



# Agency Collaborates - Direct Approach - Short

Submission Reference: QPRHBL

## Application Information

The Agency may use this form to directly approach an organisation where there is only one suitable provider, where specialist experience or skills are required, or where there is an urgent unmet need. All other current funding opportunities are advertised on GrantConnect.

### Privacy Notice

The Agency is collecting your personal information for the purposes of assessing and processing your application, administering grants, compliance and detection of fraud, research and analysis.

For the same purposes, we may disclose personal information to the parties listed at paragraph 13.3 of the Agency Collaborates GOGs. This includes those involved in the assessment of your application, contractors of the Commonwealth, Parliament and other government agencies. We may also use de-identified information for the purposes of reporting to other agencies, Parliament and the public.

Providing the requested information is voluntary. If you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (see 8.1 of the Agency Collaborates GOGs).

The Agency will not provide the information collected from you to anyone else outside the Agency (other than the parties listed at paragraph 13.3 of the Agency Collaborates GOGs), unless you have given consent for us to do this, or we are authorised or required to do so by law.

The privacy and security of your personal information is important to us, and is protected by law. The Agency's Privacy Policy explains how the Agency handles and protects the information provided by you. The Agency's Privacy Policy also explains how you can request access to or correct the personal information we hold about you, and who to contact if you have a privacy enquiry or complaint.

If you require a copy of our Privacy Policy contact the Privacy Officer at [privacy@niaa.gov.au](mailto:privacy@niaa.gov.au).

## Grant Round Administration

This grant round is being administered by the National Indigenous Australians Agency.

## Closing Date/Time

Applications must be submitted by **11:59pm Australian Eastern Daylight Time (AEDT) Tuesday 30 December 2025**.

## Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

## Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites. Applications will be assessed using the process outlined in the Guidelines.

## Application Help

Information about the Application process is available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites.

Applicants must submit any questions relating to the Program or this Application process in writing to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐. Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800079098
- Email to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐

## Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

**Accepted file types:** .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

**Note:** There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

## Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

## Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

## Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

**Note:** Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

# National Relay Service (NRS)

The National Indigenous Australians Agency uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 133677 to access the NRS.

## Australian Tax Office Reporting

The National Indigenous Australians Agency will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [website](#).

## Privacy

The National Indigenous Australians Agency, supported by the Community Grants Hub, uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on [www.business.gov.au](http://www.business.gov.au) [link](#).

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The National Indigenous Australians Agency, supported by the Community Grants Hub, will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy [link](#). The Community Grants Hub Privacy Policy [link](#) and WCaG Accessibility [link](#) Information and the National Indigenous Australians Agency Privacy Policy [link](#) should also be read and understood.




## Use of Information

Your Submission Reference is:

**QPRHBLL**

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800079098 or email IASAMO@niaa.gov.au .

Your email address \*

s47F @sa.gov.au

Confirm your email address \*

s47F @sa.gov.au

### Use of Information

The National Indigenous Australians Agency may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree \*

## Existing Grant Recipient

### Is the Applicant an existing Grant Recipient? \*

If you require assistance, please call 1800079098.

☐

Yes

☒

No

## Applicant Details

**Are you applying as a Trustee on behalf of a Trust? \***

**Note:** The Trustee will enter into a Grant Agreement with the Department (should the applicant be successful).

☐ Yes☒ No**Does the Organisation have an Australian Business Number (ABN)? \***☒ Yes☐ No

Enter the Organisation's ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

ABN \*

**Enter the ABN Branch Number relevant to the Organisation's ABN, if applicable. This is limited to 3 digits.**

ABN Branch Number

**Note:** If the details displayed are out of date or incorrect, please update them now via the Australian Business Register website [\[link\]](#) then re-enter and validate the ABN.

Australian Company Number (ACN) / Australian Registered Body Number (ARBN)

Legal/registered entity name \*

If you have Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "registered business name" field. If "Other" is selected, you will be asked to provide the Organisation's registered business name in another field that will become available.

Business name of the Organisation \*

Date of Registration

Australian Business Register (ABR) provided Entity Type

State

Postcode



GST Registered - Checkbox is ticked if the Organisation is GST Registered.



Registered as Charity - Checkbox is ticked if the Organisation is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).

## Does the Organisation have any of the following types of Incorporation Number: Australian Company Number (ACN), Australian Registered Business Number (ARBN), Registration Number, Indigenous Corporation Number (ICN), Incorporated Association Number (IAN)? \*

### Note:

An ACN (Australian Company Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies incorporated under the Corporations Act 2001 of the Commonwealth.

An ARBN (Australian Registered Body Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). Some organisations can only conduct business in their 'home' state or territory. By becoming a registered Australian body, these organisations can trade throughout all states and territories within Australia.

A Registration Number is a form of Incorporation Number for a Cooperative that has been established and/or registered under the relevant legislation in the State or Territory in which they were formed.

An ICN (Indigenous Corporation Number) is a number issued by the Office of the Registrar of Indigenous Corporations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 – CATSI Act.

An IAN (Incorporated Association Number) is a number given to an Incorporated Association that has been incorporated or registered under the relevant incorporated associations legislation in the State or Territory in which they were formed.

☐

Yes

☒

No

## What is the registered business address and main contact details of the Applicant?

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

Level 8, Riverside Centre

Street number, name and type \*

115 North Terrace

Suburb/Town \*

ADELAIDE

State \*

SA

Postcode \*

5000

**Address NOT Validated**



Unable to validate

Main Telephone \*

s47F

Main email address \*

s47F@sa.gov.au

Web address

www.dhs.sa.gov.au

## What is the postal address of the Applicant?

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

☐

Same as business address above

Floor / Building; Unit; Apartment

PO Box / Street number, name and type \*

Suburb/Town \*

State \*

Postcode \*

## What is the Applicant's financial email address for the receipt of National Indigenous Australians Agency payment advice should the Application be successful? \*

You must respond to this question. 350 character limit.

The email address must be entered in a valid format without spaces (eg. example@business.com.au).

Payment advice includes Recipient Created tax invoices (RCTIs).

## Does the Applicant operate as not-for-profit? \*

For eligibility requirements, refer to the Guidelines.

For further details about not-for-profit organisations refer to the Australian Tax Office website [\[link\]](#).

You must respond to this question.

Select 'No' if the Applicant operates for profit.

Select 'Yes' if the Applicant operates as not-for-profit.

☐

Yes

☒

No

## Eligibility Requirements

### What is the Applicant's entity type? \*

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Non-corporate State or Territory Entity

### Is the Applicant able to provide documentation to support the entity type? \*

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

**NOTE:** There is a maximum of two attachments for this question if the response is Yes.

☐

Yes

☒

No

## Governance

## Relevant Persons \*

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 6 years?

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of relevant person(s).
- ☐ Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- ☐ Bankruptcies of relevant person(s).
- ☐ Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- ☐ Litigation against relevant person(s) including judgement debts.
- or

☒ None of the above apply and there is no adverse information on any relevant person associate with this entity.

## Reportable Events \*

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of your organisation or related entities.
- ☐ Litigation or liquidation proceedings.
- ☐ A contract with your entity terminated by the other party.
- ☐ Contingent liabilities of a material amount.
- ☐ Overdue tax liabilities.
- ☐ Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- ☐ Any significant change in your entity's financial position not reflected in the financial statements provided.
- ☐ Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or

☒ None of the above events apply and there is no adverse information on my entity.

## Does the Applicant have the following documents?

**Note:** You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. \*

☒ Yes ☐ No

2. Business plan and/or strategic plan. \*

☒ Yes ☐ No

3. Risk management plan. \*

☒ Yes ☐ No

## Project/Activity Details

### Provide a short title of your Application for this Project/Activity. \*

**NOTE:** This field accepts the characters of A to Z, 0 to 9, ( ) . , - / \ @, all other characters including carriage returns are not accepted.

Return to Country Program

(Limit: approx 38 words, 250 characters)

25 characters of 250 used

### Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. \*

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Funding will be used to provide safe transport and support for remote visitors to return home when they wish to and it is safe for them to do so via the Return to Country (RTC) program in Port Augusta by:

- Supporting the expansion of the RTC program, aimed at supporting remote Aboriginal visitors stuck in Port Augusta to return to their home communities in remote or regional SA, the NT or other states.
- Facilitate community members obtaining tickets or other means to travel.
- Provide safe transport to the bus.
- Provide a secure, comfortable, and culturally safe space for clients to wait until the bus service leaves, if required.
- Minimise anti-social and high-risk behaviour in Port Augusta, by providing travel and a place for travellers to stay whilst awaiting travel thereby reducing overcrowding in tenancies.

(Limit: approx 150 words, 1,000 characters)

829 characters of 1,000 used

### In which service area/s is the Applicant proposing to deliver the Project/Activity? \*

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

#### IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

**Selected service area/s \***

- ☒ Port Augusta - Central, SA
- ☒ Port Augusta - Surrounds, SA
- ☒ Port Augusta - West, SA
- ☒ Davenport, SA

**Proposal Start Date \***

What is the planned start date for the proposal?

*You must respond to this question.*

*Use the calendar icon or type in the field using the format dd/mm/yyyy*

01 Dec 2023

**Proposal End Date \***

What is the planned end date for the proposal?

*You must respond to this question.*

*Use the calendar icon or type in the field using the format dd/mm/yyyy*

30 Jun 2024

Financials



Provide a breakdown of the requested grant funding for each previously selected service area/s. \*

Port Augusta - Central, SA

2023-2024 (exc GST) \*

\$	96,000.00
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2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	96,000.00
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Approx. % of Total

60
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Port Augusta - Surrounds, SA

2023-2024 (exc GST) \*

\$	16,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	16,000.00
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Approx. % of Total

10
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Port Augusta - West, SA

2023-2024 (exc GST) \*

\$	16,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	16,000.00
----	-----------

Approx. % of Total

10
----

Davenport, SA
---------------

2023-2024 (exc GST) \*

\$	32,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	32,000.00
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Approx. % of Total

20
----

Summary

2023-2024 Total

\$	160,000.00
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2024-2025 Total

\$	0
----	---

2025-2026 Total

\$	0
----	---

2026-2027 Total

\$	0
----	---

Total funding

\$	160,000.00
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Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number \*

Account number \*

s47G

s47G

Account Name \*

s47G

## Assessment Criteria

### Proposal Summary \*

Provide a summary that outlines the claims of the proposal.

*You must respond to this question.*

*This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @, other characters and formatting are not accepted.*

Providing safe transport and support for the Return to Country program  
i. Expand the Port Augusta RTC program to support Aboriginal and Torres Strait Islander people who want to return home to their remote or regional communities but may not have the capacity to do so.  
ii. Support people to safely get to the bus or other transport, and provide an appropriate place for people to wait for travel.  
iii. Support people who are stuck in Pt Augusta to return home to their community where they wish to do so and where it is safe and appropriate for this to happen.  
iv. Minimise anti-social and high-risk behaviour in Pt Augusta including in overcrowded tenancies.

*(Limit: approx 750 words, 5,000 characters)*

*662 characters of 5,000 used*

## Additional Information

## Criminal Proceedings or Formal Complaints \*

In the last 6 years, has any person to be involved in delivering the activity or any senior official in your organisation been the subject of any criminal proceedings (regardless of outcome) or the subject of a formal complaint by an individual or authorised entity?

*You must respond to this question.*

*Please select the most appropriate option.*

☐ Yes

☒ No

## Subcontractor Arrangements \*

Does the Applicant plan to deliver the Project/Activity using subcontractors?

*You must respond to this question.*

*Please select the most appropriate option.*

☒ Yes

☐ No

Have you confirmed the subcontractor arrangements that will be used. \*

☒ Yes ALL subcontractor arrangements have been confirmed.

☐ Yes SOME subcontractor arrangements have been confirmed.

☐ No

### Detail 1

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

The Trustee for THE SALVATION ARMY (SA) PROPERTY TRUST

Subcontractor Member ABN

13 320 346 330

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

Subcontractors do not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the subcontractor arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Consortium Arrangements \*

Does the Applicant plan to deliver the Project/Activity as part of the lead Agency of a consortium?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Other Funding \*

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

## Organisational Membership/Ownership \*

What percentage of the organisational membership/ownership identify as Indigenous Australians?

*You must respond to this question.*

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Organisational Board/Management Committee \*

What percentage of the organisational board/ management committee identify as Indigenous Australians?

*You must respond to this question.*

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Organisational Management

What percentage of the organisation's management identify as Indigenous Australians? This includes those responsible for the day-to-day running of your organisation, such as the CEO and those occupying the highest positions in relation to service delivery, finances, operations, human resources etc.

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Indigenous Employees

What percentage of the organisation's employees who will work on this activity are expected to be Indigenous Australians?

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Privacy declaration \*

I consent to the collection, use and disclosure of my personal information, including sensitive information regarding race and ethnic origins, for the purposes of assessing and processing my application, administering grants, compliance and detection of fraud, research and analysis and for any other purposes listed at paragraph 14.3 of the Agency Collaborates GOGs, or where disclosure is otherwise authorised or required under the Privacy Act or other law.

Where applicable, I confirm that all other parties whose personal and sensitive information is included in this application (e.g. partners, board members) have also consented to the collection, use and disclosure of this information for the same purposes.

Note that "sensitive information" refers to information collected about your organisations' Indigenous ownership, control or management, where the Agency may be able to infer the Indigeneity of individuals due to the size of your organisation.

*To be eligible for this Grant Opportunity you must respond to this question.*



I consent

## Attachments

### Bank Account \*

Attach evidence of your bank account.

A copy of your bank statement is preferred.

*You must respond to this question.*

*Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.*

## Applicant Contacts

## Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

Other

Position Title \*

Senior Policy Officer - Safety and Wellbeing Taskforce

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

## Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

General Manager

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au



## Declaration

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

☐ Yes

☒ No

**Please read and complete the following declaration.**

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the National Indigenous Australians Agency to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).



I understand and agree to the declaration above. \*



I acknowledge that giving false or misleading information to the National Indigenous Australians Agency is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

Full name of Authorised Officer \*

Position of Authorised Officer \*

Date

s47F

General Manager

04/12/2023

**Please provide an estimate of the time taken to complete this Application Form, including:**

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

5

A copy of receipt will be sent to: s47F @sa.gov.au



Australian Government  
National Indigenous  
Australians Agency



NIAA

# Agency Collaborates - Direct Approach - Short

Submission Reference: 5LSNZWG

## Application Information

The Agency may use this form to directly approach an organisation where there is only one suitable provider, where specialist experience or skills are required, or where there is an urgent unmet need. All other current funding opportunities are advertised on GrantConnect.

### Privacy Notice

The Agency is collecting your personal information for the purposes of assessing and processing your application, administering grants, compliance and detection of fraud, research and analysis.

For the same purposes, we may disclose personal information to the parties listed at paragraph 13.3 of the Agency Collaborates GOGs. This includes those involved in the assessment of your application, contractors of the Commonwealth, Parliament and other government agencies. We may also use de-identified information for the purposes of reporting to other agencies, Parliament and the public.

Providing the requested information is voluntary. If you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (see 8.1 of the Agency Collaborates GOGs).

The Agency will not provide the information collected from you to anyone else outside the Agency (other than the parties listed at paragraph 13.3 of the Agency Collaborates GOGs), unless you have given consent for us to do this, or we are authorised or required to do so by law.

The privacy and security of your personal information is important to us, and is protected by law. The Agency's Privacy Policy explains how the Agency handles and protects the information provided by you. The Agency's Privacy Policy also explains how you can request access to or correct the personal information we hold about you, and who to contact if you have a privacy enquiry or complaint.

If you require a copy of our Privacy Policy contact the Privacy Officer at [privacy@niaa.gov.au](mailto:privacy@niaa.gov.au).

## Grant Round Administration

This grant round is being administered by the National Indigenous Australians Agency.

## Closing Date/Time

Applications must be submitted by **11:59pm Australian Eastern Daylight Time (AEDT) Tuesday 30 December 2025**.

## Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

## Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites. Applications will be assessed using the process outlined in the Guidelines.

## Application Help

Information about the Application process is available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites.

Applicants must submit any questions relating to the Program or this Application process in writing to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐. Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800079098
- Email to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐

## Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

**Accepted file types:** .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

**Note:** There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

## Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

## Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

## Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

**Note:** Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

# National Relay Service (NRS)

The National Indigenous Australians Agency uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 133677 to access the NRS.

## Australian Tax Office Reporting

The National Indigenous Australians Agency will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [website](#).

## Privacy

The National Indigenous Australians Agency, supported by the Community Grants Hub, uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on [www.business.gov.au](http://www.business.gov.au) [link](#).

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The National Indigenous Australians Agency, supported by the Community Grants Hub, will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.


For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy [link](#). The Community Grants Hub Privacy Policy [link](#) and WCAG Accessibility [link](#) Information and the National Indigenous Australians Agency Privacy Policy [link](#) should also be read and understood.

## Use of Information

Your Submission Reference is:

**5LSNZWG**

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800079098 or email IASAMO@niaa.gov.au .

Your email address \*

s47F @sa.gov.au

Confirm your email address \*

s47F @sa.gov.au

### Use of Information

The National Indigenous Australians Agency may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree \*

## Existing Grant Recipient

**Is the Applicant an existing Grant Recipient? \***

☐

Yes

☒

No

## Applicant Details

**Are you applying as a Trustee on behalf of a Trust? \***☐ Yes☒ No**Does the Organisation have an Australian Business Number (ABN)? \***☒ Yes☐ No

Enter the Organisation's ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

ABN \*

**Enter the ABN Branch Number relevant to the Organisation's ABN, if applicable. This is limited to 3 digits.**

ABN Branch Number

**Note:** If the details displayed are out of date or incorrect, please update them now via the Australian Business Register website [\[link\]](#) then re-enter and validate the ABN.

Australian Company Number (ACN) / Australian Registered Body Number (ARBN)

Legal/registered entity name \*

If you have Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "registered business name" field. If "Other" is selected, you will be asked to provide the Organisation's registered business name in another field that will become available.

Business name of the Organisation \*

Date of Registration

Australian Business Register (ABR) provided Entity Type

State

Postcode



GST Registered - Checkbox is ticked if the Organisation is GST Registered.



Registered as Charity - Checkbox is ticked if the Organisation is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).

**Does the Organisation have any of the following types of Incorporation Number: Australian Company Number (ACN), Australian Registered Business Number (ARBN), Registration Number, Indigenous Corporation Number (ICN), Incorporated Association Number (IAN)? \***

**Note:**

An ACN (Australian Company Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies incorporated under the Corporations Act 2001 of the Commonwealth.

An ARBN (Australian Registered Body Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). Some organisations can only conduct business in their 'home' state or territory. By becoming a registered Australian body, these organisations can trade throughout all states and territories within Australia.

A Registration Number is a form of Incorporation Number for a Cooperative that has been established and/or registered under the relevant legislation in the State or Territory in which they were formed.

An ICN (Indigenous Corporation Number) is a number issued by the Office of the Registrar of Indigenous Corporations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 – CATSI Act.

An IAN (Incorporated Association Number) is a number given to an Incorporated Association that has been incorporated or registered under the relevant incorporated associations legislation in the State or Territory in which they were formed.

☐

Yes

☒

No

**What is the registered business address and main contact details of the Applicant?**

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

Level 8, Riverside Centre

Street number, name and type \*

115 North Terrace

Suburb/Town \*

ADELAIDE

State \*

SA

Postcode \*

5000

**Address NOT Validated**



Unable to validate

Main Telephone \*

s47F

Main email address \*

s47F@sa.gov.au

Web address

www.dhs.sa.gov.au



## What is the postal address of the Applicant?

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

☐

Same as business address above

Floor / Building; Unit; Apartment

PO Box / Street number, name and type \*

Suburb/Town \*

State \*

Postcode \*

## What is the Applicant's financial email address for the receipt of National Indigenous Australians Agency payment advice should the Application be successful? \*

## Does the Applicant operate as not-for-profit? \*

☐

Yes

☒

No

## Eligibility Requirements

### What is the Applicant's entity type? \*

### Is the Applicant able to provide documentation to support the entity type? \*

☐

Yes

☒

No

## Governance

## Relevant Persons \*

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 6 years?

