Application SCVIARE000007

Application summary

Application ID

SCVIARE000007

Application title

SCVIARE - INTEGRICARE

Program name

Stronger Communities Programme Round 6

Applicant

INTEGRICARE

Submitted date

19/03/2021

Program selection

INTEGRICARE

Are you a trustee acting on behalf of a trust?

No

Do you have an ABN?

Yes

Entity details

What is your ABN?

11000073870

Legal name

INTEGRICARE

Business name

INTEGRICARE

Date registered

3/11/1999

GST registered

Yes

Are you a charity registered with the Australian Charities and Not-for-profits Commission (ACNC)?

Yes

Program Selection

What program are you applying for?

Stronger Communities Programme Round 6

Component

Stronger Communities Programme Round 6 - Reid - Application

Eligibility

Does your project deliver social benefits to your local community?

Yes

Does your project involve portable equipment?

No

Does your project have the required minimum eligible expenditure as defined in the grant opportunity guidelines?

Yes

Is your organisation a local governing body as defined in the grant opportunity guidelines?

Yes

Are you able to fund your share of the project costs not covered by the grant?

Yes

Applicant address

Applicant street address

Is the address located in Australia?

Yes

Address details

1A Bates Street HOMEBUSH NSW 2140 Australia

Applicant postal address

Is the address located in Australia?

Yes

Address details

1A Bates Street HOMEBUSH NSW 2140 Australia

FOI Act 1982 by the Department of Infrastructure

Communications and the Arts

Development,

Fransport, Regional

Released under the

Project information

Project title and description

If your application is successful, we will publish some grant opportunity details on <u>GrantConnect</u> and other government publications. Published details include:

- name of the grant recipient
- a project title
- a brief project description and its intended outcome
- amount of grant funding awarded

Project title

Example of project title: Upgrade to facilities at Jane Citizen Park.

Upgrade of yard

Provide a brief project description for publication.

Ensure your project description focuses on your project's key activities and outcomes. Outline what your project will do and how it will provide social benefits to your community.

Example of brief project description: New shade shelters and BBQ's will be installed in Jane Citizen Park in Cityville. These will encourage community members to use the park and spend time being active.

Information subject to third party review rights

Detailed project description and key activities

This information will be included in your grant agreement if your application is successful.

Provide a detailed description of your project including the project scope and key activities.

Example detailed project description: Six shade shelters will be purchased and installed above the existing children's' playground and three new electric BBQ's will be purchased and installed adjacent to the playground. The shade shelters will be ordered from a local manufacturer and a landscaper will be engaged to complete all the landscaping works.

Information subject to third party review rights						
	· · ·					
		s47G(1)(a)				

Project outcomes

This information will be included in your grant agreement if your application is successful.

Provide a summary of the expected project outcomes.

Where your project is located on school grounds, involves school property, involves upgrades or new equipment used in schools, your project outcomes should explain the social benefits to the broader community.

Example of project outcomes: The project to provide shade shelters and new BBQ's will deliver social benefits to the community by improving the quality of the community facilities. The project will encourage community members to use the park and spend time being active. The provision of shelter will extend the hours of playtime and provide adults, caregivers and older members of the community with a better environment to participate in outdoor community activity.

Information subject to third party review rights

Project questions

Select your project type

Both

Does your project include modifications to leased buildings or grounds?

Projects including modifications to leased buildings or grounds must get consent from the owner and keep a record as we may ask you for this evidence.

No

Does your project require any development or building approvals?

Projects requiring development or building approvals will need to obtain the necessary approvals and keep them as a record as we may ask you for this evidence.

No

Is your project located on school grounds or involve upgrades to school property or equipment?

Projects located on school grounds or involving upgrades to school property or equipment should explain the broader social benefits in the outcomes question above.

No

Project duration

Your project must be completed by 31 December 2021.

When calculating the duration of the project, you should factor in additional time for product sourcing and purchasing delays, obtaining approvals, contracting tradespeople, possible weather delays and any other unforeseen circumstances that may prevent you completing your project on time.

Estimated project start date

28/06/2021

Estimated project end date

09/07/2021

Estimated project length (in months)

1

Project location

Project site 1

1A Bates Street HOMEBUSH NSW 2140 Australia

Estimated % of project value expected to be undertaken at site

100

Electorate

Your project address must be located within your MP's electorate. Electorate boundaries are as of the 2019 federal election. Your electorate must be entered in all capital letters.

REID

Project budget

Project budget summary

Provide a summary of your eligible project expenditure over the life of the project. Your grant amount should not exceed the amount nominated by your MP as outlined in the notification email.

If you are registered for GST, enter the GST exclusive amount. If you are not registered for GST, enter the GST inclusive amount. We only provide grant funding based on eligible expenditure. Refer to the guidelines for guidance on eligible expenditure.

The minimum project expenditure for this grant opportunity is \$2,500 or for local governing bodies \$5,000.

As outlined in the grant opportunity guidelines, 'in kind' expenditure is not eligible.

Head of expenditure	Financial year	Tota
Labour		Information subject to thir party review rights
Labour	2020/21	Ingitts
Labour	2021/22	
Contract	· · · · · · · · · · · · · · · · · · ·	
Contract	2020/21	
Contract	2021/22	
Plant and equipment		
Plant and equipment	2020/21	
Plant and equipment	2021/22	
Materials		
Materials	2020/21	
Materials	2021/22	
Other		s47G(1)(a)
Other	2020/21	s47G(1)(a)
Other	2021/22	Information subject to thir party review rights
Total Project Costs (\$AUD and GST exclusive)		s47G(1)(a)

Financial year	Costs
2020/21	s47G(1)(a)
2021/22	Information subject to third party review rights
Total Project Costs (\$AUD and GST exclusive)	s47G(1)(a)

Information subject to third party review rights

Information subject to third party review rights ou cannot request more, however you can request less if your project expenditure has reduced. Please note that for local governing bodies, the grant amount cannot be more than 50% of your project costs in the section above.

Source of funding

In this section you must provide details of how you will fund the project, other than the grant funding sought. If your grant funding is 100 per cent you can leave this section blank.

The total of all sources of funding plus your grant, should be equal to your total project expenditure in the section above.

Your contribution

Enter your organisation name. In the description field, provide additional details. Indicate whether your contribution is sourced from cash flow, loans, equity etc.

Contributions must be cash. In-kind contributions are not eligible as detailed in the grant opportunity guidelines.

If you have project partners we will ask you for their details later in the application. You must provide their name and their contribution here.

