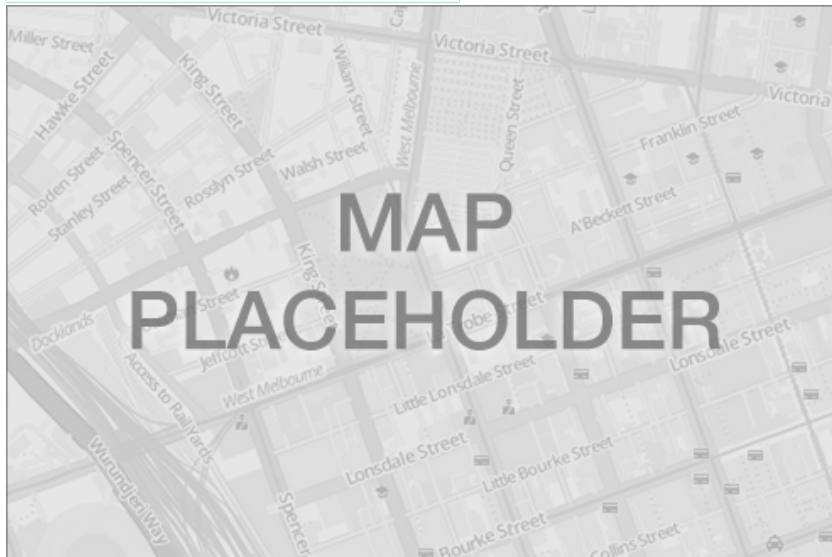
Must be an ABN.

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### 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 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

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 benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

#### **Anticipated start date \***

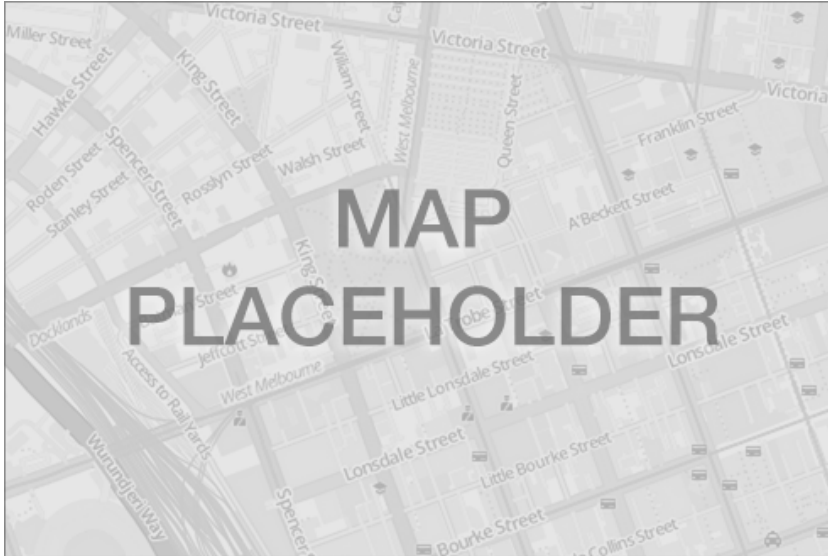
#### **Anticipated end date \***

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### 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

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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? \***

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:

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:

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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? \***

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 criteria 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.

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- 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:

Must be no more than 250 words.

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



Word count:  
Must be no more than 250 words.

### **C8. Describe how the project will be maintained or continued at the end of the grant period? \***

Word count:  
Must be no more than 250 words.

## Budget

\* indicates a required field

### Funding Amounts

There is no specific limit on the value of the grant providers can apply for. However, the available funding is limited and the intention is to achieve a statewide impact, rather than be absorbed through a limited number of larger grants,

- 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 through the HIF will need to be spent within 12 months of an executed Grant Funding Agreement.
- 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?

Please revise your total amount requested

Please note the total amount you have requested has exceeded the total grant funding.

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

Yes

No

### 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 in-kind contributions.

**Please detail any in-kind materials and contributions by paid staff and 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)
<input type="text"/>	<input type="text"/>
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

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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

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.

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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

**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

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**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.**