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of relevant person(s).
- ☐ Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- ☐ Bankruptcies of relevant person(s).
- ☐ Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- ☐ Litigation against relevant person(s) including judgement debts.
- or
- ☒ None of the above apply and there is no adverse information on any relevant person associate with this entity.

## Reportable Events \*

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of your organisation or related entities.
- ☐ Litigation or liquidation proceedings.
- ☐ A contract with your entity terminated by the other party.
- ☐ Contingent liabilities of a material amount.
- ☐ Overdue tax liabilities.
- ☐ Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- ☐ Any significant change in your entity's financial position not reflected in the financial statements provided.
- ☐ Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- ☒ None of the above events apply and there is no adverse information on my entity.

## Does the Applicant have the following documents?

**Note:** You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. \*

☒

Yes

☐

No

2. Business plan and/or strategic plan. \*

☒

Yes

☐

No

3. Risk management plan. \*

☒

Yes

☐

No

## Project/Activity Details

**Provide a short title of your Application for this Project/Activity. \***

Assertive Youth Outreach Response across Port Augusta and Davenport

(Limit: approx 38 words, 250 characters)

67 characters of 250 used

**Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. \***

The youth outreach team will actively engage with young people in and around Port Augusta and Davenport. They will provide recreation and diversionary activities for young people where they are gathering as well as walking and driving around Port Augusta and Davenport providing support for young people and referrals to relevant services. They will engage with the Youth Centre and other services for young people in community, divert young people in Port Augusta and Davenport away from high risk and antisocial activities, and encourage them to take part in community-based recreational activities. Funding the youth outreach team will help address high risk behaviour of young people who are disconnected from community and services. It will support increased collaboration between youth services in Port Augusta and Davenport, particularly those that operate 'after hours'. The team will consist of 5 outreach workers and a coordinator, working Tuesday to Friday 4-6pm and Saturday 4-10pm .

(Limit: approx 150 words, 1,000 characters)

995 characters of 1,000 used

## In which service area/s is the Applicant proposing to deliver the Project/Activity? \*

### Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

### IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

### Selected service area/s \*

- ☒ Davenport, SA
- ☒ Port Augusta - Central, SA
- ☒ Port Augusta - Surrounds, SA
- ☒ Port Augusta - West, SA

## Proposal Start Date \*

What is the planned start date for the proposal?

01 Dec 2023

## Proposal End Date \*

What is the planned end date for the proposal?

30 Jun 2024

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. \*

Davenport, SA

2023-2024 (exc GST) \*

\$

60,000.00

2024-2025 (exc GST) \*

\$

0.00

2025-2026 (exc GST) \*

\$

0.00

2026-2027 (exc GST) \*

\$

0.00

Total funding

\$

60,000.00

Approx. % of Total

20

Port Augusta - Central, SA

2023-2024 (exc GST) \*

\$

180,000.00

2024-2025 (exc GST) \*

\$

0.00

2025-2026 (exc GST) \*

\$

0.00

2026-2027 (exc GST) \*

\$

0.00

Total funding

\$

180,000.00

Approx. % of Total

60

Port Augusta - Surrounds, SA

2023-2024 (exc GST) \*

\$	30,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	30,000.00
----	-----------

Approx. % of Total

10
----

Port Augusta - West, SA

2023-2024 (exc GST) \*

\$	30,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	30,000.00
----	-----------

Approx. % of Total

10
----

Summary

2023-2024 Total

\$	300,000.00
----	------------

2024-2025 Total

\$	0
----	---

2025-2026 Total

\$	0
----	---

2026-2027 Total

\$	0
----	---

Total funding

\$	300,000.00
----	------------

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number \*

s47G
------

Account number \*

s47G
------

Account Name \*

s47G
------

Assessment Criteria

Proposal Summary \*

Provide a summary that outlines the claims of the proposal.

Assertive Outreach Youth Response i. The outreach team is made up of 5 outreach workers and a coordinator, working Tuesday to Friday 4-6pm and Saturday 2-10pm ii. The team will provide recreation and diversionary activities for young people as well as walk and drive around Port Augusta and Davenport providing onsite support and referrals for young people seeking assistance iii. The team will engage with the Youth Centre and other services for young people in community to support partnerships iv. Divert young people in Port Augusta and Davenport away from high risk and antisocial activities and encourage them to take part in community-based recreational and diversionary activities v. Increase collaboration between youth services in Port Augusta, particularly those that operate 'after hours'
---

(Limit: approx 750 words, 5,000 characters)

802 characters of 5,000 used

## Additional Information

### Criminal Proceedings or Formal Complaints \*

In the last 6 years, has any person to be involved in delivering the activity or any senior official in your organisation been the subject of any criminal proceedings (regardless of outcome) or the subject of a formal complaint by an individual or authorised entity?

- ☐ Yes
- ☒ No

### Subcontractor Arrangements \*

Does the Applicant plan to deliver the Project/Activity using subcontractors?

- ☐ Yes
- ☒ No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

Subcontractors do not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the subcontractor arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

### Consortium Arrangements \*

Does the Applicant plan to deliver the Project/Activity as part of the lead Agency of a consortium?

- ☐ Yes
- ☒ No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

### Other Funding \*

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)?

- ☐ Yes
- ☒ No

### Organisational Membership/Ownership \*

What percentage of the organisational membership/ownership identify as Indigenous Australians?

### Organisational Board/Management Committee \*

What percentage of the organisational board/ management committee identify as Indigenous Australians?



## Organisational Management

What percentage of the organisation's management identify as Indigenous Australians? This includes those responsible for the day-to-day running of your organisation, such as the CEO and those occupying the highest positions in relation to service delivery, finances, operations, human resources etc.

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

1.00

## Indigenous Employees

What percentage of the organisation's employees who will work on this activity are expected to be Indigenous Australians?

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

3.00

## Privacy declaration \*

I consent to the collection, use and disclosure of my personal information, including sensitive information regarding race and ethnic origins, for the purposes of assessing and processing my application, administering grants, compliance and detection of fraud, research and analysis and for any other purposes listed at paragraph 14.3 of the Agency Collaborates GOGs, or where disclosure is otherwise authorised or required under the Privacy Act or other law.

Where applicable, I confirm that all other parties whose personal and sensitive information is included in this application (e.g. partners, board members) have also consented to the collection, use and disclosure of this information for the same purposes.

Note that "sensitive information" refers to information collected about your organisations' Indigenous ownership, control or management, where the Agency may be able to infer the Indigeneity of individuals due to the size of your organisation.

*To be eligible for this Grant Opportunity you must respond to this question.*



I consent

## Attachments

### Bank Account \*

Attach evidence of your bank account.

A copy of your bank statement is preferred.

DHS Bank Account Details email 281123.pdf

## Applicant Contacts

### Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

Other

Position Title \*

Senior Policy Officer - Safety and Wellbeing Taskforce

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

### Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

General Manager

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

## Declaration

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

☐ Yes

☒ No

**Please read and complete the following declaration.**

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the National Indigenous Australians Agency to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

☒ I understand and agree to the declaration above. \*

☒ I acknowledge that giving false or misleading information to the National Indigenous Australians Agency is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

Full name of Authorised Officer \*

Position of Authorised Officer \*

Date

s47F

General Manager

04/12/2023

**Please provide an estimate of the time taken to complete this Application Form, including:**

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

5

A copy of receipt will be sent to: s47F @sa.gov.au



Australian Government  
National Indigenous  
Australians Agency



NIAA

# Agency Collaborates - Direct Approach - Short

Submission Reference: 3GXXG2Q2

## Application Information

The Agency may use this form to directly approach an organisation where there is only one suitable provider, where specialist experience or skills are required, or where there is an urgent unmet need. All other current funding opportunities are advertised on GrantConnect.

### Privacy Notice

The Agency is collecting your personal information for the purposes of assessing and processing your application, administering grants, compliance and detection of fraud, research and analysis.

For the same purposes, we may disclose personal information to the parties listed at paragraph 13.3 of the Agency Collaborates GOGs. This includes those involved in the assessment of your application, contractors of the Commonwealth, Parliament and other government agencies. We may also use de-identified information for the purposes of reporting to other agencies, Parliament and the public.

Providing the requested information is voluntary. If you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (see 8.1 of the Agency Collaborates GOGs).

The Agency will not provide the information collected from you to anyone else outside the Agency (other than the parties listed at paragraph 13.3 of the Agency Collaborates GOGs), unless you have given consent for us to do this, or we are authorised or required to do so by law.

The privacy and security of your personal information is important to us, and is protected by law. The Agency's Privacy Policy explains how the Agency handles and protects the information provided by you. The Agency's Privacy Policy also explains how you can request access to or correct the personal information we hold about you, and who to contact if you have a privacy enquiry or complaint.

If you require a copy of our Privacy Policy contact the Privacy Officer at [privacy@niaa.gov.au](mailto:privacy@niaa.gov.au).

## Grant Round Administration

This grant round is being administered by the National Indigenous Australians Agency.

# Closing Date/Time

Applications must be submitted by **11:59pm Australian Eastern Daylight Time (AEDT) Tuesday 30 December 2025**.

## Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

## Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites. Applications will be assessed using the process outlined in the Guidelines.

## Application Help

Information about the Application process is available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites.

Applicants must submit any questions relating to the Program or this Application process in writing to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐. Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800079098
- Email to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐

## Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

**Accepted file types:** .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

**Note:** There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

## Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

## Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

## Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

**Note:** Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

## National Relay Service (NRS)

The National Indigenous Australians Agency uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 133677 to access the NRS.

## Australian Tax Office Reporting

The National Indigenous Australians Agency will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [website](#).

## Privacy

The National Indigenous Australians Agency, supported by the Community Grants Hub, uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on [www.business.gov.au](http://www.business.gov.au) [link](#).

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The National Indigenous Australians Agency, supported by the Community Grants Hub, will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy [link](#). The Community Grants Hub Privacy Policy [link](#) and WCAG Accessibility [link](#) Information and the National Indigenous Australians Agency Privacy Policy [link](#) should also be read and understood.

## Use of Information

Your Submission Reference is:

**3GXG2Q2**

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800079098 or email IASAMO@niaa.gov.au .

Your email address \*

s47F @sa.gov.au

Confirm your email address \*

s47F @sa.gov.au

### Use of Information

The National Indigenous Australians Agency may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree \*

## Existing Grant Recipient

**Is the Applicant an existing Grant Recipient? \***

☐

Yes

☒

No

## Applicant Details



**Are you applying as a Trustee on behalf of a Trust? \***☐ Yes☒ No**Does the Organisation have an Australian Business Number (ABN)? \***☒ Yes☐ No

Enter the Organisation's ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

ABN \*

**Enter the ABN Branch Number relevant to the Organisation's ABN, if applicable. This is limited to 3 digits.**

ABN Branch Number

**Note:** If the details displayed are out of date or incorrect, please update them now via the Australian Business Register website [\[link\]](#) then re-enter and validate the ABN.

Australian Company Number (ACN) / Australian Registered Body Number (ARBN)

Legal/registered entity name \*

If you have Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "registered business name" field. If "Other" is selected, you will be asked to provide the Organisation's registered business name in another field that will become available.

Business name of the Organisation \*

Date of Registration

Australian Business Register (ABR) provided Entity Type

State

Postcode



GST Registered - Checkbox is ticked if the Organisation is GST Registered.



Registered as Charity - Checkbox is ticked if the Organisation is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).

**Does the Organisation have any of the following types of Incorporation Number: Australian Company Number (ACN), Australian Registered Business Number (ARBN), Registration Number, Indigenous Corporation Number (ICN), Incorporated Association Number (IAN)? \***

**Note:**

An ACN (Australian Company Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies incorporated under the Corporations Act 2001 of the Commonwealth.

An ARBN (Australian Registered Body Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). Some organisations can only conduct business in their 'home' state or territory. By becoming a registered Australian body, these organisations can trade throughout all states and territories within Australia.

A Registration Number is a form of Incorporation Number for a Cooperative that has been established and/or registered under the relevant legislation in the State or Territory in which they were formed.

An ICN (Indigenous Corporation Number) is a number issued by the Office of the Registrar of Indigenous Corporations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 – CATSI Act.

An IAN (Incorporated Association Number) is a number given to an Incorporated Association that has been incorporated or registered under the relevant incorporated associations legislation in the State or Territory in which they were formed.

☐

Yes

☒

No

**What is the registered business address and main contact details of the Applicant?**

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) , . ' - /, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

Level 8, Riverside Centre

Street number, name and type \*

115 North Terrace

Suburb/Town \*

ADELAIDE

State \*

SA

Postcode \*

5000

**Address NOT Validated**



Unable to validate

Main Telephone \*

s47F

Main email address \*

s47F@sa.gov.au

Web address

www.dhs.sa.gov.au

## What is the postal address of the Applicant?

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

☐

Same as business address above

Floor / Building; Unit; Apartment

PO Box / Street number, name and type \*

Suburb/Town \*

State \*

Postcode \*

## What is the Applicant's financial email address for the receipt of National Indigenous Australians Agency payment advice should the Application be successful? \*

## Does the Applicant operate as not-for-profit? \*

☐

Yes

☒

No

## Eligibility Requirements

### What is the Applicant's entity type? \*

### Is the Applicant able to provide documentation to support the entity type? \*

☐

Yes

☒

No

## Governance

## Relevant Persons \*

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 6 years?

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of relevant person(s).
- ☐ Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- ☐ Bankruptcies of relevant person(s).
- ☐ Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- ☐ Litigation against relevant person(s) including judgement debts.
- or
- ☒ None of the above apply and there is no adverse information on any relevant person associate with this entity.

## Reportable Events \*

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of your organisation or related entities.
- ☐ Litigation or liquidation proceedings.
- ☐ A contract with your entity terminated by the other party.
- ☐ Contingent liabilities of a material amount.
- ☐ Overdue tax liabilities.
- ☐ Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- ☐ Any significant change in your entity's financial position not reflected in the financial statements provided.
- ☐ Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- ☒ None of the above events apply and there is no adverse information on my entity.

## Does the Applicant have the following documents?

**Note:** You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. \*

☒

Yes

☐

No

2. Business plan and/or strategic plan. \*

☒

Yes

☐

No

3. Risk management plan. \*

☒

Yes

☐

No

## Project/Activity Details

**Provide a short title of your Application for this Project/Activity. \***

Establishment of a Safer Places to Gather site/camp

(Limit: approx 38 words, 250 characters)

51 characters of 250 used

**Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. \***

In response to an increase in remote visitors to Port Augusta who are sleeping rough in public places a 'Safer Place to Gather' site will be established. The site will provide remote Aboriginal visitors a place where they can seek shelter and access support services in a safe and culturally inclusive setting. This will support Port Augusta outreach services to proactively respond to an increase in remote visitors over the summer period. The site will be a light touch model providing shelter, access to water and toilets and outreach services and referrals to relevant agencies. Visitors attending at the Safer Place to Gather will have access to wrap around services, whilst reducing high risk and anti-social behaviours.

(Limit: approx 150 words, 1,000 characters)

726 characters of 1,000 used

**In which service area/s is the Applicant proposing to deliver the Project/Activity? \*****Instructions:**

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

**IMPORTANT NOTE:**

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

**Selected service area/s \***

- ☒ Port Augusta - Central, SA
- ☒ Port Augusta - Surrounds, SA
- ☒ Port Augusta - West, SA
- ☒ Davenport, SA

Proposal Start Date \*

What is the planned start date for the proposal?

01 Dec 2023

Proposal End Date \*

What is the planned end date for the proposal?

30 Jun 2024

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. \*

Port Augusta - Central, SA

2023-2024 (exc GST) \*

\$

300,000.00

2024-2025 (exc GST) \*

\$

0.00

2025-2026 (exc GST) \*

\$

0.00

2026-2027 (exc GST) \*

\$

0.00

Total funding

\$

300,000.00

Approx. % of Total

60

Port Augusta - Surrounds, SA

2023-2024 (exc GST) \*

\$	50,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	50,000.00
----	-----------

Approx. % of Total

10
----

Port Augusta - West, SA

2023-2024 (exc GST) \*

\$	50,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	50,000.00
----	-----------

Approx. % of Total

10
----

Davenport, SA



2023-2024 (exc GST) \*

\$	100,000.00
----	------------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	100,000.00
----	------------

Approx. % of Total

20
----

Summary

2023-2024 Total

\$	500,000.00
----	------------

2024-2025 Total

\$	0
----	---

2025-2026 Total

\$	0
----	---

2026-2027 Total

\$	0
----	---

Total funding

\$	500,000.00
----	------------

## Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number \*

s47G

Account number \*

s47G

Account Name \*

s47G

## Assessment Criteria

### Proposal Summary \*

Provide a summary that outlines the claims of the proposal.

Safer Places to Gather site

- Develop a site to provide remote Aboriginal visitors a place where they can seek shelter and access support services in a safe and culturally inclusive setting.
- Proactively respond to an increase in remote visitors over the summer period and support the safety and wellbeing of visitors, residents and businesses..
- Remote visitors will have a culturally appropriate and supported safe place to gather.
- Remote visitors will have access to wrap around services and referrals to relevant agencies.
- Reduce high risk and anti-social behaviours in Port Augusta and Davenport.

(Limit: approx 750 words, 5,000 characters)

619 characters of 5,000 used

## Additional Information

## Criminal Proceedings or Formal Complaints \*

In the last 6 years, has any person to be involved in delivering the activity or any senior official in your organisation been the subject of any criminal proceedings (regardless of outcome) or the subject of a formal complaint by an individual or authorised entity?

- ☐ Yes
- ☒ No

## Subcontractor Arrangements \*

Does the Applicant plan to deliver the Project/Activity using subcontractors?

- ☐ Yes
- ☒ No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

Subcontractors do not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the subcontractor arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Consortium Arrangements \*

Does the Applicant plan to deliver the Project/Activity as part of the lead Agency of a consortium?

- ☐ Yes
- ☒ No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Other Funding \*

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)?

- ☐ Yes
- ☒ No

## Organisational Membership/Ownership \*

What percentage of the organisational membership/ownership identify as Indigenous Australians?

3.00

## Organisational Board/Management Committee \*

What percentage of the organisational board/ management committee identify as Indigenous Australians?

1.00

## Organisational Management

What percentage of the organisation's management identify as Indigenous Australians? This includes those responsible for the day-to-day running of your organisation, such as the CEO and those occupying the highest positions in relation to service delivery, finances, operations, human resources etc.

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

## Indigenous Employees

What percentage of the organisation's employees who will work on this activity are expected to be Indigenous Australians?

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

## Privacy declaration \*

I consent to the collection, use and disclosure of my personal information, including sensitive information regarding race and ethnic origins, for the purposes of assessing and processing my application, administering grants, compliance and detection of fraud, research and analysis and for any other purposes listed at paragraph 14.3 of the Agency Collaborates GOGs, or where disclosure is otherwise authorised or required under the Privacy Act or other law.

Where applicable, I confirm that all other parties whose personal and sensitive information is included in this application (e.g. partners, board members) have also consented to the collection, use and disclosure of this information for the same purposes.

Note that "sensitive information" refers to information collected about your organisations' Indigenous ownership, control or management, where the Agency may be able to infer the Indigeneity of individuals due to the size of your organisation.

*To be eligible for this Grant Opportunity you must respond to this question.*



I consent

## Attachments

### Bank Account \*

Attach evidence of your bank account.

A copy of your bank statement is preferred.

## Applicant Contacts

### Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

Other

Position Title \*

Senior Policy Officer - Safety and Wellbeing Taskforce

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

### Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

General Manager

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

## Declaration

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

☐

Yes

☒

No

**Please read and complete the following declaration.**

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the National Indigenous Australians Agency to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).



I understand and agree to the declaration above. \*



I acknowledge that giving false or misleading information to the National Indigenous Australians Agency is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

Full name of Authorised Officer \*

Position of Authorised Officer \*

Date

s47F

General Manager

04/12/2023

**Please provide an estimate of the time taken to complete this Application Form, including:**

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

5

A copy of receipt will be sent to s47F @sa.gov.au



Australian Government  
National Indigenous  
Australians Agency



NIAA

# Agency Collaborates - Direct Approach - Short

Submission Reference: VWNRBTL

## Application Information

The Agency may use this form to directly approach an organisation where there is only one suitable provider, where specialist experience or skills are required, or where there is an urgent unmet need. All other current funding opportunities are advertised on GrantConnect.