Name of contributor

Integricare

Details of contribution

Contribution type	Due date	Amount	Description
Cash	28/06/2021	s47G(1)(a)	Contributing remaining amount required for the completion of project. This is part of our Capex which can be added in contribution.
Total		s47G(1)(a)	

Bank Account Details

If your application is successful we will need to set up a payment process to pay your grant. We need your bank account details to do this. If your application is not successful we will not process these details.

Account details

Account Name

s47G(1)(a)

BSB

s47G(1)(a)

Account Number

s47G(1)(a)

Payment Contact

Title

s47F

Given Name

s47F

Family Name

s47F

Position Title

Manager Integricare Preschool Strathfield

Email Address

strathfield@integricare.org.au

Phone Number

0297469441

Project partners and Sponsored organisations

If you are carrying out a joint project you should provide details of your project partner here. If you are applying on behalf of another organisation as a sponsor, you must provide details about the sponsored organisation here.

For details about project partner contributions and sponsorship arrangements refer to the grant opportunity guidelines. Letters of support are required from project partners only.

No Project partners found for this Application.

Application finalisation

Conflict of interest

Do you have any perceived or existing conflicts of interest to declare?

Refer to the grant opportunity guidelines for further information on your conflict of interest responsibilities.

No

Program feedback

How did you hear about this grant opportunity?

Other

If Other, please specify

Invite from Fiona Martin

Additional information

You should attach any additional supporting documentation here. You should only attach documents that we have requested or you have referred to in your application.

Trust documents

Where you have indicated your entity type is a trustee applying on behalf of a trust, you must attach trust documents showing the relationship of the incorporated trustee to the trust.

Evidence of your not for profit status (if applicable)

This may include constitutional document or articles of association. Evidence is only required where your organisation is not publicly listed as not for profit.

Indigenous organisations

Is your organisation Indigenous owned?

An organisation is considered Indigenous owned where at least 51% of the organisation's members or proprietors are Indigenous.

No

Is your organisation Indigenous controlled?

An organisation is considered Indigenous controlled where at least 51% of the organisation's board or management committee is Indigenous.

No

Primary contact

Title

s47F

Given name

s47F

Family name

s47F

Email address

strathfield@integricare.org.au

Primary phone number

s47F

Secondary phone number

s47F

Business postal address of the primary contact **Is the address located in Australia?**

Yes

Address details

1A Bates Street Homebush NSW 2140 Australia

Declaration

Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the Department of Industry, Science, Energy and Resources (the department) will use the information I provide in accordance with the following:

- <u>Australian Government Public Data Policy Statement</u>
- <u>Commonwealth Grants Rules and Guidelines</u>
- grant opportunity guidelines
- applicable Australian laws

Accordingly, I understand that the department may share my personal information provided in this application within this department and other government agencies:

- 1. for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants
- 2. to facilitate research, assessment, monitoring and analysis of other programs and activities

unless otherwise prohibited by law.

I understand that where I am successful in obtaining a grant, the financial information that I provide for the purposes of payment will be accessible to departmental staff to enable payments to be made through the department's accounts payable software system.

I understand that information that is deemed 'confidential' in accordance with the grant opportunity guidelines may also be shared for a relevant Commonwealth purpose.

The department will publish information on individual grants in the public domain, including on the department's website, unless otherwise prohibited by law.

Applicant declaration

I declare that I have read and understood the grant opportunity guidelines, including the privacy, confidentiality and disclosure provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant's board/management committee or person with authority to commit the applicant to this project.

I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth).

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the department may, during the application process, consult with other government agencies, including state and territory government agencies, about the applicant's claims and may also engage external technical or financial advisors to advise on information provided in the application.

I agree to participate in the periodic evaluation of the services undertaken by the department.

I approve the information in this application being communicated to the department in electronic form.

I understand that the applicant is responsible for ensuring that it has met relevant state or territory legislation obligations related to working with children, and that any person that has direct, unsupervised contact with children as part of a project under this grant opportunity, has undertaken and passed, a working with children check, if required under relevant state or territory legislation. The applicant is also responsible for assessing the suitability of people engaged on this project to ensure children are kept safe.

I acknowledge that if the department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the department may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration; withdrawing an offer of funding; using the information contained in the application for a fraud investigation that would be consistent with the Australian Government's Investigations Standards and Commonwealth Fraud Control Framework and/or for a grant under management, terminating a grant agreement between the Commonwealth and the grantee including recovering funds already paid.

If a Project Sponsor has been nominated – I declare that I am authorised to submit this application on behalf of the Project Sponsor, and enter into a grant agreement that will legally bind the Project Sponsor.

I acknowledge that this application comprises an offer to enter into a legally binding agreement with the Commonwealth. If this application is successful, the Commonwealth may accept this offer by providing a letter of agreement with annexed Grant Terms and Conditions, a copy of which is available on <u>business.gov.au</u>. On provision of this letter of agreement, a legally binding agreement will be in effect comprising:

- this application
- the grant opportunity guidelines in place at the time I submitted the application form
- the letter and annexed Grant Terms and Conditions.

I declare that I am authorised to enter into an agreement with the Commonwealth on behalf of the applicant.

I declare that I am authorised to submit this form on behalf of the applicant and acknowledge that this is the equivalent of signing this application.

By checking this box, I agree to all of the above declarations and confirm all of the above statements to be true.