### Privacy Notice

The Agency is collecting your personal information for the purposes of assessing and processing your application, administering grants, compliance and detection of fraud, research and analysis.

For the same purposes, we may disclose personal information to the parties listed at paragraph 13.3 of the Agency Collaborates GOGs. This includes those involved in the assessment of your application, contractors of the Commonwealth, Parliament and other government agencies. We may also use de-identified information for the purposes of reporting to other agencies, Parliament and the public.

Providing the requested information is voluntary. If you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (see 8.1 of the Agency Collaborates GOGs).

The Agency will not provide the information collected from you to anyone else outside the Agency (other than the parties listed at paragraph 13.3 of the Agency Collaborates GOGs), unless you have given consent for us to do this, or we are authorised or required to do so by law.

The privacy and security of your personal information is important to us, and is protected by law. The Agency's Privacy Policy explains how the Agency handles and protects the information provided by you. The Agency's Privacy Policy also explains how you can request access to or correct the personal information we hold about you, and who to contact if you have a privacy enquiry or complaint.

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## Grant Round Administration

This grant round is being administered by the National Indigenous Australians Agency.

## Closing Date/Time

Applications must be submitted by **11:59pm Australian Eastern Daylight Time (AEDT) Tuesday 30 December 2025**.

## Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

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Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites. Applications will be assessed using the process outlined in the Guidelines.

## Application Help

Information about the Application process is available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites.

Applicants must submit any questions relating to the Program or this Application process in writing to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐. Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

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- Phone 1800079098
- Email to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐



## Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

**Accepted file types:** .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

**Note:** There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

## Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

## Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

## Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

**Note:** Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

# National Relay Service (NRS)

The National Indigenous Australians Agency uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 133677 to access the NRS.

## Australian Tax Office Reporting

The National Indigenous Australians Agency will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [website](#).

## Privacy

The National Indigenous Australians Agency, supported by the Community Grants Hub, uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on [www.business.gov.au](http://www.business.gov.au) [link](#).

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The National Indigenous Australians Agency, supported by the Community Grants Hub, will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy [link](#). The Community Grants Hub Privacy Policy [link](#) and WCAG Accessibility [link](#) Information and the National Indigenous Australians Agency Privacy Policy [link](#) should also be read and understood.

## Use of Information

Your Submission Reference is:

**VWNRBTL**

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800079098 or email [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) .

Your email address \*

s47F @sa.gov.au

Confirm your email address \*

s47F @sa.gov.au

### Use of Information

The National Indigenous Australians Agency may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree \*

## Existing Grant Recipient

### Is the Applicant an existing Grant Recipient? \*

If you require assistance, please call 1800079098.

☐

Yes

☒

No

## Applicant Details

**Are you applying as a Trustee on behalf of a Trust? \***

**Note:** The Trustee will enter into a Grant Agreement with the Department (should the applicant be successful).

☐ Yes☒ No**Does the Organisation have an Australian Business Number (ABN)? \***☒ Yes☐ No

Enter the Organisation's ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

ABN \*

**Enter the ABN Branch Number relevant to the Organisation's ABN, if applicable. This is limited to 3 digits.**

ABN Branch Number

**Note:** If the details displayed are out of date or incorrect, please update them now via the Australian Business Register website [\[link\]](#) then re-enter and validate the ABN.

Australian Company Number (ACN) / Australian Registered Body Number (ARBN)

Legal/registered entity name \*

If you have Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "registered business name" field. If "Other" is selected, you will be asked to provide the Organisation's registered business name in another field that will become available.

Business name of the Organisation \*

Date of Registration

Australian Business Register (ABR) provided Entity Type

State

Postcode



GST Registered - Checkbox is ticked if the Organisation is GST Registered.



Registered as Charity - Checkbox is ticked if the Organisation is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).

**Does the Organisation have any of the following types of Incorporation Number: Australian Company Number (ACN), Australian Registered Business Number (ARBN), Registration Number, Indigenous Corporation Number (ICN), Incorporated Association Number (IAN)? \***

**Note:**

An ACN (Australian Company Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies incorporated under the Corporations Act 2001 of the Commonwealth.

An ARBN (Australian Registered Body Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). Some organisations can only conduct business in their 'home' state or territory. By becoming a registered Australian body, these organisations can trade throughout all states and territories within Australia.

A Registration Number is a form of Incorporation Number for a Cooperative that has been established and/or registered under the relevant legislation in the State or Territory in which they were formed.

An ICN (Indigenous Corporation Number) is a number issued by the Office of the Registrar of Indigenous Corporations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 – CATSI Act.

An IAN (Incorporated Association Number) is a number given to an Incorporated Association that has been incorporated or registered under the relevant incorporated associations legislation in the State or Territory in which they were formed.

☐

Yes

☒

No

**What is the registered business address and main contact details of the Applicant?**

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) , . ' - /, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

Level 8, Riverside Centre

Street number, name and type \*

115 North Terrace

Suburb/Town \*

ADELAIDE

State \*

SA

Postcode \*

5000

**Address NOT Validated**



Unable to validate

Main Telephone \*

s47F

Main email address \*

s47F@sa.gov.au

Web address

www.dhs.sa.gov.au

## What is the postal address of the Applicant?

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

☐

Same as business address above

Floor / Building; Unit; Apartment

PO Box / Street number, name and type \*

Suburb/Town \*

State \*

Postcode \*

## What is the Applicant's financial email address for the receipt of National Indigenous Australians Agency payment advice should the Application be successful? \*

You must respond to this question. 350 character limit.

The email address must be entered in a valid format without spaces (eg. example@business.com.au).

Payment advice includes Recipient Created tax invoices (RCTIs).

## Does the Applicant operate as not-for-profit? \*

For eligibility requirements, refer to the Guidelines.

For further details about not-for-profit organisations refer to the Australian Tax Office website [\[link\]](#).

You must respond to this question.

Select 'No' if the Applicant operates for profit.

Select 'Yes' if the Applicant operates as not-for-profit.

☐

Yes

☒

No

## Eligibility Requirements

### What is the Applicant's entity type? \*

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Non-corporate State or Territory Entity

### Is the Applicant able to provide documentation to support the entity type? \*

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

**NOTE:** There is a maximum of two attachments for this question if the response is Yes.

☐

Yes

☒

No

## Governance

## Relevant Persons \*

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 6 years?

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of relevant person(s).
- ☐ Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- ☐ Bankruptcies of relevant person(s).
- ☐ Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- ☐ Litigation against relevant person(s) including judgement debts.
- or

☒ None of the above apply and there is no adverse information on any relevant person associate with this entity.

## Reportable Events \*

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of your organisation or related entities.
- ☐ Litigation or liquidation proceedings.
- ☐ A contract with your entity terminated by the other party.
- ☐ Contingent liabilities of a material amount.
- ☐ Overdue tax liabilities.
- ☐ Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- ☐ Any significant change in your entity's financial position not reflected in the financial statements provided.
- ☐ Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or

☒ None of the above events apply and there is no adverse information on my entity.

## Does the Applicant have the following documents?

**Note:** You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. \*

☒ Yes ☐ No

2. Business plan and/or strategic plan. \*

☒ Yes ☐ No

3. Risk management plan. \*

☒ Yes ☐ No



## Project/Activity Details

### Provide a short title of your Application for this Project/Activity. \*

**NOTE:** This field accepts the characters of A to Z, 0 to 9, ( ) . , - / \ @, all other characters including carriage returns are not accepted.

Providing safety and wellbeing support to the Port Augusta Intensive Youth response to support high risk young people and their families

(Limit: approx 38 words, 250 characters)

136 characters of 250 used

### Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. \*

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Providing mentoring and case management support for the Port Augusta Intensive Youth Response group (PAIYR). This group consist of key SA government agencies who facilitate intensive case management support for young people who are regularly interacting with the justice system. This coordinated approach aims to improve outcomes for children and young people in the Port Augusta and Davenport region who are a high risk to themselves or the community, and to identify practical responses to systemic issues. The families of high risk young people will be supported to increase their wellbeing and ability to positively impact young people in their care. The response will aim to increase engagement in education and the broader community as well as referral to relevant services and supports.

(Limit: approx 150 words, 1,000 characters)

794 characters of 1,000 used

### In which service area/s is the Applicant proposing to deliver the Project/Activity? \*

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

#### IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

#### Selected service area/s \*

- ☒ Davenport, SA
- ☒ Port Augusta - Central, SA
- ☒ Port Augusta - Surrounds, SA
- ☒ Port Augusta - West, SA

Proposal Start Date \*

What is the planned start date for the proposal?

You must respond to this question.

Use the calendar icon or type in the field using the format dd/mm/yyyy

01 Dec 2023

Proposal End Date \*

What is the planned end date for the proposal?

You must respond to this question.

Use the calendar icon or type in the field using the format dd/mm/yyyy

30 Jun 2024

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. \*

Davenport, SA

2023-2024 (exc GST) \*

\$ 16,000.00

2024-2025 (exc GST) \*

\$ 0.00

2025-2026 (exc GST) \*

\$ 0.00

2026-2027 (exc GST) \*

\$ 0.00

Total funding

\$ 16,000.00

Approx. % of Total

20

Port Augusta - Central, SA

2023-2024 (exc GST) \*

\$	48,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	48,000.00
----	-----------

Approx. % of Total

60
----

Port Augusta - Surrounds, SA

2023-2024 (exc GST) \*

\$	8,000.00
----	----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	8,000.00
----	----------

Approx. % of Total

10
----

Port Augusta - West, SA

2023-2024 (exc GST) \*

\$	8,000.00
----	----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	8,000.00
----	----------

Approx. % of Total

10
----

Summary

2023-2024 Total

\$	80,000.00
----	-----------

2024-2025 Total

\$	0
----	---

2025-2026 Total

\$	0
----	---

2026-2027 Total

\$	0
----	---

Total funding

\$	80,000.00
----	-----------

## Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ , all other characters including carriage returns are not accepted.

BSB number \*

s47G

Account number \*

s47G

Account Name \*

s47G

## Assessment Criteria

### Proposal Summary \*

Provide a summary that outlines the claims of the proposal.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ , other characters and formatting are not accepted.

Child and Adolescent mental health consultant will provide support to young people by:

- Supporting mentoring and case management for the intensive youth support program for young people at high risk of entering youth justice system.
- Work in collaboration with the Aboriginal Community-Controlled Sector to deliver services, strengthen capacity and bridge resource funding gaps.
- Youth diverted from the justice system or a reduction in recidivism.
- Families supported to positively engage with young people in their care.
- Children engaged in school.

(Limit: approx 750 words, 5,000 characters)

568 characters of 5,000 used

## Additional Information

### Criminal Proceedings or Formal Complaints \*

In the last 6 years, has any person to be involved in delivering the activity or any senior official in your organisation been the subject of any criminal proceedings (regardless of outcome) or the subject of a formal complaint by an individual or authorised entity?

You must respond to this question.

Please select the most appropriate option.

☐

Yes

☒

No

## Subcontractor Arrangements \*

Does the Applicant plan to deliver the Project/Activity using subcontractors?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

Subcontractors do not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the subcontractor arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Consortium Arrangements \*

Does the Applicant plan to deliver the Project/Activity as part of the lead Agency of a consortium?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Other Funding \*

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

## Organisational Membership/Ownership \*

What percentage of the organisational membership/ownership identify as Indigenous Australians?

*You must respond to this question.*

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Organisational Board/Management Committee \*

What percentage of the organisational board/ management committee identify as Indigenous Australians?

*You must respond to this question.*

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Organisational Management

What percentage of the organisation's management identify as Indigenous Australians? This includes those responsible for the day-to-day running of your organisation, such as the CEO and those occupying the highest positions in relation to service delivery, finances, operations, human resources etc.

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Indigenous Employees

What percentage of the organisation's employees who will work on this activity are expected to be Indigenous Australians?

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Privacy declaration \*

I consent to the collection, use and disclosure of my personal information, including sensitive information regarding race and ethnic origins, for the purposes of assessing and processing my application, administering grants, compliance and detection of fraud, research and analysis and for any other purposes listed at paragraph 14.3 of the Agency Collaborates GOGs, or where disclosure is otherwise authorised or required under the Privacy Act or other law.

Where applicable, I confirm that all other parties whose personal and sensitive information is included in this application (e.g. partners, board members) have also consented to the collection, use and disclosure of this information for the same purposes.

Note that "sensitive information" refers to information collected about your organisations' Indigenous ownership, control or management, where the Agency may be able to infer the Indigeneity of individuals due to the size of your organisation.

*To be eligible for this Grant Opportunity you must respond to this question.*



I consent

## Attachments

### Bank Account \*

Attach evidence of your bank account.

A copy of your bank statement is preferred.

*You must respond to this question.*

*Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.*

DHS Bank Account Details email 281123.pdf



## Applicant Contacts

### Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

Other

Position Title \*

Senior Policy Officer - Safety and Wellbeing Taskforce

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

### Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

General Manager

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

## Declaration

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

☐ Yes

☒ No

**Please read and complete the following declaration.**

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the National Indigenous Australians Agency to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).



I understand and agree to the declaration above. \*



I acknowledge that giving false or misleading information to the National Indigenous Australians Agency is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

Full name of Authorised Officer \*

Position of Authorised Officer \*

Date

s47F

General Manager

04/12/2023

**Please provide an estimate of the time taken to complete this Application Form, including:**

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

5

A copy of receipt will be sent to: s47F @sa.gov.au



Australian Government  
National Indigenous  
Australians Agency



NIAA

# Agency Collaborates - Direct Approach - Short

Submission Reference: 28CXXL2

## Application Information

The Agency may use this form to directly approach an organisation where there is only one suitable provider, where specialist experience or skills are required, or where there is an urgent unmet need. All other current funding opportunities are advertised on GrantConnect.

### Privacy Notice

The Agency is collecting your personal information for the purposes of assessing and processing your application, administering grants, compliance and detection of fraud, research and analysis.

For the same purposes, we may disclose personal information to the parties listed at paragraph 13.3 of the Agency Collaborates GOGs. This includes those involved in the assessment of your application, contractors of the Commonwealth, Parliament and other government agencies. We may also use de-identified information for the purposes of reporting to other agencies, Parliament and the public.

Providing the requested information is voluntary. If you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (see 8.1 of the Agency Collaborates GOGs).

The Agency will not provide the information collected from you to anyone else outside the Agency (other than the parties listed at paragraph 13.3 of the Agency Collaborates GOGs), unless you have given consent for us to do this, or we are authorised or required to do so by law.

The privacy and security of your personal information is important to us, and is protected by law. The Agency's Privacy Policy explains how the Agency handles and protects the information provided by you. The Agency's Privacy Policy also explains how you can request access to or correct the personal information we hold about you, and who to contact if you have a privacy enquiry or complaint.

If you require a copy of our Privacy Policy contact the Privacy Officer at [privacy@niaa.gov.au](mailto:privacy@niaa.gov.au).

## Grant Round Administration

This grant round is being administered by the National Indigenous Australians Agency.

## Closing Date/Time

Applications must be submitted by **11:59pm Australian Eastern Daylight Time (AEDT) Tuesday 30 December 2025**.

## Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

## Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites. Applications will be assessed using the process outlined in the Guidelines.

## Application Help

Information about the Application process is available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites.

Applicants must submit any questions relating to the Program or this Application process in writing to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐. Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800079098
- Email to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐

## Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

**Accepted file types:** .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

**Note:** There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

## Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

## Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

## Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

**Note:** Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

# National Relay Service (NRS)

The National Indigenous Australians Agency uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 133677 to access the NRS.

## Australian Tax Office Reporting

The National Indigenous Australians Agency will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [website](#).

## Privacy

The National Indigenous Australians Agency, supported by the Community Grants Hub, uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on [www.business.gov.au](http://www.business.gov.au) [link](#).

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The National Indigenous Australians Agency, supported by the Community Grants Hub, will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy [link](#). The Community Grants Hub Privacy Policy [link](#) and WCAG Accessibility [link](#) Information and the National Indigenous Australians Agency Privacy Policy [link](#) should also be read and understood.

## Use of Information

Your Submission Reference is:

**28CXXL2**

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800079098 or email IASAMO@niaa.gov.au .

Your email address \*

s47F @sa.gov.au

Confirm your email address \*

s47F @sa.gov.au

### Use of Information

The National Indigenous Australians Agency may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree \*

## Existing Grant Recipient

### Is the Applicant an existing Grant Recipient? \*

If you require assistance, please call 1800079098.

☐

Yes

☒

No

## Applicant Details

**Are you applying as a Trustee on behalf of a Trust? \***

**Note:** The Trustee will enter into a Grant Agreement with the Department (should the applicant be successful).

☐ Yes☒ No**Does the Organisation have an Australian Business Number (ABN)? \***☒ Yes☐ No

Enter the Organisation's ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

ABN \*

**Enter the ABN Branch Number relevant to the Organisation's ABN, if applicable. This is limited to 3 digits.**

ABN Branch Number

**Note:** If the details displayed are out of date or incorrect, please update them now via the Australian Business Register website  then re-enter and validate the ABN.

Australian Company Number (ACN) / Australian Registered Body Number (ARBN)

Legal/registered entity name \*

If you have Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "registered business name" field. If "Other" is selected, you will be asked to provide the Organisation's registered business name in another field that will become available.

Business name of the Organisation \*

Date of Registration

Australian Business Register (ABR) provided Entity Type

State

Postcode



GST Registered - Checkbox is ticked if the Organisation is GST Registered.



Registered as Charity - Checkbox is ticked if the Organisation is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).



**Does the Organisation have any of the following types of Incorporation Number: Australian Company Number (ACN), Australian Registered Business Number (ARBN), Registration Number, Indigenous Corporation Number (ICN), Incorporated Association Number (IAN)? \***

**Note:**

An ACN (Australian Company Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies incorporated under the Corporations Act 2001 of the Commonwealth.

An ARBN (Australian Registered Body Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). Some organisations can only conduct business in their 'home' state or territory. By becoming a registered Australian body, these organisations can trade throughout all states and territories within Australia.

A Registration Number is a form of Incorporation Number for a Cooperative that has been established and/or registered under the relevant legislation in the State or Territory in which they were formed.

An ICN (Indigenous Corporation Number) is a number issued by the Office of the Registrar of Indigenous Corporations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 – CATSI Act.

An IAN (Incorporated Association Number) is a number given to an Incorporated Association that has been incorporated or registered under the relevant incorporated associations legislation in the State or Territory in which they were formed.

☐

Yes

☒

No

**What is the registered business address and main contact details of the Applicant?**

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

Level 1, Riverside Centre

Street number, name and type \*

115 North Terrace

Suburb/Town \*

ADELAIDE

State \*

SA

Postcode \*

5001

**Address NOT Validated**



Unable to validate

Main Telephone \*

s47F

Main email address \*

s47F@sa.gov.au

Web address

www.dhs.sa.gov.au

## What is the postal address of the Applicant?

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

☐

Same as business address above

Floor / Building; Unit; Apartment

PO Box / Street number, name and type \*

Suburb/Town \*

State \*

Postcode \*

## What is the Applicant's financial email address for the receipt of National Indigenous Australians Agency payment advice should the Application be successful? \*

You must respond to this question. 350 character limit.

The email address must be entered in a valid format without spaces (eg. example@business.com.au).

Payment advice includes Recipient Created tax invoices (RCTIs).

## Does the Applicant operate as not-for-profit? \*

For eligibility requirements, refer to the Guidelines.

For further details about not-for-profit organisations refer to the Australian Tax Office website [\[link\]](#).

You must respond to this question.

Select 'No' if the Applicant operates for profit.

Select 'Yes' if the Applicant operates as not-for-profit.

☐

Yes

☒

No

## Eligibility Requirements

### What is the Applicant's entity type? \*

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Non-corporate State or Territory Entity

### Is the Applicant able to provide documentation to support the entity type? \*

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

**NOTE:** There is a maximum of two attachments for this question if the response is Yes.

☐

Yes

☒

No

## Governance

## Relevant Persons \*

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 6 years?

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of relevant person(s).
- ☐ Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- ☐ Bankruptcies of relevant person(s).
- ☐ Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- ☐ Litigation against relevant person(s) including judgement debts.
- or

☒ None of the above apply and there is no adverse information on any relevant person associate with this entity.

## Reportable Events \*

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of your organisation or related entities.
- ☐ Litigation or liquidation proceedings.
- ☐ A contract with your entity terminated by the other party.
- ☐ Contingent liabilities of a material amount.
- ☐ Overdue tax liabilities.
- ☐ Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- ☐ Any significant change in your entity's financial position not reflected in the financial statements provided.
- ☐ Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or

☒ None of the above events apply and there is no adverse information on my entity.

## Does the Applicant have the following documents?

**Note:** You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. \*

☒ Yes ☐ No

2. Business plan and/or strategic plan. \*

☒ Yes ☐ No

3. Risk management plan. \*

☒ Yes ☐ No

## Project/Activity Details

### Provide a short title of your Application for this Project/Activity. \*

**NOTE:** This field accepts the characters of A to Z, 0 to 9, ( ) . , - / \ @, all other characters including carriage returns are not accepted.

Expansion of Safe Transport service - Salvation Army Youth Bus

(Limit: approx 38 words, 250 characters)

62 characters of 250 used

### Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. \*

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

This program will expand the Port Augusta and Davenport Youth bus service to:  
Increase the operational hours for the Youth bus service. Increased operating hours will enable the bus to operate weekly from Tuesday to Saturday from 7pm to 10pm throughout the school term. This expansion enhances the existing school holiday and weekend service.  
Provide transport home or another safe place for young people at risk and on the streets in Pt Augusta and nearby surrounds.  
Allow for alignment with other youth services opening/closing hours to get young people home safely.  
Allow for enhanced collaboration with other youth responses.

(Limit: approx 150 words, 1,000 characters)

631 characters of 1,000 used

### In which service area/s is the Applicant proposing to deliver the Project/Activity? \*

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

#### IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

#### Selected service area/s \*

- ☒ Port Augusta - Central, SA
- ☒ Port Augusta - Surrounds, SA
- ☒ Port Augusta - West, SA
- ☒ Davenport, SA

Proposal Start Date \*

What is the planned start date for the proposal?

You must respond to this question.

Use the calendar icon or type in the field using the format dd/mm/yyyy

01 Dec 2023

Proposal End Date \*

What is the planned end date for the proposal?

You must respond to this question.

Use the calendar icon or type in the field using the format dd/mm/yyyy

30 Jun 2024

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. \*

Port Augusta - Central, SA

2023-2024 (exc GST) \*

\$

60,000.00

2024-2025 (exc GST) \*

\$

0.00

2025-2026 (exc GST) \*

\$

0.00

2026-2027 (exc GST) \*

\$

0.00

Total funding

\$

60,000.00

Approx. % of Total

60

Port Augusta - Surrounds, SA

2023-2024 (exc GST) \*

\$	10,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	10,000.00
----	-----------

Approx. % of Total

10
----

Port Augusta - West, SA

2023-2024 (exc GST) \*

\$	10,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	10,000.00
----	-----------

Approx. % of Total

10
----

Davenport, SA

2023-2024 (exc GST) \*

\$	20,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	20,000.00
----	-----------

Approx. % of Total

20
----

Summary

2023-2024 Total

\$	100,000.00
----	------------

2024-2025 Total

\$	0
----	---

2025-2026 Total

\$	0
----	---

2026-2027 Total

\$	0
----	---

Total funding

\$	100,000.00
----	------------



## Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ , all other characters including carriage returns are not accepted.

BSB number \*

s47G

Account number \*

s47G

Account Name \*

s47G

## Assessment Criteria

### Proposal Summary \*

Provide a summary that outlines the claims of the proposal.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ , other characters and formatting are not accepted.

Expanding the Salvation Army Youth bus service  
 i. Increased operational hours for the Youth bus services.  
 ii. Provide transport home or another safe place for young people at risk and on the streets in Pt Augusta and nearby surrounds.  
 iii. Allow for alignment with other youth services opening/closing hours to get kids home safely.  
 iv. Additional services operating Tuesday to Saturday from 7pm to 10pm effective from December 2023 to June 2024.

(Limit: approx 750 words, 5,000 characters)

448 characters of 5,000 used

## Additional Information

### Criminal Proceedings or Formal Complaints \*

In the last 6 years, has any person to be involved in delivering the activity or any senior official in your organisation been the subject of any criminal proceedings (regardless of outcome) or the subject of a formal complaint by an individual or authorised entity?

You must respond to this question.

Please select the most appropriate option.

- ☐ Yes
- ☒ No

## Subcontractor Arrangements \*

Does the Applicant plan to deliver the Project/Activity using subcontractors?

*You must respond to this question.*

*Please select the most appropriate option.*

☒ Yes ☐ No

Have you confirmed the subcontractor arrangements that will be used. \*

☒ Yes ALL subcontractor arrangements have been confirmed.  
☐ Yes SOME subcontractor arrangements have been confirmed.  
☐ No

### Detail 1

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

The Trustee for THE SALVATION ARMY (SA) PROPERTY TRUST

Subcontractor Member ABN

13 320 346 330

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

Subcontractors do not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the subcontractor arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Consortium Arrangements \*

Does the Applicant plan to deliver the Project/Activity as part of the lead Agency of a consortium?

*You must respond to this question.*

*Please select the most appropriate option.*

☐ Yes ☒ No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Other Funding \*

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

## Organisational Membership/Ownership \*

What percentage of the organisational membership/ownership identify as Indigenous Australians?

*You must respond to this question.*

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Organisational Board/Management Committee \*

What percentage of the organisational board/ management committee identify as Indigenous Australians?

*You must respond to this question.*

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Organisational Management

What percentage of the organisation's management identify as Indigenous Australians? This includes those responsible for the day-to-day running of your organisation, such as the CEO and those occupying the highest positions in relation to service delivery, finances, operations, human resources etc.

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Indigenous Employees

What percentage of the organisation's employees who will work on this activity are expected to be Indigenous Australians?

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Privacy declaration \*

I consent to the collection, use and disclosure of my personal information, including sensitive information regarding race and ethnic origins, for the purposes of assessing and processing my application, administering grants, compliance and detection of fraud, research and analysis and for any other purposes listed at paragraph 14.3 of the Agency Collaborates GOGs, or where disclosure is otherwise authorised or required under the Privacy Act or other law.

Where applicable, I confirm that all other parties whose personal and sensitive information is included in this application (e.g. partners, board members) have also consented to the collection, use and disclosure of this information for the same purposes.

Note that "sensitive information" refers to information collected about your organisations' Indigenous ownership, control or management, where the Agency may be able to infer the Indigeneity of individuals due to the size of your organisation.

*To be eligible for this Grant Opportunity you must respond to this question.*



I consent

## Attachments

### Bank Account \*

Attach evidence of your bank account.

A copy of your bank statement is preferred.

*You must respond to this question.*

*Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.*

DHS Bank Account Details email 281123.pdf

## Applicant Contacts

### Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

Other

Position Title \*

Senior Policy Officer - Safety and Wellbeing Taskforce

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

### Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

General Manager

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

## Declaration

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

☐ Yes

☒ No

**Please read and complete the following declaration.**

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the National Indigenous Australians Agency to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).



I understand and agree to the declaration above. \*



I acknowledge that giving false or misleading information to the National Indigenous Australians Agency is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

Full name of Authorised Officer \*

Position of Authorised Officer \*

Date

s47F

General Manager

04/12/2023

**Please provide an estimate of the time taken to complete this Application Form, including:**

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

5

A copy of receipt will be sent to: s47F @sa.gov.au



Australian Government  
National Indigenous  
Australians Agency



NIAA

# Agency Collaborates - Direct Approach - Short

Submission Reference: PD3VJ4M

## Application Information

The Agency may use this form to directly approach an organisation where there is only one suitable provider, where specialist experience or skills are required, or where there is an urgent unmet need. All other current funding opportunities are advertised on GrantConnect.

### Privacy Notice

The Agency is collecting your personal information for the purposes of assessing and processing your application, administering grants, compliance and detection of fraud, research and analysis.

For the same purposes, we may disclose personal information to the parties listed at paragraph 13.3 of the Agency Collaborates GOGs. This includes those involved in the assessment of your application, contractors of the Commonwealth, Parliament and other government agencies. We may also use de-identified information for the purposes of reporting to other agencies, Parliament and the public.

Providing the requested information is voluntary. If you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (see 8.1 of the Agency Collaborates GOGs).

The Agency will not provide the information collected from you to anyone else outside the Agency (other than the parties listed at paragraph 13.3 of the Agency Collaborates GOGs), unless you have given consent for us to do this, or we are authorised or required to do so by law.

The privacy and security of your personal information is important to us, and is protected by law. The Agency's Privacy Policy explains how the Agency handles and protects the information provided by you. The Agency's Privacy Policy also explains how you can request access to or correct the personal information we hold about you, and who to contact if you have a privacy enquiry or complaint.

If you require a copy of our Privacy Policy contact the Privacy Officer at [privacy@niaa.gov.au](mailto:privacy@niaa.gov.au).

## Grant Round Administration

This grant round is being administered by the National Indigenous Australians Agency.

# Closing Date/Time

Applications must be submitted by **11:59pm Australian Eastern Daylight Time (AEDT) Tuesday 30 December 2025**.

## Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

## Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites. Applications will be assessed using the process outlined in the Guidelines.

## Application Help

Information about the Application process is available on the <https://www.grants.gov.au/> ☐ and <https://www.niaa.gov.au/indigenous-affairs/grants-and-funding/> ☐ websites.

Applicants must submit any questions relating to the Program or this Application process in writing to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐. Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800079098
- Email to [IASAMO@niaa.gov.au](mailto:IASAMO@niaa.gov.au) ☐



## Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

**Accepted file types:** .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

**Note:** There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

## Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

## Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

## Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

**Note:** Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

## National Relay Service (NRS)

The National Indigenous Australians Agency uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 133677 to access the NRS.

## Australian Tax Office Reporting

The National Indigenous Australians Agency will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [website](#).

## Privacy

The National Indigenous Australians Agency, supported by the Community Grants Hub, uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on [www.business.gov.au](http://www.business.gov.au) [link](#).

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The National Indigenous Australians Agency, supported by the Community Grants Hub, will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy [link](#). The Community Grants Hub Privacy Policy [link](#) and WCAG Accessibility [link](#) Information and the National Indigenous Australians Agency Privacy Policy [link](#) should also be read and understood.

## Use of Information

Your Submission Reference is:

**PD3VJ4M**

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800079098 or email IASAMO@niaa.gov.au .

Your email address \*

s47F @sa.gov.au

Confirm your email address \*

s47F @sa.gov.au

### Use of Information

The National Indigenous Australians Agency may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree \*

## Existing Grant Recipient

### Is the Applicant an existing Grant Recipient? \*

If you require assistance, please call 1800079098.



Yes



No

## Applicant Details

**Are you applying as a Trustee on behalf of a Trust? \***

**Note:** The Trustee will enter into a Grant Agreement with the Department (should the applicant be successful).

☐ Yes☒ No**Does the Organisation have an Australian Business Number (ABN)? \***☒ Yes☐ No

Enter the Organisation's ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

ABN \*

**Enter the ABN Branch Number relevant to the Organisation's ABN, if applicable. This is limited to 3 digits.**

ABN Branch Number

**Note:** If the details displayed are out of date or incorrect, please update them now via the Australian Business Register website [\[link\]](#) then re-enter and validate the ABN.

Australian Company Number (ACN) / Australian Registered Body Number (ARBN)

Legal/registered entity name \*

If you have Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "registered business name" field. If "Other" is selected, you will be asked to provide the Organisation's registered business name in another field that will become available.

Business name of the Organisation \*

Date of Registration

Australian Business Register (ABR) provided Entity Type

State

Postcode



GST Registered - Checkbox is ticked if the Organisation is GST Registered.



Registered as Charity - Checkbox is ticked if the Organisation is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).

**Does the Organisation have any of the following types of Incorporation Number: Australian Company Number (ACN), Australian Registered Business Number (ARBN), Registration Number, Indigenous Corporation Number (ICN), Incorporated Association Number (IAN)? \***

**Note:**

An ACN (Australian Company Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies incorporated under the Corporations Act 2001 of the Commonwealth.

An ARBN (Australian Registered Body Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). Some organisations can only conduct business in their 'home' state or territory. By becoming a registered Australian body, these organisations can trade throughout all states and territories within Australia.

A Registration Number is a form of Incorporation Number for a Cooperative that has been established and/or registered under the relevant legislation in the State or Territory in which they were formed.

An ICN (Indigenous Corporation Number) is a number issued by the Office of the Registrar of Indigenous Corporations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 – CATSI Act.

An IAN (Incorporated Association Number) is a number given to an Incorporated Association that has been incorporated or registered under the relevant incorporated associations legislation in the State or Territory in which they were formed.

☐

Yes

☒

No

**What is the registered business address and main contact details of the Applicant?**

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

Level 8, Riverside Centre

Street number, name and type \*

115 North Terrace

Suburb/Town \*

ADELAIDE

State \*

SA

Postcode \*

5000

**Address NOT Validated**



Unable to validate

Main Telephone \*

s47F

Main email address \*

s47F@sa.gov.au

Web address

www.dhs.sa.gov.au

## What is the postal address of the Applicant?

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

**Note:** the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' - /, all other characters including carriage returns are not accepted.

☐

Same as business address above

Floor / Building; Unit; Apartment

PO Box / Street number, name and type \*

Suburb/Town \*

State \*

Postcode \*

## What is the Applicant's financial email address for the receipt of National Indigenous Australians Agency payment advice should the Application be successful? \*

You must respond to this question. 350 character limit.

The email address must be entered in a valid format without spaces (eg. example@business.com.au).

Payment advice includes Recipient Created tax invoices (RCTIs).

## Does the Applicant operate as not-for-profit? \*

For eligibility requirements, refer to the Guidelines.

For further details about not-for-profit organisations refer to the Australian Tax Office website [\[link\]](#).

You must respond to this question.

Select 'No' if the Applicant operates for profit.

Select 'Yes' if the Applicant operates as not-for-profit.

☐

Yes

☒

No

## Eligibility Requirements

### What is the Applicant's entity type? \*

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Non-corporate State or Territory Entity

### Is the Applicant able to provide documentation to support the entity type? \*

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

**NOTE:** There is a maximum of two attachments for this question if the response is Yes.

☐

Yes

☒

No

## Governance

## Relevant Persons \*

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 6 years?

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of relevant person(s).
- ☐ Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- ☐ Bankruptcies of relevant person(s).
- ☐ Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- ☐ Litigation against relevant person(s) including judgement debts.
- or

☒ None of the above apply and there is no adverse information on any relevant person associate with this entity.

## Reportable Events \*

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

*You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.*

- ☐ Governance Investigation of your organisation or related entities.
- ☐ Litigation or liquidation proceedings.
- ☐ A contract with your entity terminated by the other party.
- ☐ Contingent liabilities of a material amount.
- ☐ Overdue tax liabilities.
- ☐ Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- ☐ Any significant change in your entity's financial position not reflected in the financial statements provided.
- ☐ Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or

☒ None of the above events apply and there is no adverse information on my entity.

## Does the Applicant have the following documents?

**Note:** You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. \*

☒ Yes ☐ No

2. Business plan and/or strategic plan. \*

☒ Yes ☐ No

3. Risk management plan. \*

☒ Yes ☐ No



## Project/Activity Details

### Provide a short title of your Application for this Project/Activity. \*

**NOTE:** This field accepts the characters of A to Z, 0 to 9, ( ) . , - / \ @, all other characters including carriage returns are not accepted.

Local Governance establishment including monitoring and evaluation framework

(Limit: approx 38 words, 250 characters)

76 characters of 250 used

### Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. \*

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Funding will support the establishment of a Port Augusta Safety and Wellbeing Leadership Group that prioritises the voices of Aboriginal people, local community members, young people and service providers, and enables the co-design of initiatives identified in the Community Safety and Wellbeing Plan. Funding will be used to employ an Executive Officer to support the Leadership Group, provide training to build the capacity of members to execute their duties including evaluation, and enable prioritisation and the development of business plans for key initiatives. The establishment of a community based Safety and Wellbeing Leadership Group will embed Aboriginal community leadership, cultural authority, and voices of lived experience into decision-making.

(Limit: approx 150 words, 1,000 characters)

763 characters of 1,000 used

### In which service area/s is the Applicant proposing to deliver the Project/Activity? \*

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

#### IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

#### Selected service area/s \*

- ☒ Port Augusta - Central, SA
- ☒ Port Augusta - Surrounds, SA
- ☒ Port Augusta - West, SA
- ☒ Davenport, SA

Proposal Start Date \*

What is the planned start date for the proposal?

You must respond to this question.

Use the calendar icon or type in the field using the format dd/mm/yyyy

01 Dec 2023

Proposal End Date \*

What is the planned end date for the proposal?

You must respond to this question.

Use the calendar icon or type in the field using the format dd/mm/yyyy

30 Jun 2024

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. \*

Port Augusta - Central, SA

2023-2024 (exc GST) \*

\$ 72,000.00

2024-2025 (exc GST) \*

\$ 0.00

2025-2026 (exc GST) \*

\$ 0.00

2026-2027 (exc GST) \*

\$ 0.00

Total funding

\$ 72,000.00

Approx. % of Total

60

Port Augusta - Surrounds, SA

2023-2024 (exc GST) \*

\$	12,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	12,000.00
----	-----------

Approx. % of Total

10
----

Port Augusta - West, SA

2023-2024 (exc GST) \*

\$	12,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	12,000.00
----	-----------

Approx. % of Total

10
----

Davenport, SA

2023-2024 (exc GST) \*

\$	24,000.00
----	-----------

2024-2025 (exc GST) \*

\$	0.00
----	------

2025-2026 (exc GST) \*

\$	0.00
----	------

2026-2027 (exc GST) \*

\$	0.00
----	------

Total funding

\$	24,000.00
----	-----------

Approx. % of Total

20
----

Summary

2023-2024 Total

\$	120,000.00
----	------------

2024-2025 Total

\$	0
----	---

2025-2026 Total

\$	0
----	---

2026-2027 Total

\$	0
----	---

Total funding

\$	120,000.00
----	------------

## Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ , all other characters including carriage returns are not accepted.

BSB number \*

s47G

Account number \*

s47G

Account Name \*

s47G

## Assessment Criteria

### Proposal Summary \*

Provide a summary that outlines the claims of the proposal.

*You must respond to this question.*

*This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ , other characters and formatting are not accepted.*

Supporting the establishment of a community based Safety and Wellbeing Leadership Group including capacity development and evaluation.

- Establish a place-based community engagement model that prioritises the voices of Aboriginal people, local community members, young people and service providers.
- Employ an Executive Officer to support the Board to prioritise initiatives outlined in the Community Safety and Wellbeing Plan.
- Provide Board training to build the capacity of Board members to execute their duties, including evaluation.
- Aboriginal community leadership, cultural authority, and voices of lived experience will be embedded into decision-making.

(Limit: approx 750 words, 5,000 characters)

676 characters of 5,000 used

## Additional Information

### Criminal Proceedings or Formal Complaints \*

In the last 6 years, has any person to be involved in delivering the activity or any senior official in your organisation been the subject of any criminal proceedings (regardless of outcome) or the subject of a formal complaint by an individual or authorised entity?

*You must respond to this question.*

*Please select the most appropriate option.*

- ☐ Yes
- ☒ No

## Subcontractor Arrangements \*

Does the Applicant plan to deliver the Project/Activity using subcontractors?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

Subcontractors do not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the subcontractor arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Consortium Arrangements \*

Does the Applicant plan to deliver the Project/Activity as part of the lead Agency of a consortium?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Other Funding \*

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)?

*You must respond to this question.*

*Please select the most appropriate option.*

☐

Yes

☒

No

## Organisational Membership/Ownership \*

What percentage of the organisational membership/ownership identify as Indigenous Australians?

*You must respond to this question.*

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Organisational Board/Management Committee \*

What percentage of the organisational board/ management committee identify as Indigenous Australians?

*You must respond to this question.*

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Organisational Management

What percentage of the organisation's management identify as Indigenous Australians? This includes those responsible for the day-to-day running of your organisation, such as the CEO and those occupying the highest positions in relation to service delivery, finances, operations, human resources etc.