Yes

Ap

Eligibility 1 - Saved Application Assessment				SCVIARE - INTEGRICARE Summary of Application	Assessment Complete Assessment Status	Satisfactory Assessment Outcom	C	
Application Summary Assessment Summary Eligibility Assessment Applic	ation Assessment	Additional Assessment Assessmer	nt Outcome Administration	Related \vee			ment	ons.
Eligibility Question	Applicant Response	Response Satisfactory	Comments		Assessor Attachment		d	
Does your project deliver social benefits to your local community?	Yes	Yes			No			
Does your project involve portable equipment?	No	Yes			No			, Ho
Does your project have the required minimum eligible expenditure as defined in the grant opportunit	Yes	Yes			No			ςŪ
Is your organisation a local governing body as defined in the grant opportunity guidelines?	Yes	Yes	ABR - 09/03/2021 - Australian Public	Company; Eligible - 10/03/2021	No			ent.
Are you able to fund your share of the project costs not covered by the grant?	Yes	Yes			No		0	
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Eligibility 1 - Saved Application Assessment				sessment Complete	Satisfactory Assessment Outcome	
Application Summary Assessment Summary	Eligibility Assessment Application Assessment Project information Addition	onal Assessment Assessment O	outcome Administration Rela	ted \checkmark		nent ons a
						artr
 ✓ Assessment Criteria 	Assessment Instructions	Assessment	Comments	Assessor Attachment		ep Inic
Assessment for Additional Assessment Criteria 1	Is the Applicant an eligible entity?	Yes	ABR - 09/03/2021 - Australian Public Com	. No		D
Assessment for Additional Assessment Criteria 2	Does the project and grant amount sought match the amount specified by the MP?	Yes		No		the
Assessment for Additional Assessment Criteria 3	Has the MP declared any Conflicts of Interest?	No		No		ŭõ
Assessment for Additional Assessment Criteria 4	Is the action to manage the MP conflict of interest appropriate?	No		No		d t
Assessment for Additional Assessment Criteria 5	Have letters of support been submitted from all project partner organisations? (where applicable)	Yes	N/A	No		198 mer
Assessment for Additional Assessment Criteria 6	Does the project description and key activities describe how the project is going to be undertaken?	Yes	N/A	No		ct ,
Assessment for Additional Assessment Criteria 7	Does the project description and budget include any ineligible activities/expenditure?	No		No		l Ac
Assessment for Additional Assessment Criteria 8	Will the project be completed by 31 December 2021?	Yes		No		0 Oe
Assessment for Additional Assessment Criteria 9	Is the project budget appropriate for the activities described?	Yes		No		e T
Assessment for Additional Assessment Criteria 10	Is the project location within nominating MP's Electorate?	Yes	Reid	No		ons
					F	DI 25-259 - Page 23 of 88
						un de

Eligibility 1 - Saved Application Assessment		SCVIARE - INTEGRICARE Assessment Complete Satisfactory FOI 25-259 - Docume Summary of Application Assessment Status Assessment Outcome Total Score	ot littra and the				
Application Summary	y A	Assessment Summary Eligibility Assessment Application Assessment Project information Additional Assessment Outcome Administration Related \checkmark	ment ions a				
			art				
Assessment Outcome	⁺ 🖯	Satisfactory	Departi nunicatio				
Assessors Comment	+ 🖯	The applicant organisation and project are eligible and align with the Nomination from their local Member of Parliament. No Member of Parliament conflicts of interest have been identified or declared. The project has been recommended for approval. QA Checked by s22(1)(a)(ii) on 27/04/2021. I have reviewed this eligibility assessment and agree with the assessor's recommendations, all details have been completed in BGM.					
Assessed By	* ⋳	\$22(1)(a)(II)	1982 ment				
Date	⁺ ᠿ		l Act velop				

Application SCVIARE000007

Report summary

Report

End of project report

Due date

8/08/2021

Status

Approved

Submitted date

21/07/2021

Submitted by

s47F

Report accepted date

18/08/2021

Project outcomes

Did you complete all project activities in line with your grant agreement?

Yes

Select which outcome your project primarily achieved.

Improve local community participation

Project benefits

On average, how many people are expected to utilise the upgraded facilities/equipment purchased through your project per year?

120

Is there any other information you wish to provide about your project, for example, lessons learnt and/or unexpected outcomes?

No

Project expenditure

Project expenditure

Have you spent the entire grant amount to undertake your approved project?

Yes

If you are a local governing body, have you spent your total financial contribution required (matched funding) to undertake the approved project?

Not applicable

Attachments

Agreed evidence

Portal End of Project Report

Up to three photographs to evidence your completed project activities as specified in your grant agreement.

Comments

The before photo shows softfall which was cracking, no longer soft and a safety hazard. Being replaced with softfall that is safer for children and has the appearance of real grass.

Portal End of Project Report

Up to three photographs to evidence your completed project activities as specified in your grant agreement.

1.jpg

2.jpg

3.jpg

Additional documents

Additional supporting information

Attach up to three photographs to evidence your completed project activities as specified in your grant agreement.

Declaration

I am authorised by the grantee to submit this report and declare that:

- the information in this report is accurate, complete and not misleading and that I understand the giving of false or misleading information is a serious offence under the *Criminal Code 1995* (Cth)
- the grant was spent in accordance with the grant agreement
- I am aware of the grantee's obligations under their grant agreement, including survival clauses
- I am aware that the grant agreement empowers the Commonwealth to terminate the grant agreement and to request repayment of funds paid to the grantee where the grantee is in breach of the grant agreement.

By checking this box, I agree to all of the above declarations and confirm all of the above statements to be true.

Yes

Application SCVIABX000005

Application summary

Application ID

SCVIABX000005

Application title

SCVIABX - INTEGRICARE

Program name

Stronger Communities Programme Round 6

Applicant

INTEGRICARE

Submitted date

18/03/2021

Program selection

INTEGRICARE

Are you a trustee acting on behalf of a trust?

No

Do you have an ABN?

Yes

Entity details

What is your ABN?

11000073870

Legal name

INTEGRICARE

Business name

INTEGRICARE

Date registered

3/11/1999

GST registered

Yes

Are you a charity registered with the Australian Charities and Not-for-profits Commission (ACNC)?

Yes

Program Selection

What program are you applying for?

Stronger Communities Programme Round 6

Component

Stronger Communities Programme Round 6 - Blaxland - Application

Eligibility

Does your project deliver social benefits to your local community?

Yes

Does your project involve portable equipment?

Yes

Will this equipment be used primarily in your MP's electorate?

Yes

Does your project have the required minimum eligible expenditure as defined in the grant opportunity guidelines?

Yes

Is your organisation a local governing body as defined in the grant opportunity guidelines?

No

Are you an incorporated not for profit organisation?

Yes

Select which type of entity your organisation is.

religious organisations incorporated under legislation

Applicant address

Applicant street address

Is the address located in Australia?

Yes

Address details

21 Harrow Rd AUBURN NSW 2144 Australia

Applicant postal address

Is the address located in Australia?

Yes

Address details

21 Harrow Rd AUBURN NSW 2144 Australia

Project information

Project title and description

If your application is successful, we will publish some grant opportunity details on <u>GrantConnect</u> and other government publications. Published details include:

- name of the grant recipient
- a project title
- a brief project description and its intended outcome
- amount of grant funding awarded

Project title

Example of project title: Upgrade to facilities at Jane Citizen Park.

Interactive Smart Board in the Classroom

Provide a brief project description for publication.

Ensure your project description focuses on your project's key activities and outcomes. Outline what your project will do and how it will provide social benefits to your community.

Example of brief project description: New shade shelters and BBQ's will be installed in Jane Citizen Park in Cityville. These will encourage community members to use the park and spend time being active.

Information subject to third party review rights

Detailed project description and key activities

This information will be included in your grant agreement if your application is successful.

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Example detailed project description: Six shade shelters will be purchased and installed above the existing children's' playground and three new electric BBQ's will be purchased and installed adjacent to the playground. The shade shelters will be ordered from a local manufacturer and a landscaper will be engaged to complete all the landscaping works.

Information subject to third party review rights

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Information subject to third party review rights

Project questions

Select your project type

Capital expenditure

Does your project include modifications to leased buildings or grounds?

Projects including modifications to leased buildings or grounds must get consent from the owner and keep a record as we may ask you for this evidence.

No

Does your project require any development or building approvals?

Projects requiring development or building approvals will need to obtain the necessary approvals and keep them as a record as we may ask you for this evidence.

No

Is your project located on school grounds or involve upgrades to school property or equipment?

Projects located on school grounds or involving upgrades to school property or equipment should explain the broader social benefits in the outcomes question above.

No

Project duration

Your project must be completed by 31 December 2021.

When calculating the duration of the project, you should factor in additional time for product sourcing and purchasing delays, obtaining approvals, contracting tradespeople, possible weather delays and any other unforeseen circumstances that may prevent you completing your project on time.

Estimated project start date

19/04/2021

Estimated project end date

23/04/2021

Estimated project length (in months)

1

Project location

Project site 1

21 Harrow Rd AUBURN NSW 2144 Australia

Estimated % of project value expected to be undertaken at site

100

Electorate

Your project address must be located within your MP's electorate. Electorate boundaries are as of the 2019 federal election. Your electorate must be entered in all capital letters.

BLAXLAND

Project budget

Project budget summary

Provide a summary of your eligible project expenditure over the life of the project. Your grant amount should not exceed the amount nominated by your MP as outlined in the notification email.

If you are registered for GST, enter the GST exclusive amount. If you are not registered for GST, enter the GST inclusive amount. We only provide grant funding based on eligible expenditure. Refer to the guidelines for guidance on eligible expenditure.

The minimum project expenditure for this grant opportunity is \$2,500 or for local governing bodies \$5,000.

As outlined in the grant opportunity guidelines, 'in kind' expenditure is not eligible.

Head of expenditure	Financial year	Total
Labour		Information subject to third party review
Labour	2020/21	rights
Contract	I	
Contract	2020/21	
Plant and equipment		
Plant and equipment	2020/21	
Materials	3	
Materials	2020/21	
Other		
Other	2020/21	
Total Project Costs (\$AUD and GST exclusive)		

Financial year	Costs
2020/21	Information subject to third party review rights
Total Project Costs (\$AUD and GST exclusive)	

Information subject to third party review rights

imum grant amount available through your nomination is ou cannot request more, however you can request less if your project expenditure has reduced. Please note that for local governing bodies, the grant amount cannot be more than 50% of your project costs in the section above.

Source of funding

In this section you must provide details of how you will fund the project, other than the grant funding sought. If your grant funding is 100 per cent you can leave this section blank.

The total of all sources of funding plus your grant, should be equal to your total project expenditure in the section above.

Your contribution

Bank Account Details

If your application is successful we will need to set up a payment process to pay your grant. We need your bank account details to do this. If your application is not successful we will not process these details.

Account details

Account Name s47G(1)(a) BSB s47G(1)(a) Account Number s47G(1)(a) **Payment Contact** Title s47F Given Name s47F Family Name

s47F

Position Title

Centre Director

Email Address

acpmanager@integricare.org.au

Phone Number

0296462735

Mobile Number

s47F

Department of Infrastructure Communications and the Arts by the Development, FOI Act 1982 Transport, Regional Released under the

Project partners and Sponsored organisations

If you are carrying out a joint project you should provide details of your project partner here. If you are applying on behalf of another organisation as a sponsor, you must provide details about the sponsored organisation here.

For details about project partner contributions and sponsorship arrangements refer to the grant opportunity guidelines. Letters of support are required from project partners only.

No Project partners found for this Application.

by the Department of Infrastructure

Communications and the Arts

Development,

Fransport, Regional

Released under the

FOI Act 1982

Application finalisation

Conflict of interest

Do you have any perceived or existing conflicts of interest to declare?

Refer to the grant opportunity guidelines for further information on your conflict of interest responsibilities.

No

Program feedback

How did you hear about this grant opportunity?

Industry group

Additional information

You should attach any additional supporting documentation here. You should only attach documents that we have requested or you have referred to in your application.

Trust documents

Where you have indicated your entity type is a trustee applying on behalf of a trust, you must attach trust documents showing the relationship of the incorporated trustee to the trust.

Evidence of your not for profit status (if applicable)

This may include constitutional document or articles of association. Evidence is only required where your organisation is not publicly listed as not for profit.

Indigenous organisations

Is your organisation Indigenous owned?

An organisation is considered Indigenous owned where at least 51% of the organisation's members or proprietors are Indigenous.

No

Is your organisation Indigenous controlled?

An organisation is considered Indigenous controlled where at least 51% of the organisation's board or management committee is Indigenous.

No

Primary contact

Title

s47F

Given name

s47F

Family name

s47F

Position title

Centre Director

Email address

acpmanager@integricare.org.au

Primary phone number

0296462735

Secondary phone number

0296462735

Business postal address of the primary contact **Is the address located in Australia?**

Yes

Address details

21 Harrow Rd AUBURN NSW 2144 Australia

Declaration

Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the Department of Industry, Science, Energy and Resources (the department) will use the information I provide in accordance with the following:

- <u>Australian Government Public Data Policy Statement</u>
- <u>Commonwealth Grants Rules and Guidelines</u>
- grant opportunity guidelines
- applicable Australian laws

Accordingly, I understand that the department may share my personal information provided in this application within this department and other government agencies:

- 1. for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants
- 2. to facilitate research, assessment, monitoring and analysis of other programs and activities

unless otherwise prohibited by law.

I understand that where I am successful in obtaining a grant, the financial information that I provide for the purposes of payment will be accessible to departmental staff to enable payments to be made through the department's accounts payable software system.

I understand that information that is deemed 'confidential' in accordance with the grant opportunity guidelines may also be shared for a relevant Commonwealth purpose.

The department will publish information on individual grants in the public domain, including on the department's website, unless otherwise prohibited by law.