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Indigenous Employees

What percentage of the organisation's employees who will work on this activity are expected to be Indigenous Australians?

This question is optional, however if you choose not to provide us with your information, you may not receive preference in deciding which organisation we will fund (please see paragraph 7.2 of the Agency Collaborates GOGs).

*Note: This field accepts numeric characters only. This number must be entered as a percentage.*

*For example, if your organisation has 3 Indigenous employees out of a total 10 employees please enter '30'.*

## Privacy declaration \*

I consent to the collection, use and disclosure of my personal information, including sensitive information regarding race and ethnic origins, for the purposes of assessing and processing my application, administering grants, compliance and detection of fraud, research and analysis and for any other purposes listed at paragraph 14.3 of the Agency Collaborates GOGs, or where disclosure is otherwise authorised or required under the Privacy Act or other law.

Where applicable, I confirm that all other parties whose personal and sensitive information is included in this application (e.g. partners, board members) have also consented to the collection, use and disclosure of this information for the same purposes.

Note that "sensitive information" refers to information collected about your organisations' Indigenous ownership, control or management, where the Agency may be able to infer the Indigeneity of individuals due to the size of your organisation.

*To be eligible for this Grant Opportunity you must respond to this question.*



I consent

## Attachments

### Bank Account \*

Attach evidence of your bank account.

A copy of your bank statement is preferred.

*You must respond to this question.*

*Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.*

DHS Bank Account Details email 281123.pdf

## Applicant Contacts

### Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

Other

Position Title \*

Senior Policy Officer - Safety and Wellbeing Taskforce

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au



**Provide an alternate authorised contact for this Application.**

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

Mrs

First Name \*

s47F

Last Name \*

s47F

Position \*

General Manager

Telephone \*

s47F

Mobile

s47F

Email address \*

s47F@sa.gov.au

## Declaration

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

☐ Yes

☒ No

**Please read and complete the following declaration.**

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the National Indigenous Australians Agency to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).



I understand and agree to the declaration above. \*



I acknowledge that giving false or misleading information to the National Indigenous Australians Agency is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

Full name of Authorised Officer \*

Position of Authorised Officer \*

Date

s47F

General Manager

04/12/2023

**Please provide an estimate of the time taken to complete this Application Form, including:**

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

5

A copy of receipt will be sent to: s47F @sa.gov.au



Australian Government

National Indigenous Australians Agency

PROJECT SCHEDULE –  
GENERAL GRANTS  
SAFETY AND WELLBEING PROGRAMME

Executed by

the Commonwealth of Australia as represented by the National Indigenous Australians Agency  
(ABN 30 429 895 164)

AND

Minister for Human Services as represented by the Department of Human Services (ABN 11 525 031  
744)

Grant System Agreement number (System ID)	4-J48IMQT
Project Schedule reference number (System ID)	4-J48IMR5
Provider reference number (System ID)	2-KVMRY

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Requests for other licence rights to this work should be directed to the National Indigenous Australians Agency.

Version: September 2021

**How this Project Schedule works**

The Commonwealth has agreed to execute this Project Schedule, under which the Commonwealth will provide the Grant/s for the purpose of delivering one or more Project/s.

Once this Project Schedule has been executed, a separate contract is formed. That contract is called a **Project Agreement**.

The terms and conditions of this Project Agreement are as set out in:

- a) this Project Schedule;
- b) the Head Agreement; and
- c) any attachments to, or documents incorporated by reference into, either of those documents.

This Project Schedule contains terms and conditions that relate specifically to the Projects and Grants listed in this document. The document comprises:

- Part 1 – a summary of the Projects and Grants in this Project Schedule;
- Part 2 – terms and conditions applying to all Projects and Grants in this Project Schedule; and
- Part 3 – specific terms and conditions for particular Projects and Grants in this Project Schedule.

The Head Agreement contains general terms and conditions that apply to all Projects and Grants.

*(See also clauses 1 to 10 of the Head Agreement).*

**PART 1: PROJECT AND GRANT SUMMARY**

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**1. List of Projects**

Project ID	Project name
4-J4I5XU8	Joint support for Port Augusta Initiative

**2. List of Grants**

Project ID – Project name	Amount (excl GST)	GST (if applicable)	Total (incl GST)
4-J4I5XU8 - Joint support for Port Augusta Initiative	\$1,260,000.00	\$0.00	\$1,260,000.00
<b>TOTAL</b>	<b>\$1,260,000.00</b>	<b>\$0.00</b>	<b>\$1,260,000.00</b>

## PART 2: GENERAL INFORMATION, TERMS AND CONDITIONS FOR ALL PROJECTS IN THIS PROJECT SCHEDULE

### 1. Interpretation

- 1.1 Unless the contrary intention appears, words used in this Project Schedule have the same meaning as in the Head Agreement.
- 1.2 Information, terms and conditions in Part 2 of this Project Schedule apply to the Projects under this Project Agreement, unless the contrary intention appears in Part 3.

### 2. Programme

- 2.1 The Grants are provided under the **Safety and Wellbeing Programme**.

### 3. Programme outcomes

- 3.1 For each Project, the Provider must contribute to or achieve the following programme outcomes to the extent they are not inconsistent with the Project:

#### Programme outcomes

Ensure that the ordinary law of the land applies in Indigenous communities.

Ensure Indigenous Australians enjoy similar levels of physical, emotional and social wellbeing as those enjoyed by other Australians.

- 3.2 The Provider agrees to deliver each Project under this Project Agreement so as not to conflict with or adversely impact upon the school attendance of children in the location/s at which the Project is being delivered.

### 4. Overview

- 4.1 The Provider is:

Provider	
Full legal name	Minister for Human Services as represented by the Department of Human Services
Trading name	Department of Human Services
ABN	11 525 031 744

- 4.2 This Project Agreement commences on the Project Agreement Start Date and ends on the Project Agreement End Date:

Project Agreement Start Date	The date that the last Party to sign this Project Agreement does so.
Project Agreement End Date	30 November 2024 or earlier termination date.

### 5. Strengthening Organisational Governance - one-off payment

- 5.1 If the Provider has been required to become incorporated pursuant to clauses 64 to 68 of the Head Agreement, the Commonwealth will pay a one-off payment of \$10,000 (excl GST) following:



- (a) the Provider changing its incorporation status in accordance with clauses 64 to 68 of the Head Agreement; and
  - (b) the Commonwealth receiving proof of the change in incorporation status.
- 5.2 The parties agree that this payment represents a genuine pre-estimate of the costs likely to be incurred by the Provider in complying with the incorporation requirement, and that the Commonwealth is not liable for any further amount. This payment is a one-off payment and will be made only if the Provider has not received a similar payment under another Project Agreement.
- 5.3 The payment provided for under Part 2 item 5.1 is a Grant for the purpose of this Project Agreement.

## 6. Bank account details

- 6.1 The Provider's bank account for the purpose of clause 13 of the Head Agreement is as follows unless another account is specified for a particular Project in Part 3:

Bank / institution name	s47G	
BSB number		
Account name		
Account number		

## 7. Tax and invoices

*(Clauses 16 to 19 of the Head Agreement)*

7.1 The Parties have entered into this Project Agreement on the understanding that they are both 'government related entities' as defined in the GST Law, and either:

- (a) the payment of the Grant:
  - (i) is covered by an appropriation under an Australian law or the COAG National Health Reform Agreement; and
  - (ii) is calculated on the basis that the sum of the Grant and anything else that the Provider receives from another entity in connection with, or in response to, or for the inducement of that supply under this Project Agreement, or a related supply does not exceed the Provider's anticipated or actual costs of making those supplies; or
- (b) the payment of the Grant is a kind of payment specified in regulations made for the purposes of sections 9-17 of the GST Law.

7.2 The Parties rely on sections 9-17 of the GST Law for no GST being imposed in connection with a supply made under this Project Agreement.

## 8. Reporting

*(Clauses 52 to 58 of the Head Agreement)*

- 8.1 The Provider must provide to the Commonwealth the following reports for each Project in accordance with the timeframes set out in Part 3 of this Project Schedule:

Report	Details
Performance report	Performance reports must detail the progress and performance of the Project during the reporting period, including against the outcomes, objectives and performance targets set out in this Project Schedule. If there are significant issues affecting the progress of the Project, the Performance report must specify the actions being taken to address the issues.
Expenditure report	<p>The following information must be provided:</p> <p>1. A Financial Declaration:</p> <p>a) verifying that the Grant was expended for the Project and in accordance with the Project Agreement;</p> <p>b) specifying any amount of the Grant that remains unspent for that Financial Year; and</p> <p>c) certified by the Provider's CEO, Board or authorised officer.</p> <p>Financial declarations will be required only where requested by the Commonwealth. In accordance with clause 116 of the Head Agreement, Providers must keep full and accurate records relating to Grant expenditure.</p> <p>2. Expenditure Report</p> <p>a) a detailed statement of income and expenditure relating to the Grant;</p> <p>b) a financial declaration as referred to above.</p> <p>If audited, the report is to be audited in accordance with clauses 55-56 of the Head Agreement.</p> <p>Part 3 of this Project Schedule specifies whether the Expenditure report for a Project is to be unaudited or audited.</p>
Working with Vulnerable People and Work Health and Safety Statement of Compliance	<p>1. Annual statement of compliance with relevant Head Agreement obligations, including where identified, mandatory state and territory legislative requirements for the jurisdiction in which the Project is held, pertaining to:</p> <p>a) Working with Vulnerable People, including children (WWVP); and</p> <p>b) Work Health and Safety (WHS).</p>

8.2 On request, the Provider must provide to the Commonwealth a report for the Project by a date, and in such form, as may be specified in writing by the Commonwealth.



### **PART 3: SPECIFIC INFORMATION, TERMS AND CONDITIONS FOR PARTICULAR PROJECTS IN THIS PROJECT SCHEDULE**

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#### **1. Interpretation**

- 1.1 Each of the Projects specified in this Project Schedule has its own sub-part under this Part 3, which sets out specific information, terms and conditions applying for that particular Project. To the extent of any inconsistency between Part 2 and Part 3 of this Project Schedule, Part 3 will take priority in relation to the relevant Project.

**3: PROJECT ID - 4-J4I5XU8 - Joint support for Port Augusta Initiative**

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**2. Project description**

2.1 The Provider must deliver the following Project:

Project description
---------------------

The Provider must deliver the following activities:

**Expansion of Safe Transport service - Salvation Army Youth Bus - \$100,000**

2.1.1 The Provider will expand the Port Augusta and Davenport Youth bus service to increase the operational hours. This will enable the Youth Bus to operate increased hours and cover the following times:

2.1.1.1 During School Term

Tuesday to Thursday from 7pm to 10pm;

Friday and Saturday 8pm to 3am

2.1.1.2 During the School Holidays

Tuesday to Saturday 7pm to 3am

Sunday and Monday 10pm to 3am.

2.1.2 This expansion will:

- enhance the existing school holiday and weekend service;
- provide transport home or to another safe place for young people at risk and on the streets in Pt Augusta and nearby surrounds;
- allow for alignment with other youth services opening/closing hours to get young people home safely; and
- allow for enhanced collaboration with other youth responses.

**Expansion of the Return to Country Program - \$160,000**

2.1.3 The Provider will expand the Return to Country (RTC) program in Port Augusta that funds safe transport and support for remote Aboriginal visitors stuck in Port Augusta to return to their home communities in remote or regional SA, the NT or other states when they wish to, and it is safe for them to do so.

2.1.4 This expansion of the Return to Country (RTC) program in Port Augusta will:

- Facilitate community members obtaining tickets or other means to travel;
- Provide safe transport to the bus;
- Provide a secure, comfortable, and culturally safe space for clients to wait until the bus service leaves, if required; and
- Minimise anti-social and high-risk behaviour in Port Augusta, by providing travel and a place for travellers to stay whilst awaiting travel thereby reducing overcrowding in tenancies.

**Assertive Youth Outreach Response across Port Augusta and Davenport - \$300,000**

2.1.5 The Provider will establish a youth outreach team of 5 outreach workers and a coordinator, working Tuesday to Thursday 4-8pm and Saturday 4-10pm to actively engage with young people in and around Port Augusta and Davenport to address high risk behaviour of young people who are disconnected from community and services.

2.1.6 The Youth Outreach Team will:

- provide recreation and diversionary activities for young people where they are gathering;
- walk and drive around Port Augusta and Davenport providing support for young people and referrals to relevant services;
- engage with the Youth Centre and other services for young people in community;
- divert young people in Port Augusta and Davenport away from high risk and antisocial activities;
- encourage the young people to take part in community-based recreational activities; and
- support increased collaboration between youth services in Port Augusta and Davenport, particularly those that operate 'after hours'.

#### **Establishment of a Safer Places to Gather site/camp - \$500,000**

2.1.7 In response to an increase in remote visitors to Port Augusta who are sleeping rough in public places the Provider will establish a 'Safer Place to Gather' site where visitors attending the site will have access to wrap around services.

2.1.8 The site will:

- provide remote Aboriginal visitors a place where they can seek shelter and access support services in a safe and culturally inclusive setting;
- support Port Augusta outreach services to proactively respond to an increase in remote visitors over the summer period;
- be a light touch model providing shelter, access to water and toilets and outreach services and referrals to relevant agencies; and
- reduce high risk and anti-social behaviours.

#### **Port Augusta Intensive Youth Response group (PAIYR) - \$80,000**

2.1.9 The Provider will fund an increase in the mentoring and case management support provided by the Port Augusta Intensive Youth Response group (PAIYR). This group consist of key SA government agencies that facilitate intensive case management support for young people who are regularly interacting with the justice system. The coordinated approach aims to improve outcomes for children and young people in the Port Augusta and Davenport region who are a high risk to themselves or the community, and to identify practical responses to systemic issues.

2.1.10 The PAIYR Group will:

- support families of high-risk young people to increase their wellbeing and ability to positively impact young people in their care;
- aim to increase the engagement of the high-risk young people in education and the broader community; and
- refer them to relevant services and supports.

#### **Port Augusta Safety and Wellbeing Leadership Group - \$120,000**

2.1.11 The Provider will establish a Port Augusta Safety and Wellbeing Leadership Group to embed Aboriginal community leadership, cultural authority, and voices of lived experience into decision-



making. This can support the further establishment of the Community Governance model and Community board structure that is in development. The Group will:

- prioritise the voices of Aboriginal people, local community members, young people and service providers; and
- enable the co-design of initiatives identified in the Community Safety and Wellbeing Plan.

2.1.12 The Provider will employ an Executive Officer or similar to

- support the Leadership Group;
- provide training to build the capacity of members to execute their duties, including evaluation; and
- enable the development of prioritised business plans for key initiatives.
- Establish a starting base for data and evidence collation, research, and data sovereignty.

#### Additional Reporting

2.1.13 Please provide numbers of participants supported by each of the activities listed above with the Performance Report submitted on 15 July 2024.

### 3. Key performance indicators

3.1 The Provider must meet the performance targets for the following key performance indicators within the timelines shown in the table below:

Number	Key Performance Indicator	Target and data
1.	MKPI.M1 - Indigenous Employment	80 per cent of hours worked in the reporting period under the activity, are worked by an Indigenous person. Source: Service provider.
2.	MKDI.D1 - Employment Numbers	Number of Indigenous people employed and the total number of people employed, under the activity (by gender). Source: Service provider.
3.	MKDI.D2 - Hours Worked - Indigenous Staff	Number of hours worked in the reporting period by all Indigenous people employed under the activity. Source: Service provider.
4.	MKDI.D3 - Hours Worked - All Staff	Number of hours worked in the reporting period by all people employed under the activity. Source: Service provider.
5.	MKPI.M2 - Core Service Provision	Core activities or service being delivered meet or exceed requirements. Source: Agreement Manager review of Service Provider performance reporting.

#### 4. Duration of Project

4.1 The Project must be delivered from the Project Start Date until the Project End Date:

Project dates	
Project Start Date	11 December 2023
Project End Date	30 June 2024 or earlier termination date

- 4.2 The Commonwealth may, at its sole discretion, offer to extend the Project Agreement End Date and/or any Project End Date by one or more extensions up to a maximum of one year by giving notice to the Provider at least 60 business days prior to the end of the relevant Project or Project Agreement End Date.
- 4.3 If the Provider accepts the Commonwealth's offer under clause 4.2, the terms of any such extension are to be documented by way of a deed of variation on terms acceptable to the Agency and such extension will only be effective upon the formal execution of the deed of variation by the Commonwealth and the Provider.

#### 5. Party representatives for notices

*(Clauses 134 – 135 of the Head Agreement)*

5.1 The parties' representatives are responsible for liaison and day-to-day Project management, as well as issuing and accepting any written notices relating to the Project:

Commonwealth	Details
Contact officer for Project	s47F
Physical / postal address(es) for notices	GPO Box 9932 Adelaide SA 5001
Telephone	s47F
E-mail	s47F @official.niaa.gov.au

Provider	Details
Contact officer / position for Project	s47F Senior Policy Officer
Physical / postal address(es) for notices	Riverside Centre, North Terrace, ADELAIDE, SA, 5000
Telephone	s47F
E-mail	s47F @sa.gov.au

#### 6. Location

6.1 The Project is to be delivered at the following location/s:

Organisation venue name	Organisation venue address	Estimated Financial Attribution %
Minister for Human Services as represented by the Department of Human Services	Riverside Centre, North Terrace, ADELAIDE, SA, 5000	0%
Department of Human Services	PORT AUGUSTA, SA, 5700	100%

6.2 The Provider warrants that it has the right to access and use all premises required for the purposes of delivering the Project.

## 7. Reporting and site visits

(Clauses 52 - 58 of the Head Agreement and Part 2 item 8 of this Project Schedule)

7.1 The Provider must submit the following reports to the Commonwealth, and where relevant facilitate site visits conducted by the Commonwealth, by the following due dates:

Report	Due date
Site Visit to be conducted by the Commonwealth in the 3 months leading up to the due date.	30 June 2024
Performance Report covering the period [Project Start date to 30 June 2024]	15 July 2024
Non-audited Expenditure Report covering the period [1 July 2023 to 30 June 2024]	30 September 2024
WWVP and WHS Statement of Compliance	31 October 2024

## 8. Grant payments

(Clauses 11 and 12 of the Head Agreement)

8.1 The Provider must use the Grant only for the purpose of this Project.

8.2 Grant payments will be made on the occurrence of the following events, outcomes or performance targets and subject to the terms and conditions of this Project Agreement:

Anticipated date	Description of event, outcome or performance target	Amount (excl GST)	GST	Total (incl GST)
20 December 2023	Payment within 20 days of the execution of the Project Agreement or the Project Start Date, whichever is later.	\$1,260,000.00	\$0.00	\$1,260,000.00
Total Grant		\$1,260,000.00	\$0.00	\$1,260,000.00

payable:				
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**9. Bank account details**

9.1 The Provider's bank account for the purpose of clause 13 of the Head Agreement for this Project is:

Bank / institution name	<b>s47G</b>	
BSB number		
Account name		
Account number		



#### 4-J4I5XU8 - Joint support for Port Augusta Initiative - Additional Conditions

The following additional conditions apply for this Project.

##### 10. Annualised Budget

- 10.1 Unless otherwise approved by the Commonwealth in writing and subject to item 10.2 below, the Provider must spend the Grant in accordance with the following budget:

Financial Year	2023-24
Port Augusta and Davenport Youth Bus Service	\$100,000.00
Return to Country (RTC) program	\$160,000.00
The Youth Outreach Team	\$300,000.00
'Safer Place to Gather' site	\$500,000.00
Port Augusta Intensive Youth Response group (PAIYR)	\$80,000.00
Port Augusta Safety and Wellbeing Leadership Group	\$120,000.00
<b>Total</b>	<b>\$1,260,000.00</b>

- 10.2 The Provider and the Commonwealth shall review the budget set out in item 10.1 annually on a date agreed by the parties. Any changes to the budget must be agreed in writing but without the requirement of a contract variation as set out in clause 139 "Variation" of the Head Agreement.

## EXECUTION PAGE

This Project Schedule, together with the Head Agreement and any attachments to, or documents incorporated by reference into, either of them, forms a Project Agreement.