Applicant declaration

I declare that I have read and understood the grant opportunity guidelines, including the privacy, confidentiality and disclosure provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant's board/management committee or person with authority to commit the applicant to this project.

I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth).

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the department may, during the application process, consult with other government agencies, including state and territory government agencies, about the applicant's claims and may also engage external technical or financial advisors to advise on information provided in the application.

I agree to participate in the periodic evaluation of the services undertaken by the department.

I approve the information in this application being communicated to the department in electronic form.

I understand that the applicant is responsible for ensuring that it has met relevant state or territory legislation obligations related to working with children, and that any person that has direct, unsupervised contact with children as part of a project under this grant opportunity, has undertaken and passed, a working with children check, if required under relevant state or territory legislation. The applicant is also responsible for assessing the suitability of people engaged on this project to ensure children are kept safe.

I acknowledge that if the department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the department may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration; withdrawing an offer of funding; using the information contained in the application for a fraud investigation that would be consistent with the Australian Government's Investigations Standards and Commonwealth Fraud Control Framework and/or for a grant under management, terminating a grant agreement between the Commonwealth and the grantee including recovering funds already paid.

If a Project Sponsor has been nominated – I declare that I am authorised to submit this application on behalf of the Project Sponsor, and enter into a grant agreement that will legally bind the Project Sponsor.

I acknowledge that this application comprises an offer to enter into a legally binding agreement with the Commonwealth. If this application is successful, the Commonwealth may accept this offer by providing a letter of agreement with annexed Grant Terms and Conditions, a copy of which is available on <u>business.gov.au</u>. On provision of this letter of agreement, a legally binding agreement will be in effect comprising:

- this application
- the grant opportunity guidelines in place at the time I submitted the application form
- the letter and annexed Grant Terms and Conditions.

I declare that I am authorised to enter into an agreement with the Commonwealth on behalf of the applicant.

I declare that I am authorised to submit this form on behalf of the applicant and acknowledge that this is the equivalent of signing this application.

By checking this box, I agree to all of the above declarations and confirm all of the above statements to be true.

Yes

Application Summary	Assessment Summary	Eligibility Assessment	Application Assessment	Additional Assessment	Assessment Outcome	Adn

Eligibility 1 - Saved Application Assessment			SCVIABX - INTEGRICARE Assessment Complex Summary of Application Assessment Status	Assessment Outcome	25-259 - Document 7
Application Summary Assessment Summary Eligibility Assessment	Application Assessment Additional Assessment	Assessment Outcome Administrat	ion Related \sim		artm
Eligibility Question	Applicant Response	Response Satisfactory Comments		Assessor Attachment	Dep.
Does your project deliver social benefits to your local community?	Yes	Yes		No	the
Does your project involve portable equipment?	Yes	Yes		No	ŭ
Will this equipment be used primarily in your MP's electorate?	Yes	Yes		No	982 nent,
Does your project have the required minimum eligible expenditure as defined in the	Yes	Yes		No	198 me
Is your organisation a local governing body as defined in the grant opportunity guid	No	Yes		No	op ct
Are you an incorporated not for profit organisation?	Yes	Yes		No	vel V
Select which type of entity your organisation is.	religious organisations incorporated under legislation	Yes ABR - 16/03/2021 -	Australian Public Company; Eligible - 16/03/2021	No	De TO
				FOI 25	5-259 - Page 51 of 88

Eligibility 1 - Saved

Application Assessment

Application Summary

Assessment Summary Eligibility Assessment Application Assessment Project information

Additional Assessment Assessment Outco

\sim	Assessment Criteria	Assessment Instructions	Assessment
	Assessment for Additional Assessment Criteria 1	Is the Applicant an eligible entity?	Yes
	Assessment for Additional Assessment Criteria 2	Does the project and grant amount sought match the amount specified by the MP?	Yes
	Assessment for Additional Assessment Criteria 3	Has the MP declared any Conflicts of Interest?	No
	Assessment for Additional Assessment Criteria 4	Is the action to manage the MP conflict of interest appropriate?	Yes
	Assessment for Additional Assessment Criteria 5	Have letters of support been submitted from all project partner organisations? (where applicable)	Yes
	Assessment for Additional Assessment Criteria 6	Does the project description and key activities describe how the project is going to be undertaken?	Yes
	Assessment for Additional Assessment Criteria 7	Does the project description and budget include any ineligible activities/expenditure?	No
	Assessment for Additional Assessment Criteria 8	Will the project be completed by 31 December 2021?	Yes
	Assessment for Additional Assessment Criteria 9	Is the project budget appropriate for the activities described?	Yes
	Assessment for Additional Assessment Criteria 10	Is the project location within nominating MP's Electorate?	Yes

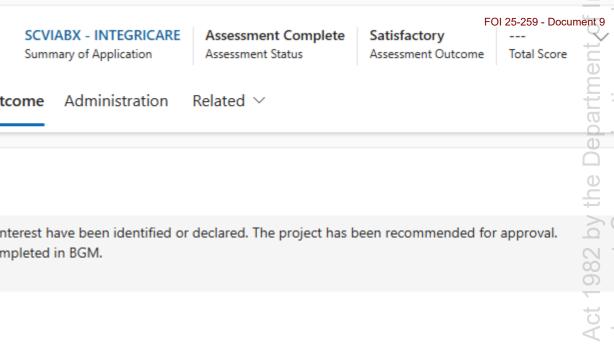
SCVIABX - INTEGRICAREAssessment CompleteSatisfactorySummary of ApplicationAssessment StatusAssessment Outcome	FOI 25-259 - Document 8
come Administration Related \vee	t of Ir
Comments	Assessor Attachment
ABR - 16/03/2021 - Australian Public Company; Eligible - 16/03/2021	No Oepai
Not Applicable	vo the [
Not Applicable	ol Act 1982 by evelopment C
	vot 19 ∾v
Blaxland	
	under th Region

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Application Assessment

Application Summa	Ŋ	Assessment Summary	Eligibility Assessment	Application Assessment	Project information	Additional Assessment	Assessment Outco
Assessment Outcome	⁺ ᠿ	Satisfactory					
Assessors Comment	⁺ ᠿ	the applicant organisati		nd align with the Nomination fr eviewed this eligibility assessme			
Assessed By	† 🖯	s22(1)(a)(ii)					
Date	† 🖯	6/04/2021					



Application SCVIABX000005

Report summary

Report

End of project report

Due date

10/01/2022

Status

Approved

Submitted date

30/11/2021

Submitted by

s47F

Report accepted date

1/12/2021

Project outcomes

Did you complete all project activities in line with your grant agreement?

Yes

Select which outcome your project primarily achieved.

Improve local community participation

Project benefits

On average, how many people are expected to utilise the upgraded facilities/equipment purchased through your project per year?

50

Is there any other information you wish to provide about your project, for example, lessons learnt and/or unexpected outcomes?

No

Project expenditure

Project expenditure

Have you spent the entire grant amount to undertake your approved project?

Yes

If you are a local governing body, have you spent your total financial contribution required (matched funding) to undertake the approved project?

Not applicable

Attachments

Agreed evidence

Portal End of Project Report

Up to three photographs to evidence your completed project activities as specified in your grant agreement. **Comments**

interactive smart board to connect with our families and community.

Portal End of Project Report

Up to three photographs to evidence your completed project activities as specified in your grant agreement.

smartboard.jpg

Additional documents

Additional supporting information

Attach up to three photographs to evidence your completed project activities as specified in your grant agreement.

Declaration

I am authorised by the grantee to submit this report and declare that:

- the information in this report is accurate, complete and not misleading and that I understand the giving of false or misleading information is a serious offence under the *Criminal Code 1995* (Cth)
- the grant was spent in accordance with the grant agreement
- I am aware of the grantee's obligations under their grant agreement, including survival clauses
- I am aware that the grant agreement empowers the Commonwealth to terminate the grant agreement and to request repayment of funds paid to the grantee where the grantee is in breach of the grant agreement.

By checking this box, I agree to all of the above declarations and confirm all of the above statements to be true.

Yes

Application SCVIIAGW000003

Application summary

Application ID

SCVIIAGW000003

Application title

SCVIIAGW - INTEGRICARE

Program name

Stronger Communities Programme Round 7

Applicant

INTEGRICARE

Submitted date

13/12/2021

Program selection

INTEGRICARE

Are you a trustee acting on behalf of a trust?

No

Do you have an ABN?

Yes

Entity details

What is your ABN?

11000073870

Legal name

INTEGRICARE

Business name

INTEGRICARE

Date registered

3/11/1999

GST registered

Yes

Are you a charity registered with the Australian Charities and Not-for-profits Commission (ACNC)?

Yes

Program Selection

What program are you applying for?

Stronger Communities Programme Round 7

Component

Stronger Communities Programme Round 7 - Greenway - Application

Eligibility

Does your project deliver social benefits to your local community? Yes

Select which type of entity your organisation is:

A local governing body as defined in the Local Government (Financial Assistance) Act 1995 (Cth). (Note: examples can include local councils or a body whose principal function is to provide a particular service, such as the supply of electricity or water.) This limits your maximum grant amount to 50% of eligible project costs.

For local governing bodies, total Commonwealth grant percentage cannot exceed 50%. You can fund your share of eligible project costs from any source including from state and local government. Your matching funds must be a cash contribution.

an incorporated not for profit organisation

Select which type of not for profit entity your organisation is:

other incorporated not for profit

Does your project have the required minimum eligible expenditure as defined in the grant opportunity guidelines?

Yes

Does your project involve portable equipment?

No

Applicant address

Applicant street address

Is the address located in Australia?

Yes

Address details

52 Pendle Way PENDLE HILL NSW 2145 Australia

Applicant postal address

Is the address located in Australia?

Yes

Address details

52 Pendle Way PENDLE HILL NSW 2145 Australia

Project information

Project title and description

If your application is successful, we will publish some grant opportunity details on <u>GrantConnect</u> and other government publications. Published details include:

- name of the grant recipient
- a project title
- a brief project description and its intended outcome
- amount of grant funding awarded.

Provide a project title.

Example of project title: Upgrade to facilities at Jane Citizen Park.

Shade the Yard

Provide a brief project description.

Ensure your project description focuses on your project's key activities and outcomes. Outline what your project will do and how it will provide social benefits to your community.

Example of brief project description: New shade shelters and BBQs will be installed in Jane Citizen Park in Cityville. These will encourage community members to use the park and spend time being active.

Information subject to third party review rights

Detailed project description and key activities

This information will be included in your grant agreement if your application is successful.

Provide a detailed description of your project including the project scope and key activities.

Example detailed project description: Six shade shelters will be purchased and installed above the existing children's playground and three new electric BBQs will be purchased and installed adjacent to the playground. The shade shelters will be ordered from a local manufacturer and a landscaper will be engaged to complete all the landscaping works.

Information subject to third party review rights

s47G(1)(a)

Project outcomes

This information will be included in your grant agreement if your application is successful.

Provide a summary of the expected project outcomes.

Where your project is located on school grounds, involves school property, involves upgrades or new equipment used in schools, your project outcomes should explain the social benefits to the broader community.

Example of project outcomes: The project to provide shade shelters and new BBQs will deliver social benefits to the community by improving the quality of the community facilities. The project will encourage community members to use the park and spend time being active. The provision of shelter will extend the hours of playtime and provide adults, caregivers and older members of the community with a better environment to participate in outdoor community activity.

Information subject to third party review rights

Project questions

Select your project type

Both

Does your project include modifications to leased buildings or grounds?

Projects including modifications to leased buildings or grounds must get consent from the owner and keep a record as we may ask you for this evidence.

No

Does your project require any development or building approvals?

Projects requiring development or building approvals will need to obtain the necessary approvals and keep them as a record as we may ask you for this evidence.

No

Is your project located on school grounds or involve upgrades to school property or equipment?

Projects located on school grounds or involving upgrades to school property or equipment should explain the broader social benefits in the outcomes question above.

Yes

Project duration

Your project must be completed by 31 December 2022.

When calculating the duration of the project, you should factor in additional time for product sourcing and purchasing delays, obtaining approvals, contracting tradespeople, possible weather delays and any other unforeseen circumstances that may prevent you completing your project on time.

Estimated project start date

27/01/2022

Estimated project end date

25/02/2022

Estimated project length (in months)

1

Project location

Project site 1

52 Pendle Way PENDLE HILL NSW 2145 Australia

Estimated % of project value expected to be undertaken at site

100

Electorate

Your project address must be located within your MP's electorate. Electorate boundaries are as of the 2019 federal election. Your electorate must be entered in all capital letters.

GREENWAY

Project budget

Project budget summary

Provide a summary of your eligible project expenditure over the life of the project. Your grant amount should not exceed the amount nominated by your MP as outlined in the notification email.