Executed as an agreement:

Commonwealth

SIGNED for and on behalf of the Commonwealth of Australia as represented by the National Indigenous Australians Agency by:

s47F

(Name of Agency Representative)

s47F

(Signature of Agency Representative)

Alg Director, Policy Planning + Strategy 21/1/2024

(Position of Agency Representative)

s47F

(Name of Witness in full)

s47F

21/1/2024

Provider

Executed as an agreement:

SIGNED for and on behalf of Minister for Human Services as represented by the Department of Human Services, ABN 11 525 031 744 in accordance with its rules:

s47F

(Name of Signatory)

s47F

(Signature)

A/CHIEF EXECUTIVE

(Position held by Signatory)

21/1/24

s47F

(Name of second Signatory / Name of Witness)

s47F

(Signature of second Signatory / Witness)

21/1/24

EXECUTIVE ASSISTANT

(Position held by second Signatory / Witness)

**Notes about the signature block:**

- if you are an **incorporated association**, the signatories can be any two members of the governing committee of the Association or a member of the governing committee and the Public Officer. Alternatively, the Grant Agreement could be executed using the Common Seal. Associations incorporated in the **Northern Territory** must affix their **Common Seal** unless the Rules of the Association authorise a person to enter into legally binding documents.
- if you are a **company**, generally two signatories are required – the signatories can be two Directors or a Director and the Company Secretary. Affix your **Company Seal**, if required by your Constitution.
- if you are a **company with a sole Director/Secretary**, the Director/Secretary is required to be the signatory in the presence of a witness. Affix your **Company Seal**, if required by your Constitution.
- if you are a **partnership**, a partner must be a signatory in the presence of a witness.
- if you are an **individual**, you must sign in the presence of a witness.
- if you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required.
- if you are a **State or Territory Government**, the delegate must sign for the State/Territory Department/Agency acting on behalf of the State or Territory Government. The delegate must sign in the presence of a witness.



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## Funding Brief

# 1 FB-00185 - IAS Funding Recommendation - Direct Approach - Port Augusta Initiatives - SA Government

## 1.1 General Details

Funding Brief ID	FB-00185
Appropriation Type	IAS Funding Recommendation
Brief Type	Direct Approach
Title	Port Augusta Initiatives - SA Government
Funding Brief prepared by	s47F
Clearance Officer	s47F
Delegate	Kyla Holmberg
Is the brief urgent?	s47C
Approval required by	11/12/2023
Created On	6/12/2023

## 1.2 Summary Information

Brief Summary	<p>Your approval as Delegate is sought for indicative funding of up to \$1,260,000 (GST exclusive) from 1 December 2023 to 30 June 2024 for the South Australian Government to deliver six Alcohol and Other Drugs (AOD) and Safety and Wellbeing activities in Port Augusta and surrounding areas.</p> <p>s47B</p>
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OFFICIAL

**s47B**

These activities have been identified as immediate and critical measures to meet the increased demand for AOD and safety and wellbeing services in Port Augusta.

**s47B**

The \$1,260,000 funding for these activities will be provided to the SA Department of Human Services to deliver the following activities:

- Expansion of Safe Transport service - Salvation Army Youth Bus
- Return to Country Program
- Assertive Youth Outreach Response across Port Augusta and Davenport
- Establishment of a Safer Places to Gather site/camp
- Providing safety and wellbeing support to the Port Augusta Intensive Youth response to support high risk young people and their families
- Local Governance establishment including monitoring and evaluation framework

These activities are funded through a direct non-competitive approach with the SA Government. All applications for the six activities were assessed as meeting the criteria under Program 1.3 and are recommended for funding. The risks associated in the delivery of these activities are low.

NIAA will enter into a new funding agreement with the SA Government in December 2023 to have these services delivered **s47B**

**s47B**

### 1.3 Funding Brief Contact

Brief Contact	<b>s47F</b>
Phone Number	
Email Address	<b>s47F</b> <a href="mailto:s47F@niaa.gov.au">@niaa.gov.au</a>

### 1.4 Supporting Documents

Title
<Enter support document 1 here>
<Enter support document 2 here>
<Enter support document 3 here>

1.5 Financials

Financial Year	Applied for Amount (ex-GST)	Recommended Amount (ex-GST)
2023-24	\$1,260,000.00	\$1,260,000.00
2024-25	\$0.00	\$0.00
2025-26	\$0.00	\$0.00
2026-27	\$0.00	\$0.00
Total	\$1,260,000.00	\$1,260,000.00

1.6 Legislative Authority

Legislative Authority and Obligations

Legislative authority

The legislative authority for this spending is provided by Items 35 to 39 of Part 4 of Schedule 1AB of the Financial Framework Supplementary Powers Regulations.

For grants made under specific statutory legislation (such as grants under the *Indigenous Education (Targeted Assistance) Act 2000*), the brief will contain details of the relevant statutory framework and approvals.

Obligations under relevant legislation

Consistent with section 71 of the PGPA Act you must not approve a grant unless, after reasonable enquiry, you are satisfied that the grant would be a proper use of relevant money ('proper' when used in relation to the use or management of public resources means efficient, effective, economical and ethical).

The Minister or Agency delegate is the funding approver responsible for deciding IAS grant funding. The Minister for Indigenous Australians has authorised National Indigenous Australians Agency (NIAA) Senior Executive Staff to make administered funding decisions. The authorisation relating to approval of IAS grants is as shown in the table below.



Funding	Approval limits per funded activity (Maximum total value)		
	CEO and Deputy CEO (DCEO)	SES Band 2	SES Band 1
Indigenous Advancement Strategy (IAS)	No Limit	Up to \$10 million (GST exclusive)*	Up to \$2 million (GST exclusive)*

**1.7** \* These delegations can only be exercised over administered budgets for which the decision maker has responsibility.

When an NIAA official exercises the role of approver, NIAA requires the official to be provided with the following information, which the *Commonwealth Grant Rules and Guidelines* (CGRGs) require must be provided to a Minister where the Minister exercises the role of approver.

*Extract from Commonwealth Grants Rules and Guidelines*

**4.6** *Officials must provide written advice to Ministers, where Ministers exercise the role of an approver. This advice must, at a minimum:*

- a. *explicitly state that the spending **proposal being considered for approval is a 'grant'**;*
- b. *provide information on the applicable requirements of the PGPA Act and rules and the CGRGs (particularly any ministerial reporting obligations), including the legal authority for the grant;*
- c. *outline the application and selection process, including the selection criteria, that were used to select potential grant recipients; and*
- d. *include the merits of the proposed grant or grants relative to the grant guidelines and the key consideration of achieving value with relevant money.*

*Record of the basis for the approval*

If the proposed expenditure of relevant money relates to a grant, paragraph 4.5 of the CGRGs requires where you exercise the role of approver you must also record, in writing, the basis for the approval relative to the grant guidelines and key consideration of value with relevant money. The recommended basis and record for the approval, relative to the grant guidelines and the key consideration of value for money, are set out in this brief. If there is any alternative basis or considerations on which you are basing your decision you should record these in accordance with clause 3.9 of the CGRGs.

## NIAA and Legislative Requirements

### Activity and Provider Risk

The Activity Risk Assessment (ARA) rating is determined by applying the Organisation Risk Profile (ORP) rating, the annualised grant value and the nature of the activities to a risk matrix ([Activity Risk Assessment \(ARA\) – Standard operating procedure](#)). Activities with a **'direct'** nature are frontline services, and failure to deliver the activities would have significant impacts for grant beneficiaries. Activities with an **'indirect'** nature are supplementary services, and failure to deliver the activities would not have significant impacts for grant beneficiaries.

**The ORP rating is determined by assessing the organisation's financial** management, governance and service delivery capability.



### Mandatory controls

The ARA rating determines the mandatory controls to be included in grant agreements.

- The standard controls for a Low risk activity include annual payments tied to an acceptable annual performance report, and an annual provider financial declaration.
- The standard controls for a Medium risk activity include bi-annual payments tied to acceptable bi-annual performance reports, an annual site visit, and an annual non-audited grant expenditure report.
- The standard controls for a High risk activity include bi-annual payments tied to acceptable bi-annual performance reports, bi-annual site visits, a project budget incorporated into the grant agreement, and an annual audited grant expenditure report.
- The standard controls for an Extreme risk activity include quarterly payments tied to acceptable bi-annual performance reports, bi-annual site visits and an annual audited grant expenditure report.

### Key Performance Indicators

If approved for funding, NIAA will work with the provider to agree Key Performance Indicators (KPIs) for the grant. These include mandatory performance measures relating to core service provisions and Indigenous employment, and additional measures specific to the activities.



## 1.8 Attached Funding Decisions

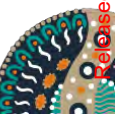
Funding Decision	Organisation	Title	Program	Recommendation (ex-GST)	Recommendation
FD-03101	Department of Human Services	Expansion of Safe Transport service - Salvation Army Youth Bus	1.3 - Safety and Wellbeing	\$100,000.00	Recommended to Fund
FD-03102	Department of Human Services	Return to Country Program	1.3 - Safety and Wellbeing	\$160,000.00	Recommended to Fund
FD-03103	Department of Human Services	Assertive Youth Outreach Response across Port Augusta and Davenport	1.3 - Safety and Wellbeing	\$300,000.00	Recommended to Fund
FD-03104	Department of Human Services	Establishment of a Safer Places to Gather site/camp	1.3 - Safety and Wellbeing	\$500,000.00	Recommended to Fund
FD-03105	Department of Human Services	Providing safety and wellbeing support to the Port Augusta Intensive Youth response to support high risk young people and their families	1.3 - Safety and Wellbeing	\$80,000.00	Recommended to Fund
FD-03106	Department of Human Services	Local Governance establishment including monitoring and evaluation framework	1.3 - Safety and Wellbeing	\$120,000.00	Recommended to Fund

## 1.9 Recommendations

For Delegate to complete	
Recommendation	Response (Select a response)
Agree, as decision maker, you are aware of your obligations under the Commonwealth Grants Rules and Guidelines (CGRGs) as set out in the NIAA and Legislative Requirements and are satisfied any agreed expenditure is a proper use with relevant money.	Agreed
Note the recommending officer has made reasonable enquiries and managed and/or disclosed any conflicts of interest in relation to this proposal and the applicant in accordance with relevant laws and policies.	Noted
Agree you have no conflicts of interest relating to the proposal and the applicant (or have declared any conflicts of interest).	Agreed
Approve the media release/s	Not Applicable Approved Not Approved

## 1.10 Brief Approval

For Delegate to complete	
<b>Brief Approved?</b> (Select a response)	Yes No
<b>Decision Date</b>	
<b>Delegate Comment</b> (2000 characters max)	



Funding Decision

2 FD-03101 - Department of Human Services - 4-J4308N0

2.1 General Details

Funding Decision ID	FD-03101
Organisation	Department of Human Services
Title	Expansion of Safe Transport service - Salvation Army Youth Bus

2.2 Related Funding Brief

Funding Brief ID	FB-00185
Appropriation Type	IAS Funding Recommendation
Brief Type	Direct Approach
Title	Port Augusta Initiatives - SA Government

2.3 Summary Information

Recommendation	Recommended to Fund
Comments	

2.4 Application Details

Application	4-J4308N0
Proposed Organisation	Department of Human Services
Received Date	4/12/2023
Grant Round	Agency Collaborates - Direct Approach - Short
Managing Office	Adelaide - GMU

2.5 Organisation Details

Risk and Performance	
ORP Risk Rating	Low

ORP Expiry Date	
Latest Performance Rating	
PRA Approved Date	
Compliance Concern	No
Conflict of Interest	
Has the applicant declared there is a conflict of interest to their proposal?	No
Details of conflict and how NIAA will manage this conflict	
Indigeneity	
Indigeneity	No
Applicant Identified As	
Describe how the preference for Indigenous entities has been applied in accordance with the IGP	
Existing Funding	
Receives other NIAA Funding?	No - Previously funded
Current Activities	1
Current Funding (ex GST)	\$2,000,000.00
National Redress Scheme	
Eligible under the National Redress Scheme?	Yes

2.6 Proposed Activity Information

Activity Details	
Activity Title	Expansion of Safe Transport service - Salvation Army Youth Bus
Start Date	1/12/2023
End Date	30/06/2024
Activity Description	
Activity Description	This program will expand the Port Augusta and Davenport Youth bus service to: Increase the operational hours for the Youth bus service. Increased operating

	hours will enable the bus to operate weekly from Tuesday to Saturday from 7pm to 10pm throughout the school term. This expansion enhances the existing school holiday and weekend service. Provide transport home or another safe place for young people at risk and on the streets in Pt Augusta and nearby surrounds. Allow for alignment with other youth services opening/closing hours to get young people home safely. Allow for enhanced collaboration with other youth responses.
<b>Activity Risk Assessment</b>	
<b>Activity Risk Level</b>	
<b>Activity Risk Level Status</b>	
<b>Activity Risk Level Date</b>	
<b>Coverage Areas</b>	
<b>Coverage Areas</b>	Port Augusta - Central, SA Port Augusta - Surrounds, SA Port Augusta - West, SA Davenport, SA

## 2.7 Merits of the Grant

<b>Sensitivities</b>	None
<b>Key Issues and Risks</b>	
<b>Specific KPIs</b>	
<b>Expected Benefits and Outcomes</b>	Reduce the level of homelessness, anti-social behaviour, violence and substance misuse in Port Augusta
<b>Represents Value with Relevant Money</b>	Yes

### 2.7.1 Assessment Process

**Assessment Total Score:**

### 2.7.2 Assessments

<b>Assessment ID</b>		<b>Score</b>	
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2.8 Closing the Gap Outcomes related to the Grant Activity

Selection One	Outcome Area 1 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
Selection Two	Outcome Area 14 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.
Selection Three	Outcome Area 13 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander families and households are safe.

2.9 Recommendation and Financial Impact

2.9.1 Recommendation

Recommendation	Recommended to Fund
----------------	---------------------

2.9.2 Financials

Financial Year	Applied for Amount (ex-GST)	Recommended Amount (ex-GST)
2023-24	\$100,000.00	\$100,000.00
2024-25	\$0.00	\$0.00
2025-26	\$0.00	\$0.00
2026-27	\$0.00	\$0.00
Total	\$100,000.00	\$100,000.00

2.10 Delegate Decision

For Delegate to complete	
Delegate Decision <i>(Select a decision)</i>	Accept recommendation  Accept recommendation with changes  Do not accept recommendation
Decision Date	

2.10.1 If Delegate Decision is ‘Accept recommendation with changes’

For Delegate to complete	
Authorised Total Funding (\$)	
Reason for the change	

2.10.2 If Delegate Decision is ‘Do not accept recommendation’

For Delegate to complete	
Decision Date	
Reason for the change	

Funding Decision

3 FD-03102 - Department of Human Services - 4-J43DOOA

3.1 General Details

Funding Decision ID	FD-03102
Organisation	Department of Human Services
Title	Return to Country Program

3.2 Related Funding Brief

Funding Brief ID	FB-00185
Appropriation Type	IAS Funding Recommendation
Brief Type	Direct Approach
Title	Port Augusta Initiatives - SA Government

3.3 Summary Information

Recommendation	Recommended to Fund
Comments	

3.4 Application Details

Application	4-J43DOOA
Proposed Organisation	Department of Human Services
Received Date	4/12/2023
Grant Round	Agency Collaborates - Direct Approach - Short
Managing Office	Adelaide - GMU

3.5 Organisation Details

Risk and Performance	
ORP Risk Rating	Low



ORP Expiry Date	
Latest Performance Rating	
PRA Approved Date	
Compliance Concern	No
Conflict of Interest	
Has the applicant declared there is a conflict of interest to their proposal?	No
Details of conflict and how NIAA will manage this conflict	
Indigeneity	
Indigeneity	No
Applicant Identified As	
Describe how the preference for Indigenous entities has been applied in accordance with the IGP	
Existing Funding	
Receives other NIAA Funding?	No - Previously funded
Current Activities	1
Current Funding (ex GST)	\$2,000,000.00
National Redress Scheme	
Eligible under the National Redress Scheme?	Yes

3.6 Proposed Activity Information

Activity Details	
Activity Title	Return to Country Program
Start Date	1/12/2023
End Date	30/06/2024
Activity Description	
Activity Description	Funding will be used to provide safe transport and support for remote visitors to return home when they wish to and it is safe for them to do so via the



	Return to Country (RTC) program in Port Augusta by: • Supporting the expansion of the RTC program, aimed at supporting remote Aboriginal visitors stuck in Port Augusta to return to their home communities in remote or regional SA, the NT or other states. • Facilitate community members obtaining tickets or other means to travel. • Provide safe transport to the bus. • Provide a secure, comfortable, and culturally safe space for clients to wait until the bus service leaves, if required. • Minimise anti-social and high-risk behaviour in Port Augusta, by providing travel and a place for travellers to stay whilst awaiting travel thereby reducing overcrowding in tenancies.
<b>Activity Risk Assessment</b>	
<b>Activity Risk Level</b>	
<b>Activity Risk Level Status</b>	
<b>Activity Risk Level Date</b>	
<b>Coverage Areas</b>	
<b>Coverage Areas</b>	Port Augusta - Central, SA Port Augusta - Surrounds, SA Port Augusta - West, SA Davenport, SA

### 3.7 Merits of the Grant

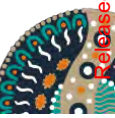
<b>Sensitivities</b>	None
<b>Key Issues and Risks</b>	
<b>Specific KPIs</b>	
<b>Expected Benefits and Outcomes</b>	Reduce the level of homelessness, anti-social behaviour, violence and substance misuse in Port Augusta
<b>Represents Value with Relevant Money</b>	Yes

#### 3.7.1 Assessment Process

**Assessment Total Score:**

#### 3.7.2 Assessments

<b>Assessment ID</b>		<b>Score</b>	
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3.8 Closing the Gap Outcomes related to the Grant Activity

Selection One	Outcome Area 1 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
Selection Two	Outcome Area 13 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander families and households are safe.
Selection Three	Outcome Area 14 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.