If you are registered for GST, enter the GST exclusive amount. If you are not registered for GST, enter the GST inclusive amount. We only provide grant funding based on eligible expenditure. Refer to the guidelines for guidance on eligible expenditure.

The minimum project expenditure for this grant opportunity is \$2,500 or for local governing bodies \$5,000.

As outlined in the grant opportunity guidelines, 'in kind' expenditure is not eligible.

Head of expenditure	Financial year	Total
Labour		s47G(1)(a)
Labour	2021/22	
Contract		Information subject to third party review rights
Contract	2021/22	5
Plant and equipment		
Plant and equipment	2021/22	
Materials		s47G(1)(a)
Materials	2021/22	
Other		
Other	2021/22	
Total Project Costs (\$AUD and GST exclusive)		Information subject to third party review rights

Financial year	Costs
2021/22	Information subject to third party review rights
Total Project Costs (\$AUD and GST exclusive)	

Information subject to	m grant amount available through your nomination
	ou cannot request more, however you can request less if
vour project	expenditure has reduced.

Please note that for local governing bodies, the grant amount cannot be more than 50% of your project costs in the section above.

Total grant funding sought. We will add GST to this where applicable. Information subject to third party review rights

Source of funding

In this section you must provide details of how you will fund the project, other than the grant funding sought. If your grant funding is 100 per cent you can leave this section blank.

The total of all sources of funding plus your grant, should be equal to your total project expenditure in the section above.

Other contributions

Enter your organisation name. In the description field, provide additional details. Indicate whether your contribution is sourced from cash flow, loans, equity etc.

Contributions must be cash. In-kind contributions are not eligible as detailed in the grant opportunity guidelines.

If you have project partners we will ask you for their details later in the application. You must provide their name and their contribution here.

Bank account details

If your application is successful we will need to set up a payment process to pay your grant. We need your bank account details to do this. If your application is not successful we will not process these details.

Account details

Account Name

s47G(1)(a)

BSB

s47G(1)(a)

Account Number

s47G(1)(a)

Payment contact

Given Name

s47F

Family Name

s47F

Email Address

kkmanager@integricare.org.au

Phone Number

s47F

Project partners and Sponsored organisations

If you are carrying out a joint project you should provide details of your project partner here. If you are applying on behalf of another organisation as a sponsor, you must provide details about the sponsored organisation here.

For details about project partner contributions and sponsorship arrangements refer to the grant opportunity guidelines. Letters of support are required from project partners only.

No Project partners found for this Application.

Application finalisation

Conflict of interest

Do you have any perceived or existing conflicts of interest to declare?

Refer to the grant opportunity guidelines for further information on your conflict of interest responsibilities.

No

Program feedback

How did you hear about this grant opportunity?

Direct mail/email

Additional information

You should attach any additional supporting documentation here. You should only attach documents that we have requested or you have referred to in your application.

Trust documents

Where you have indicated your entity type is a trustee applying on behalf of a trust, you must attach trust documents showing the relationship of the incorporated trustee to the trust.

Evidence of your not for profit status (if applicable)

This may include constitutional document or articles of association. Evidence is only required where your organisation is not publicly listed as not for profit.

Indigenous organisations

Is your organisation Indigenous owned?

An organisation is considered Indigenous owned where at least 51% of the organisation's members or proprietors are Indigenous.

No

Is your organisation Indigenous controlled?

An organisation is considered Indigenous controlled where at least 51% of the organisation's board or management committee is Indigenous.

No

Primary contact

Title

s47F

Given name

s47F

Family name

s47F

Position title

Preschool Manager

Email address

kkmanager@integricare.org.au

Primary phone number

s47F

Secondary phone number

s47F

Business postal address of the primary contact **Is the address located in Australia?**

Yes

Address details

52 Pendle Way PENDLE HILL NSW 2145 Australia

Declaration

Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the Department of Industry, Science, Energy and Resources (the department) will use the information I provide in accordance with the following:

- <u>Australian Government Public Data Policy Statement</u>
- <u>Commonwealth Grants Rules and Guidelines</u>
- grant opportunity guidelines
- applicable Australian laws

Accordingly, I understand that the department may share my personal information provided in this application within this department and other government agencies:

- 1. for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants
- 2. to facilitate research, assessment, monitoring and analysis of other programs and activities

unless otherwise prohibited by law.

I understand that where I am successful in obtaining a grant, the financial information that I provide for the purposes of payment will be accessible to departmental staff to enable payments to be made through the department's accounts payable software system.

I understand that information that is deemed 'confidential' in accordance with the grant opportunity guidelines may also be shared for a relevant Commonwealth purpose.

The department will publish information on individual grants in the public domain, including on the department's website, unless otherwise prohibited by law.

Applicant declaration

I declare that I have read and understood the grant opportunity guidelines, including the privacy, confidentiality and disclosure provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant's board/management committee or person with authority to commit the applicant to this project.

I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth).

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the department may, during the application process, consult with other government agencies, including state and territory government agencies, about the applicant's claims and may also engage external technical or financial advisors to advise on information provided in the application.

I agree to participate in the periodic evaluation of the services undertaken by the department.

I approve the information in this application being communicated to the department in electronic form.

I understand that the applicant is responsible for ensuring that it has met relevant state or territory legislation obligations related to working with children, and that any person that has direct, unsupervised contact with children as part of a project under this grant opportunity, has undertaken and passed, a working with children check, if required under relevant state or territory legislation. The applicant is also responsible for assessing the suitability of people engaged on this project to ensure children are kept safe.

I acknowledge that if the department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the department may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration; withdrawing an offer of funding; using the information contained in the application for a fraud investigation that would be consistent with the Australian Government's Investigations Standards and Commonwealth Fraud Control Framework and/or for a grant under management, terminating a grant agreement between the Commonwealth and the grantee including recovering funds already paid.

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I acknowledge that this application comprises an offer to enter into a legally binding agreement with the Commonwealth. If this application is successful, the Commonwealth may accept this offer by providing a letter of agreement with annexed Grant Terms and Conditions, a copy of which is available on <u>business.gov.au</u>. On provision of this letter of agreement, a legally binding agreement will be in effect comprising:

- this application
- the grant opportunity guidelines in place at the time I submitted the application form
- the letter and annexed Grant Terms and Conditions.

I declare that I am authorised to enter into an agreement with the Commonwealth on behalf of the applicant.

I declare that I am authorised to submit this form on behalf of the applicant and acknowledge that this is the equivalent of signing this application.

By checking this box, I agree to all of the above declarations and confirm all of the above statements to be true.

Yes

Eligibility 1 - Saved Application Assessment			SCVIIAGW - INTEGRICARE Summary of Application	Assessment Complete Assessment Status	Satisfactory FOI Assessment Outcome	25-259 - Document 12/ CO Total Score
Application Summary Assessment Summary Eligibility Assessment Application Assessment	Additional Assessment Assessment O	utcome Administratio	n Related \vee			Depar Junica
						л Д Ц
Eligibility Question	Applicant Response	Response Satisfactory C	Comments	Assessor Attachment		-
Does your project deliver social benefits to your local community?	Yes	Yes		No		Ŭ Ś
Select which type of entity your organisation is:	an incorporated not for profit organisation	Yes		No		982 Jent
Select which type of not for profit entity your organisation is:	other incorporated not for profit	Yes		No		
Does your project have the required minimum eligible expenditure as defined in the grant opportunity guidelines?	Yes	Yes		No		Act
Does your project involve portable equipment?	No		Not applicable	No) IC
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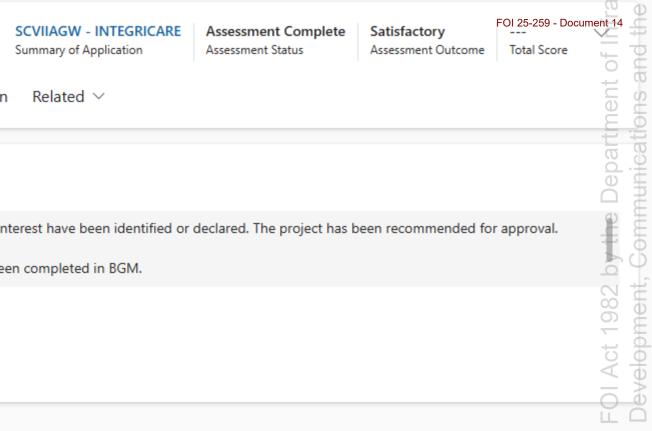
Eligibility 1 - Saved Application Assessment		SCVIIAGW - INTEGRICARE Summary of Application	Assessment Complete Satisfactory FOI 25-259 - Document 13 Assessment Status Assessment Outcome Total Score
Application Summary Assessment Summary	Eligibility Assessment Application Assessment Additional Assessment Assessment Outcome	Administration Related \vee	ent o Is an
			Btior
✓ Assessment Criteria ↑	Assessment Instructions	Assessment Comments	Assessor Attachment
Assessment for Additional Assessment Criteria 1	Is the Applicant an eligible entity?	Yes	No O
Assessment for Additional Assessment Criteria 10	Is there ineligible expenditure included in the project budget?		No No
Assessment for Additional Assessment Criteria 11	Does the impact of ineligible costs on the eligible project cost reduce the project cost to below \$2,500 (\$5,000 for LGAs)?		No $+$ O
Assessment for Additional Assessment Criteria 12	Did a simple online search of the applicant entity and the main contact listed in the application reveal any negative results?	No	No
Assessment for Additional Assessment Criteria 13	Have all mandatory attachments been provided?		oN 082
Assessment for Additional Assessment Criteria 14	Is the project eligible?	Yes	N₀ (100 000 000 000 000 000 000 000 000 00
Assessment for Additional Assessment Criteria 15	Is the application complete and meets all eligibility criteria?	Yes	oN oN
Assessment for Additional Assessment Criteria 16	Is the Applicant a project sponsor applying on behalf of another organisation?	No	No
Assessment for Additional Assessment Criteria 17	Does the Primary Contact represent the Applicant project sponsor organisation?		No L O
Assessment for Additional Assessment Criteria 18	Do the Bank Account Details provided relate to the Applicant project sponsor organisation?		nal the
			e q

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Eligibility 1 - Saved

Application Assessment

Application Summary		Assessment Summary	Eligibility Assessment	Application Assessment	Additional Assessmen	t Assessment Outcome	Administration
Assessment Outcome	+ 🔂	Satisfactory					
Assessors Comment	⁺ 台	The applicant organisation	on and project are eligible ar	ad align with the Nomination fr	om their local Member of P	arliament. No Member of Parlia	ment conflicts of inte
		The applicant organisation	on and project are eligible ar	id aligh with the Normation in	om men local member of th	aniament. No member of fama	ment connicts of inte
		QA Checked by s22(1)(a))(ii) on 07/02/2022 h	nave reviewed this eligibility ass	essment and I agree with th	ne assessor's recommendations,	all details have been
Assessed By	⁺ 台	s22(1)(a)(ii)					
Date	⁺ 🖰	9/02/2022					



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Application SCVIIAGW000003

Report summary

Report

End of project report

Due date

29/08/2022

Status

Approved

Submitted date

14/06/2022

Submitted by

s47F

Report accepted date

15/06/2022

Project outcomes

Did you complete all project activities in line with your grant agreement?

Yes

Select which outcome your project primarily achieved.

Contribute to vibrant and viable communities

Project benefits

On average, how many people are expected to utilise the upgraded facilities/equipment purchased through your project per year?

350

Is there any other information you wish to provide about your project, for example, lessons learnt and/or unexpected outcomes?

No

Project expenditure

Project expenditure

Provide the following information about your eligible project expenditure.

Have you spent the entire grant amount to undertake your approved project?

Yes

If you are a local governing body, have you spent your total financial contribution required (matched funding) to undertake the approved project?

Not applicable

Attachments

Agreed evidence

Portal End of Project Report

Up to three photographs to evidence your completed project activities as specified in your grant agreement.

Comments

Installation of 4 separate shade structures

Portal End of Project Report Up to three photographs to evidence your completed project activities as specified in your grant agreement.

Shade 1.jpg

shade 3.jpg

Additional documents

Photographs of completed project

Please attach up to three photographs to evidence your completed project activities as specified in your grant agreement.

Shade 2.jpg

Declaration

I am authorised by the grantee to submit this report and declare that:

- the information in this report is accurate, complete and not misleading and that I understand the giving of false or misleading information is a serious offence under the *Criminal Code 1995* (Cth)
- the grant was spent in accordance with the grant agreement
- I am aware of the grantee's obligations under their grant agreement, including survival clauses
- I am aware that the grant agreement empowers the Commonwealth to terminate the grant agreement and to request repayment of funds paid to the grantee where the grantee is in breach of the grant agreement.

By checking this box, I agree to all of the above declarations and confirm all of the above statements to be true.

Yes