3.9 Recommendation and Financial Impact

3.9.1 Recommendation

Recommendation	Recommended to Fund
----------------	---------------------

3.9.2 Financials

Financial Year	Applied for Amount (ex-GST)	Recommended Amount (ex-GST)
2023-24	\$160,000.00	\$160,000.00
2024-25	\$0.00	\$0.00
2025-26	\$0.00	\$0.00
2026-27	\$0.00	\$0.00
Total	\$160,000.00	\$160,000.00

3.10 Delegate Decision

For Delegate to complete	
Delegate Decision <i>(Select a decision)</i>	Accept recommendation  Accept recommendation with changes  Do not accept recommendation
Decision Date	

3.10.1 If Delegate Decision is ‘Accept recommendation with changes’

For Delegate to complete	
Authorised Total Funding (\$)	
Reason for the change	

3.10.2 If Delegate Decision is ‘Do not accept recommendation’

For Delegate to complete	
Decision Date	
Reason for the change	

Funding Decision

4 FD-03103 - Department of Human Services - 4-J417GMI

4.1 General Details

Funding Decision ID	FD-03103
Organisation	Department of Human Services
Title	Assertive Youth Outreach Response across Port Augusta and Davenport

4.2 Related Funding Brief

Funding Brief ID	FB-00185
Appropriation Type	IAS Funding Recommendation
Brief Type	Direct Approach
Title	Port Augusta Initiatives - SA Government

4.3 Summary Information

Recommendation	Recommended to Fund
Comments	

4.4 Application Details

Application	4-J417GMI
Proposed Organisation	Department of Human Services
Received Date	4/12/2023
Grant Round	Agency Collaborates - Direct Approach - Short
Managing Office	Adelaide - GMU

4.5 Organisation Details

Risk and Performance	
ORP Risk Rating	Low

ORP Expiry Date	
Latest Performance Rating	
PRA Approved Date	
Compliance Concern	No
Conflict of Interest	
Has the applicant declared there is a conflict of interest to their proposal?	No
Details of conflict and how NIAA will manage this conflict	
Indigeneity	
Indigeneity	No
Applicant Identified As	
Describe how the preference for Indigenous entities has been applied in accordance with the IGP	
Existing Funding	
Receives other NIAA Funding?	No - Previously funded
Current Activities	1
Current Funding (ex GST)	\$2,000,000.00
National Redress Scheme	
Eligible under the National Redress Scheme?	Yes

4.6 Proposed Activity Information

Activity Details	
Activity Title	Assertive Youth Outreach Response across Port Augusta and Davenport
Start Date	1/12/2023
End Date	30/06/2024
Activity Description	
Activity Description	The youth outreach team will actively engage with young people in and around Port Augusta and Davenport. They will provide recreation and diversionary



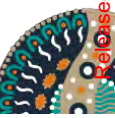
	activities for young people where they are gathering as well as walking and driving around Port Augusta and Davenport providing support for young people and referrals to relevant services. They will engage with the Youth Centre and other services for young people in community, divert young people in Port Augusta and Davenport away from high risk and antisocial activities, and encourage them to take part in community-based recreational activities. Funding the youth outreach team will help address high risk behaviour of young people who are disconnected from community and services. It will support increased collaboration between youth services in Port Augusta and Davenport, particularly those that operate 'after hours'. The team will consist of 5 outreach workers and a coordinator, working Tuesday to Friday 4-6pm and Saturday 4-10pm .
<b>Activity Risk Assessment</b>	
<b>Activity Risk Level</b>	
<b>Activity Risk Level Status</b>	
<b>Activity Risk Level Date</b>	
<b>Coverage Areas</b>	
<b>Coverage Areas</b>	Davenport, SA Port Augusta - Central, SA Port Augusta - Surrounds, SA Port Augusta - West, SA

## 4.7 Merits of the Grant

<b>Sensitivities</b>	None
<b>Key Issues and Risks</b>	
<b>Specific KPIs</b>	
<b>Expected Benefits and Outcomes</b>	Reduce the level of homelessness, anti-social behaviour, violence and substance misuse in Port Augusta
<b>Represents Value with Relevant Money</b>	Yes

### 4.7.1 Assessment Process

**Assessment Total Score:**



4.7.2 Assessments

Assessment ID		Score	
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4.8 Closing the Gap Outcomes related to the Grant Activity

Selection One	Outcome Area 1 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
Selection Two	Outcome Area 13 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander families and households are safe.
Selection Three	Outcome Area 14 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.

4.9 Recommendation and Financial Impact

4.9.1 Recommendation

Recommendation	Recommended to Fund
----------------	---------------------

4.9.2 Financials

Financial Year	Applied for Amount (ex-GST)	Recommended Amount (ex-GST)
2023-24	\$300,000.00	\$300,000.00
2024-25	\$0.00	\$0.00
2025-26	\$0.00	\$0.00
2026-27	\$0.00	\$0.00
Total	\$300,000.00	\$300,000.00



4.10 Delegate Decision

For Delegate to complete	
Delegate Decision <i>(Select a decision)</i>	Accept recommendation  Accept recommendation with changes  Do not accept recommendation
Decision Date	

4.10.1 If Delegate Decision is 'Accept recommendation with changes'

For Delegate to complete	
Authorised Total Funding (\$)	
Reason for the change	

4.10.2 If Delegate Decision is 'Do not accept recommendation'

For Delegate to complete	
Decision Date	
Reason for the change	

Funding Decision

5 FD-03104 - Department of Human Services - 4-J437BLM

5.1 General Details

Funding Decision ID	FD-03104
Organisation	Department of Human Services
Title	Establishment of a Safer Places to Gather site/camp

5.2 Related Funding Brief

Funding Brief ID	FB-00185
Appropriation Type	IAS Funding Recommendation
Brief Type	Direct Approach
Title	Port Augusta Initiatives - SA Government

5.3 Summary Information

Recommendation	Recommended to Fund
Comments	

5.4 Application Details

Application	4-J437BLM
Proposed Organisation	Department of Human Services
Received Date	4/12/2023
Grant Round	Agency Collaborates - Direct Approach - Short
Managing Office	Adelaide - GMU

5.5 Organisation Details

Risk and Performance	
ORP Risk Rating	Low

ORP Expiry Date	
Latest Performance Rating	
PRA Approved Date	
Compliance Concern	No
Conflict of Interest	
Has the applicant declared there is a conflict of interest to their proposal?	No
Details of conflict and how NIAA will manage this conflict	
Indigeneity	
Indigeneity	No
Applicant Identified As	
Describe how the preference for Indigenous entities has been applied in accordance with the IGP	
Existing Funding	
Receives other NIAA Funding?	No - Previously funded
Current Activities	1
Current Funding (ex GST)	\$2,000,000.00
National Redress Scheme	
Eligible under the National Redress Scheme?	Yes

5.6 Proposed Activity Information

Activity Details	
Activity Title	Establishment of a Safer Places to Gather site/camp
Start Date	1/12/2023
End Date	30/06/2024
Activity Description	
Activity Description	In response to an increase in remote visitors to Port Augusta who are sleeping rough in public places a 'Safer Place to Gather' site will be established. The site



	will provide remote Aboriginal visitors a place where they can seek shelter and access support services in a safe and culturally inclusive setting. This will support Port Augusta outreach services to proactively respond to an increase in remote visitors over the summer period. The site will be a light touch model providing shelter, access to water and toilets and outreach services and referrals to relevant agencies. Visitors attending at the Safer Place to Gather will have access to wrap around services, whilst reducing high risk and anti-social behaviours.
<b>Activity Risk Assessment</b>	
<b>Activity Risk Level</b>	
<b>Activity Risk Level Status</b>	
<b>Activity Risk Level Date</b>	
<b>Coverage Areas</b>	
<b>Coverage Areas</b>	Port Augusta - Central, SA Port Augusta - Surrounds, SA Port Augusta - West, SA Davenport, SA

## 5.7 Merits of the Grant

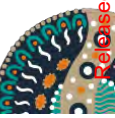
<b>Sensitivities</b>	None
<b>Key Issues and Risks</b>	
<b>Specific KPIs</b>	
<b>Expected Benefits and Outcomes</b>	Reduce the level of homelessness, anti-social behaviour, violence and substance misuse in Port Augusta
<b>Represents Value with Relevant Money</b>	Yes

### 5.7.1 Assessment Process

**Assessment Total Score:**

### 5.7.2 Assessments

<b>Assessment ID</b>		<b>Score</b>	
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5.8 Closing the Gap Outcomes related to the Grant Activity

Selection One	Outcome Area 1 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
Selection Two	Outcome Area 13 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander families and households are safe.
Selection Three	Outcome Area 14 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.

5.9 Recommendation and Financial Impact

5.9.1 Recommendation

Recommendation	Recommended to Fund
----------------	---------------------

5.9.2 Financials

Financial Year	Applied for Amount (ex-GST)	Recommended Amount (ex-GST)
2023-24	\$500,000.00	\$500,000.00
2024-25	\$0.00	\$0.00
2025-26	\$0.00	\$0.00
2026-27	\$0.00	\$0.00
Total	\$500,000.00	\$500,000.00

5.10 Delegate Decision

For Delegate to complete	
Delegate Decision <i>(Select a decision)</i>	Accept recommendation  Accept recommendation with changes  Do not accept recommendation
Decision Date	

5.10.1 If Delegate Decision is ‘Accept recommendation with changes’

For Delegate to complete	
Authorised Total Funding (\$)	
Reason for the change	

5.10.2 If Delegate Decision is ‘Do not accept recommendation’

For Delegate to complete	
Decision Date	
Reason for the change	

Funding Decision

6 FD-03105 - Department of Human Services - 4-J438WQA

6.1 General Details

Funding Decision ID	FD-03105
Organisation	Department of Human Services
Title	Providing safety and wellbeing support to the Port Augusta Intensive Youth response to support high risk young people and their families

6.2 Related Funding Brief

Funding Brief ID	FB-00185
Appropriation Type	IAS Funding Recommendation
Brief Type	Direct Approach
Title	Port Augusta Initiatives - SA Government

6.3 Summary Information

Recommendation	Recommended to Fund
Comments	

6.4 Application Details

Application	4-J438WQA
Proposed Organisation	Department of Human Services
Received Date	4/12/2023
Grant Round	Agency Collaborates - Direct Approach - Short
Managing Office	Adelaide - GMU

6.5 Organisation Details

Risk and Performance
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ORP Risk Rating	Low
ORP Expiry Date	
Latest Performance Rating	
PRA Approved Date	
Compliance Concern	No
Conflict of Interest	
Has the applicant declared there is a conflict of interest to their proposal?	No
Details of conflict and how NIAA will manage this conflict	
Indigeneity	
Indigeneity	No
Applicant Identified As	
Describe how the preference for Indigenous entities has been applied in accordance with the IGP	
Existing Funding	
Receives other NIAA Funding?	No - Previously funded
Current Activities	1
Current Funding (ex GST)	\$2,000,000.00
National Redress Scheme	
Eligible under the National Redress Scheme?	Yes

6.6 Proposed Activity Information

Activity Details	
Activity Title	Providing safety and wellbeing support to the Port Augusta Intensive Youth response to support high risk young people and their families
Start Date	1/12/2023
End Date	30/06/2024
Activity Description	





<b>Activity Description</b>	Providing mentoring and case management support for the Port Augusta Intensive Youth Response group (PAIYR). This group consist of key SA government agencies who facilitate intensive case management support for young people who are regularly interacting with the justice system. This coordinated approach aims to improve outcomes for children and young people in the Port Augusta and Davenport region who are a high risk to themselves or the community, and to identify practical responses to systemic issues. The families of high risk young people will be supported to increase their wellbeing and ability to positively impact young people in their care. The response will aim to increase engagement in education and the broader community as well as referral to relevant services and supports.
<b>Activity Risk Assessment</b>	
<b>Activity Risk Level</b>	
<b>Activity Risk Level Status</b>	
<b>Activity Risk Level Date</b>	
<b>Coverage Areas</b>	
<b>Coverage Areas</b>	Davenport, SA Port Augusta - Central, SA Port Augusta - Surrounds, SA Port Augusta - West, SA

## 6.7 Merits of the Grant

<b>Sensitivities</b>	None
<b>Key Issues and Risks</b>	
<b>Specific KPIs</b>	
<b>Expected Benefits and Outcomes</b>	Reduce the level of homelessness, anti-social behaviour, violence and substance misuse in Port Augusta
<b>Represents Value with Relevant Money</b>	Yes

### 6.7.1 Assessment Process

**Assessment Total Score:**

### 6.7.2 Assessments



Assessment ID		Score	
---------------	--	-------	--

6.8 Closing the Gap Outcomes related to the Grant Activity

Selection One	Outcome Area 1 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
Selection Two	Outcome Area 13 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander families and households are safe.
Selection Three	Outcome Area 14 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.

6.9 Recommendation and Financial Impact

6.9.1 Recommendation

Recommendation	Recommended to Fund
----------------	---------------------

6.9.2 Financials

Financial Year	Applied for Amount (ex-GST)	Recommended Amount (ex-GST)
2023-24	\$80,000.00	\$80,000.00
2024-25	\$0.00	\$0.00
2025-26	\$0.00	\$0.00
2026-27	\$0.00	\$0.00
Total	\$80,000.00	\$80,000.00

6.10 Delegate Decision

For Delegate to complete	
<b>Delegate Decision</b> <i>(Select a decision)</i>	Accept recommendation Accept recommendation with changes Do not accept recommendation
<b>Decision Date</b>	

6.10.1 If Delegate Decision is 'Accept recommendation with changes'

For Delegate to complete	
<b>Authorised Total Funding (\$)</b>	
<b>Reason for the change</b>	

6.10.2 If Delegate Decision is 'Do not accept recommendation'

For Delegate to complete	
<b>Decision Date</b>	
<b>Reason for the change</b>	

Funding Decision

7 FD-03106 - Department of Human Services - 4-J4308NA

7.1 General Details

Funding Decision ID	FD-03106
Organisation	Department of Human Services
Title	Local Governance establishment including monitoring and evaluation framework

7.2 Related Funding Brief

Funding Brief ID	FB-00185
Appropriation Type	IAS Funding Recommendation
Brief Type	Direct Approach
Title	Port Augusta Initiatives - SA Government

7.3 Summary Information

Recommendation	Recommended to Fund
Comments	

7.4 Application Details

Application	4-J4308NA
Proposed Organisation	Department of Human Services
Received Date	4/12/2023
Grant Round	Agency Collaborates - Direct Approach - Short
Managing Office	Adelaide - GMU

7.5 Organisation Details

Risk and Performance	
ORP Risk Rating	Low

ORP Expiry Date	
Latest Performance Rating	
PRA Approved Date	
Compliance Concern	No
Conflict of Interest	
Has the applicant declared there is a conflict of interest to their proposal?	No
Details of conflict and how NIAA will manage this conflict	
Indigeneity	
Indigeneity	No
Applicant Identified As	
Describe how the preference for Indigenous entities has been applied in accordance with the IGP	
Existing Funding	
Receives other NIAA Funding?	No - Previously funded
Current Activities	1
Current Funding (ex GST)	\$2,000,000.00
National Redress Scheme	
Eligible under the National Redress Scheme?	Yes

7.6 Proposed Activity Information

Activity Details	
Activity Title	Local Governance establishment including monitoring and evaluation framework
Start Date	1/12/2023
End Date	30/06/2024
Activity Description	



<b>Activity Description</b>	Funding will support the establishment of a Port Augusta Safety and Wellbeing Leadership Group that prioritises the voices of Aboriginal people, local community members, young people and service providers, and enables the co-design of initiatives identified in the Community Safety and Wellbeing Plan. Funding will be used to employ an Executive Officer to support the Leadership Group, provide training to build the capacity of members to execute their duties including evaluation, and enable prioritisation and the development of business plans for key initiatives. The establishment of a community based Safety and Wellbeing Leadership Group will embed Aboriginal community leadership, cultural authority, and voices of lived experience into decision-making.
<b>Activity Risk Assessment</b>	
<b>Activity Risk Level</b>	
<b>Activity Risk Level Status</b>	
<b>Activity Risk Level Date</b>	
<b>Coverage Areas</b>	
<b>Coverage Areas</b>	Port Augusta - Central, SA Port Augusta - Surrounds, SA Port Augusta - West, SA Davenport, SA

## 7.7 Merits of the Grant

<b>Sensitivities</b>	None
<b>Key Issues and Risks</b>	
<b>Specific KPIs</b>	
<b>Expected Benefits and Outcomes</b>	Reduce the level of homelessness, anti-social behaviour, violence and substance misuse in Port Augusta
<b>Represents Value with Relevant Money</b>	Yes

### 7.7.1 Assessment Process

**Assessment Total Score:**

### 7.7.2 Assessments



Assessment ID		Score	
---------------	--	-------	--

7.8 Closing the Gap Outcomes related to the Grant Activity

Selection One	Outcome Area 1 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
Selection Two	Outcome Area 13 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander families and households are safe.
Selection Three	Outcome Area 14 <b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.

7.9 Recommendation and Financial Impact

7.9.1 Recommendation

Recommendation	Recommended to Fund
----------------	---------------------

7.9.2 Financials

Financial Year	Applied for Amount (ex-GST)	Recommended Amount (ex-GST)
2023-24	\$120,000.00	\$120,000.00
2024-25	\$0.00	\$0.00
2025-26	\$0.00	\$0.00
2026-27	\$0.00	\$0.00
Total	\$120,000.00	\$120,000.00

7.10 Delegate Decision

For Delegate to complete	
Delegate Decision <i>(Select a decision)</i>	Accept recommendation  Accept recommendation with changes  Do not accept recommendation
Decision Date	

7.10.1 If Delegate Decision is ‘Accept recommendation with changes’

For Delegate to complete	
Authorised Total Funding (\$)	
Reason for the change	

7.10.2 If Delegate Decision is ‘Do not accept recommendation’

For Delegate to complete	
Decision Date	
Reason for the change	





Australian Government

National Indigenous Australians Agency

PROJECT SCHEDULE –  
GENERAL GRANTS  
SAFETY AND WELLBEING PROGRAMME

Executed by

the Commonwealth of Australia as represented by the National Indigenous Australians Agency  
(ABN 30 429 895 164)

AND

Wujal Wujal Justice Group Indigenous Corporation (ABN 21 810 571 655)

Grant System Agreement number (System ID)	4-G345ZG7
Project Schedule reference number (System ID)	4-J6VQEZF
Provider reference number (System ID)	4-2EITWGQ

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**How this Project Schedule works**

The Commonwealth has agreed to execute this Project Schedule, under which the Commonwealth will provide the Grant/s for the purpose of delivering one or more Project/s.

Once this Project Schedule has been executed, a separate contract is formed. That contract is called a **Project Agreement**.

The terms and conditions of this Project Agreement are as set out in:

- a) this Project Schedule;
- b) the Head Agreement; and
- c) any attachments to, or documents incorporated by reference into, either of those documents.

This Project Schedule contains terms and conditions that relate specifically to the Projects and Grants listed in this document. The document comprises:

- Part 1 – a summary of the Projects and Grants in this Project Schedule;
- Part 2 – terms and conditions applying to all Projects and Grants in this Project Schedule; and
- Part 3 – specific terms and conditions for particular Projects and Grants in this Project Schedule.

The Head Agreement contains general terms and conditions that apply to all Projects and Grants.

*(See also clauses 1 to 10 of the Head Agreement).*

**PART 1: PROJECT AND GRANT SUMMARY****1. List of Projects**

Project ID	Project name
4-J6VQEZK	Wujal Wujal Restorative Justice Programme

**2. List of Grants**

Project ID – Project name	Amount (excl GST)	GST (if applicable)	Total (incl GST)
4-J6VQEZK - Wujal Wujal Restorative Justice Programme	\$502,125.00	\$50,212.50	\$552,337.50
<b>TOTAL</b>	<b>\$502,125.00</b>	<b>\$50,212.50</b>	<b>\$552,337.50</b>



## PART 2: GENERAL INFORMATION, TERMS AND CONDITIONS FOR ALL PROJECTS IN THIS PROJECT SCHEDULE

### 1. Interpretation

- 1.1 Unless the contrary intention appears, words used in this Project Schedule have the same meaning as in the Head Agreement.
- 1.2 Information, terms and conditions in Part 2 of this Project Schedule apply to the Projects under this Project Agreement, unless the contrary intention appears in Part 3.

### 2. Programme

- 2.1 The Grants are provided under the **Safety and Wellbeing** Programme.

### 3. Programme outcomes

- 3.1 For each Project, the Provider must contribute to or achieve the following programme outcomes to the extent they are not inconsistent with the Project:

#### Programme outcomes

- Ensure that the ordinary law of the land applies in Indigenous communities.
  - Ensure Indigenous Australians enjoy similar levels of physical, emotional and social wellbeing as those enjoyed by other Australians.
- 3.2 The Provider agrees to deliver each Project under this Project Agreement so as not to conflict with or adversely impact upon the school attendance of children in the location/s at which the Project is being delivered.

### 4. Overview

- 4.1 The Provider is:

<b>Provider</b>	
Full legal name	Wujal Wujal Justice Group Indigenous Corporation
Trading name	Wujal Wujal Justice Group Indigenous Corporation
ABN	21 810 571 655

- 4.2 This Project Agreement commences on the Project Agreement Start Date and ends on the Project Agreement End Date:

Project Agreement Start Date	01 January 2024
Project Agreement End Date	30 November 2026 or earlier termination date.

### 5. Strengthening Organisational Governance - one-off payment

- 5.1 If the Provider has been required to become incorporated pursuant to clauses 64 to 68 of the Head Agreement, the Commonwealth will pay a one-off payment of \$10,000 (excl GST) following:
- (a) the Provider changing its incorporation status in accordance with clauses 64 to 68 of the Head Agreement; and

- (b) the Commonwealth receiving proof of the change in incorporation status.
- 5.2 The parties agree that this payment represents a genuine pre-estimate of the costs likely to be incurred by the Provider in complying with the incorporation requirement, and that the Commonwealth is not liable for any further amount. This payment is a one-off payment, and will be made only if the Provider has not received a similar payment under another Project Agreement.
- 5.3 The payment provided for under Part 2 item 5.1 is a Grant for the purpose of this Project Agreement.

## 6. Bank account details

- 6.1 The Provider's bank account for the purpose of clause 13 of the Head Agreement is as follows unless another account is specified for a particular Project in Part 3:

Bank / institution name	S47G	
BSB number		
Account name		
Account number		

## 7. Tax and invoices

*(Clauses 16 to 19 of the Head Agreement)*

- 7.1 The Commonwealth will issue recipient created tax invoices (RCTIs) and any adjustment notes for taxable supplies made by the Provider to the Commonwealth, within 28 days of determining the value of the taxable supplies in question. The Provider must not issue tax invoices or adjustment notes for taxable supplies covered by a RCTI.
- 7.2 Alternatively, the Commonwealth may direct the Provider to issue invoices to the Commonwealth. This direction can relate to all or part of a Project Agreement. Each invoice must be addressed to the relevant Commonwealth contact officer listed in this Project Schedule.
- 7.3 Each invoice issued by the Provider must contain:
- (a) the words 'tax invoice' or 'invoice', whichever is relevant, stated prominently;
  - (b) the Provider's name and ABN;
  - (c) the Commonwealth's name and address;
  - (d) the date of issue of the tax invoice or invoice;
  - (e) the name of the Project and this Project Schedule reference number (if any);
  - (f) the total amount payable (including GST if it is a taxable supply); and
  - (g) the GST amount shown separately, if it is a taxable supply.
- 7.4 An invoice issued by the Provider must not:
- (a) include amounts that are not properly payable under this Project Agreement; or



(b) relate to a payment or include an amount in relation to which the Commonwealth has exercised its rights under clauses 79 - 81 (Withholding, Provider not entitled to amount or amount not spent in accordance with a Project Agreement, Unspent Grant amounts), 84 (Breach of Project Agreement), or 88 - 91 (Termination or reduction in scope - for default) of the Head Agreement.

- 7.5 The Commonwealth may require the Provider to reissue an invoice that does not meet the requirements of this Project Agreement.

## 8. Reporting

*(Clauses 52 to 58 of the Head Agreement)*

- 8.1 The Provider must provide to the Commonwealth the following reports for each Project in accordance with the timeframes set out in Part 3 of this Project Schedule:

Report	Details
<b>Performance report</b>	Performance reports must detail the progress and performance of the Project during the reporting period, including against the outcomes, objectives and performance targets set out in this Project Schedule. If there are significant issues affecting the progress of the Project, the Performance report must specify the actions being taken to address the issues.
<b>Expenditure report</b>	<p>The following information must be provided:</p> <ol style="list-style-type: none"> <li>1. A Financial Declaration: <ol style="list-style-type: none"> <li>a) verifying that the Grant was expended for the Project and in accordance with the Project Agreement;</li> <li>b) specifying any amount of the Grant that remains unspent for that Financial Year; and</li> <li>c) certified by the Provider's CEO, Board or authorised officer.</li> </ol> </li> </ol> <p>Financial declarations will be required only where requested by the Commonwealth. In accordance with clause 116 of the Head Agreement, Providers must keep full and accurate records relating to Grant expenditure.</p> <ol style="list-style-type: none"> <li>2. Expenditure Report <ol style="list-style-type: none"> <li>a) a detailed statement of income and expenditure relating to the Grant;</li> <li>b) a financial declaration as referred to above.</li> </ol> </li> </ol> <p>If audited, the report is to be audited in accordance with clauses 55-56 of the Head Agreement.</p> <p>Part 3 of this Project Schedule specifies whether the Expenditure report for a Project is to be unaudited or audited.</p>
<b>Working with Vulnerable People and Work Health and Safety Statement of Compliance</b>	<ol style="list-style-type: none"> <li>1. Annual statement of compliance with relevant Head Agreement obligations, including where identified, mandatory state and territory legislative requirements for the jurisdiction in which the Project is held, pertaining to: <ol style="list-style-type: none"> <li>a) Working with Vulnerable People, including children (WWVP); and</li> <li>b) Work Health and Safety (WHS).</li> </ol> </li> </ol>

- 8.2 On request, the Provider must provide to the Commonwealth a report for the Project by a date, and in such form, as may be specified in writing by the Commonwealth.

### **PART 3: SPECIFIC INFORMATION, TERMS AND CONDITIONS FOR PARTICULAR PROJECTS IN THIS PROJECT SCHEDULE**

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#### **1. Interpretation**

- 1.1 Each of the Projects specified in this Project Schedule has its own sub-part under this Part 3, which sets out specific information, terms and conditions applying for that particular Project. To the extent of any inconsistency between Part 2 and Part 3 of this Project Schedule, Part 3 will take priority in relation to the relevant Project.



### 3: PROJECT ID - 4-J6VQEZK - Wujal Wujal Restorative Justice Programme

## 2. Project description

2.1 The Provider must deliver the following Project:

#### Project description

#### 2.2. Project Overview

- 2.2.1. The Provider must deliver the following Project: Wujal Wujal Restorative Justice Programme (the Project).
- 2.2.2. The overall objective of the Project is to contribute to Closing the Gap Target 11 (By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by 30 per cent) by addressing high rates of youth crime and anti-social behaviour.

#### 2.3. Project Outcomes

- 2.3.1. The project will aim to achieve the following outcomes:
- i. improve the social and emotional wellbeing of Indigenous young people at-risk of making contact with the justice system
  - ii. reduced anti-social and offending behaviour among Indigenous youth and their families, enhanced social participation and improved wellbeing
  - iii. improved in community safety and resilience, leading to them feeling safer, and more in control.
- 2.3.2. This Project will support strong, healthy and resilient individuals, families and communities, which in turn may enhance pathways to education and employment and reduce substance abuse, violence and contact with the criminal justice system.
- 2.3.3. The Provider must work with community members who have come in contact with the justice system (clients) to address the causes of offending behaviours. The aim of the Project is to support clients to strengthen their social and emotional wellbeing to enable successful transition back into family and community life, including into education, training and/or employment (where identified), and reduce the occurrence of re-offending.

#### 2.4. Project Deliverables

- 2.4.1. The Provider will primarily deliver the Project to young people aged 12-25 years who are at risk of entering or re-entering the criminal justice system. The Provider will work in collaboration with the young person and their family to develop a plan that will effectively address the risk factors that are leading to offending.
- 2.4.2. The Project will target young people in the catchment area of Wujal Wujal located on the Bloomfield River, Cape York in North Queensland. Due to the community displacement as a result of the Ex-Tropical Cyclone Jasper weather event, the Provider may also implement the Project activities in localities where Wujal Wujal residents are temporarily residing.
- 2.4.3. The Project will have a significant focus on cultural engagement and will aim to increase the target group's connection to their Aboriginal family, kinship, identity and culture and will address the needs of the local Aboriginal families and communities.

- 2.4.4. The Provider must deliver the Project for 38 hours a week, Monday to Friday 52 weeks per calendar year (subject to Christmas shut down and public holidays) for the duration of the Project.
- 2.4.5. The activity will deliver case management activities to address the criminogenic needs of Indigenous young people by increasing protective factors when a young person is showing early signs they may be at risk of entering the justice system.
- 2.4.6. The Provider must target a maximum of 20 and minimum of 10 clients over a 12 month period (with a maximum of 15 clients per Case Worker, at any one time).
- 2.4.7. Case workers will assess the individual's needs, develop a service/care plan with agreed goals and identified supports, link the individual and/or family to appropriate services as required, monitor progress, and advocate for the individual and/or family as needed.
- 2.4.8. The Provider must develop an individualised Case Management Plan to address the criminogenic needs of Indigenous young people by increasing protective factors when a young person is showing early signs they may be at risk of entering the justice system.
- 2.4.9. Case management involves a case worker delivering a combination of practical, educational, therapeutic and advocacy supports individually to the Indigenous young person. This can include anger management practices and emotional regulation strategies, as well as self-awareness training and encouraging positive and pro-social behaviour change.
- 2.4.10. Case workers will assess the individual's needs, develop a service/care plan with agreed goals and identified supports, link the individual and/or family to relevant services as required, monitor progress and advocate for the individual and/or family as needed.
- 2.4.11. Assessments and plans will be reviewed quarterly and at the conclusion of the participant's involvement. The number of case management plans (new and existing) must be reported against in the six-monthly performance reports.
- 2.4.12. The Provider must conduct a minimum of 12 group activities/programs each year, with a minimum regular attendance of six (6) clients per session, where it has been identified within the client's individual case management plan. Events/activities must focus on re-engaging 'at-risk' youth with culturally appropriate, youth-specific interventions and supports. The type of intervention and support services implemented and delivered must aim to address (one or more) of the following:
- Substance misuse and dependency
  - Barriers to social integration
  - Leadership capacity and agency (including ability to navigate government services and housing supports)
  - Life skills (financial and digital literacy)
  - improved health and wellbeing, employment or educational outcomes, and
  - mentoring by trustworthy volunteers willing to build positive relationships.
- 2.4.13. All activities must be informed by a trauma-aware and healing-informed practice that promotes healing through self-protection and self-regulation strategies, raise understanding/awareness of actions and consequences; incorporate leadership strategies; and ensure young people and families have access to both mainstream and community-controlled service providers during the



project period.

- 2.4.14. The Provider must hold a minimum of two annual community events, during the Project period which relate to the commemoration, celebration, education, promotion of issues in relation to engaging young people in the wider community. One of the two community events must include a community information day to build awareness and understanding of the program and how the community can use the service or participate in some capacity. The community events must be reported against in the six-monthly performance reports.
- 2.4.15. The Provider must establish and maintain, through service level agreements, MOUs, or other means as appropriate, robust linkages and referral processes with other services, including but not limited to:
- a) The relevant Workforce Development and Support Unit (WDSU), Queensland Aboriginal and Islander Health Council.
  - b) Aboriginal Community Controlled Health Services (for example, Apunipima Cape York Health Council), Other relevant Health Services and Primary Health Networks.
  - c) Alcohol and Other Drugs services, and Rehabilitation facilities.
  - d) Local suicide prevention strategies, groups, or networks.
  - e) Disability support providers
  - f) The relevant Link Up Service.
  - g) Justice and legal agencies, prisons, child protection and other relevant agencies.
  - h) Employment, Education and Training services, including Primary and secondary schools.
  - i) Other relevant state and territory departments and agencies.
- 2.4.16. The Provider must provide core support to clients, however third-party support must be sought for those clients that continuously reoffend or disengage with the Project. Staff must consider referral opportunities to support client's journey to address reoffending behaviours.
- 2.4.17. Partnerships with other local service providers are to be actively maintained and utilised to ensure coordinated and integrated care for individuals and families are provided, particularly in relation to referrals and case management.
- 2.4.18. The partnerships, linkages, collaborative work with key stakeholders and referral pathways will form part of the performance discussions during the life of the funding agreement. These relationships are important because they assist in closing the gap in service coordination and support the provider's holistic care model, which encourages partnerships and wellbeing of individuals, families and communities.
- 2.4.19. Where the activity is not delivered by an Aboriginal Community Controlled Health Organisation, a partnership with the closest ACCHO must be in place (e.g., through a MOU or service agreement) and must be actively maintained.
- 2.5. Staffing**
- 2.5.1. The Provider must employ a minimum of two (2) full time equivalent (FTE) staff to deliver this Project including 1 FTE Coordinator/Counsellor and 2 part-time Indigenous Support Workers.
- 2.5.2. The Provider must ensure that at commencement of employment, or within 12 months of commencing employment, key staff possess formal tertiary or vocational qualifications to a minimum of a Certificate IV qualification from a nationally recognised course of study in one of the

following fields:

- a) Counselling.
- b) Psychology.
- c) Social work.
- d) Mental health.
- e) Indigenous Studies.
- f) Youth work.
- g) Other related studies.

- 2.5.3. The Provider must ensure each staff member holds a current Working with Vulnerable Persons and Children's card, including a Criminal Record Check or relevant criminal check, in accordance with clauses 29-31 of the Head Agreement.
- 2.5.4. The Provider must ensure that any staff working on this Project have the cultural competency to work with Aboriginal and Torres Strait Islander people in the delivery of this service.
- 2.5.5. Each staff member must have an agreed professional development plan in place within 3 months of commencing in their role (or execution of this agreement), outlining the qualifications and skills they are seeking to gain and identifying what training and study opportunities they will engage in to work towards them. This plan should be reviewed and updated at least every 6 months.
- 2.5.6. The Provider must also ensure appropriate supervision (both cultural and professional) is available to staff working on the Project for case review, professional development and to support good self-care practices.
- 2.6. Risk Management**
- 2.6.1. The Provider will have appropriate risk management in place to ensure the safety (including cultural) of Indigenous young people and to implement action to mitigate risks. This includes ensuring services include age-based considerations (e.g. developmental needs of varying age groups) and appropriately supporting or referring individuals with specialist needs (e.g. an individual displaying harmful behaviour).
- 2.6.2. Where there are more individuals/families referred to the program than can be accepted, a wait list will be established and priority will be given to members of the Stolen Generations and their families
- 2.7. COVID-19**
- 2.7.1. Given the changing and variable impacts of COVID-19 across Australia, activities must be delivered in alignment with relevant government and health advice to limit the risk of transmission of COVID-19, particularly with respect to protecting elders and those with chronic health issues.
- 2.7.2. Upon request, the Provider may be required to provide evidence to the Commonwealth a COVID - 19 Risk Management Plan is in place. The Risk Management Plan should include any potential risks associated with the delivery of an activity and identify the strategies in place to minimise those risks.
- 2.8. Activity Workplan**
- 2.8.1. The Provider must submit to the Commonwealth an activity work plan two months from execution of this Project Agreement. The Commonwealth must accept the work plan, including any



substantive amendments required during the Project period. The work plan must incorporate:

- a) An overview of current community needs and trends.
- b) An overview of the service delivery model addressing the key deliverables and planned activities detailed at 2.4 of this Project Description.
- c) Planned program outcomes and how these will be evidence.
- d) Key policies and procedures.
- e) Stakeholder engagement and partnerships.
- f) Referral processes and pathways.
- g) Staff recruitment and retention.
- h) Staff training and professional development plans.
- i) employee qualification requirements.

## **2.9. Data Collection, Monitoring and Reporting**

2.9.1. The Provider must keep records and statistics of the clients who utilise the service, connections to other services, recording and tracking client outcomes, including employment records of staff and risk assessment forms. Case notes should capture clients' reported contact with police, courts and child protection while the individual/family is part of the program.

2.9.2. The Project must provide services that are effective, efficient, and appropriate to the needs of the clients, families and community who use them. This includes complying with relevant State, Territory and Commonwealth legislation and regulations; complying with funding agreements; complying with any guidelines issued by the Agency; cooperating with the Agency and with other relevant agencies to deliver a coordinated and effective service.

## **2.10. Joint Decision Making**

2.10.1. The key deliverables and outcomes outlined above are to be achieved within this funding agreement period. The Provider must participate in a 6-monthly review by the Empowered Communities (EC) Pama Futures (PF) Joint Decision-Making Process (JDMP) panel, to determine the progress of implementation against the JDMP recommendations and future service delivery arrangement post-December 2023.

## **2.11. Transition**

2.11.1. Where the continued delivery of this Project, or portion of this Project, may be undertaken by a different entity, the Provider must work with the Commonwealth to transition the Project, or portion of the Project, to the new entity. A Transition Plan must be developed within 30-days, or as otherwise agreed, using a template to be provided by the Commonwealth. Once approved by the Commonwealth, the Transition Plan will form of this Project Agreement.

## **3. Key performance indicators**

3.1 The Provider must meet the performance targets for the following key performance indicators within the timelines shown in the table below:

Number	Key Performance Indicator	Target and data
1.	MKPI.M1 - Indigenous Employment	50 per cent of hours worked in the reporting period under the activity, are worked by an Indigenous person. Source: Service provider.

2.	MKDI.D1 - Employment Numbers	Number of Indigenous people employed and the total number of people employed, under the activity (by gender). Source: Service provider.
3.	MKDI.D2 - Hours Worked - Indigenous Staff	Number of hours worked in the reporting period by all Indigenous people employed under the activity. Source: Service provider.
4.	MKDI.D3 - Hours Worked - All Staff	Number of hours worked in the reporting period by all people employed under the activity. Source: Service provider.
5.	MKPI.M2 - Core Service Provision	Core activities or service being delivered meet or exceed requirements. Source: Agreement Manager review of Service Provider performance reporting.
6.	D310.01 – Client Numbers	Number of individual clients supported in the 6-month reporting period (by gender). Definition of 'client': receiving case management/counselling support and registered as a client.
7.	D310.02 – Number of Group Activities	Number of unique occasions of group activities held in the 6-month reporting period (including camps, classes, etc. but excluding community events).
8.	D310.03 – Community Events	Number of community events in the 6-month reporting period (including commemorative and educational events).
9.	D321.02 - Number of Referrals	Number of referrals made (by gender). Source: Service provider. Frequency: 6 monthly.

#### 4. Duration of Project

4.1 The Project must be delivered from the Project Start Date until the Project End Date:

<b>Project dates</b>	
Project Start Date	01 January 2024
Project End Date	30 June 2026 or earlier termination date

4.2 The parties acknowledge that this Project Agreement operates with retrospective effect and that the Provider commenced conducting the Project for the purposes of this Project Agreement on 1 January 2024 ("Project Start Date"). Furthermore, the Provider warrants that at all times on and from the Project Start Date it has complied with the terms and conditions of this Project Agreement.

4.3 The parties agree:

- a. the terms and conditions of this Project Agreement apply on and from the Project Start Date; and



- b. the work performed on and from the Project Start Date will be considered to be part of the Project under this Project Agreement and the terms and conditions of the Project Agreement apply to this work.
- 4.2 The Commonwealth may, at its sole discretion, offer to extend the Project Agreement End Date and/or any Project End Date by one or more extensions up to a maximum of one year by giving notice to the Provider at least 60 business days prior to the end of the relevant Project or Project Agreement End Date.
- 4.3 If the Provider accepts the Commonwealth's offer under clause 4.2, the terms of any such extension are to be documented by way of a deed of variation on terms acceptable to the Agency and such extension will only be effective upon the formal execution of the deed of variation by the Commonwealth and the Provider.

## 5. Party representatives for notices

*(Clauses 134 – 135 of the Head Agreement)*

- 5.1 The parties' representatives are responsible for liaison and day-to-day Project management, as well as issuing and accepting any written notices relating to the Project:

Commonwealth	Details
Contact officer for Project	s47F Agreement Manager
Physical / postal address(es) for notices	PO Box 1599, Cairns QLD 4870
Telephone	s47F
E-mail	s47F @official.niaa.gov.au

Provider	Details
Contact officer / position for Project	s47F - Chief Executive Officer
Physical / postal address(es) for notices	RTC building, 120 Hartwig Street, Wujal Wujal QLD 4895
Telephone	s47F
E-mail	s47F @gmail.com

## 6. Location

- 6.1 The Project is to be delivered at the following location/s:

Organisation venue name	Organisation venue address	Estimated Financial Attribution %
Wujal Wujal Justice Group Indigenous Corporation	RTC building, 120 Hartwig Street, WUJAL WUJAL, QLD, 4895	100%

## 7. Reporting and site visits

(Clauses 52 - 58 of the Head Agreement and Part 2 item 8 of this Project Schedule)

7.1 The Provider must submit the following reports to the Commonwealth, and where relevant facilitate site visits conducted by the Commonwealth, by the following due dates:

Report	Due date
Performance Report covering the period 01 January 2024 to 30 June 2024.	15 July 2024
Financial Declaration covering the period 01 January 2024 to 30 June 2024, if requested by the Commonwealth.	30 September 2024
WWVP and WHS Statement of Compliance	30 October 2024
Performance Report covering the period 01 July 2024 to 30 June 2025	15 July 2025
Financial Declaration covering the period 1 July 2024 to 30 June 2025, if requested by the Commonwealth.	30 September 2025
WWVP and WHS Statement of Compliance	30 October 2025
Performance Report covering the period 01 July 2025 to 30 June 2026	15 July 2026
Financial Declaration covering the period 1 July 2025 to 30 June 2026, if requested by the Commonwealth.	30 September 2026
WWVP and WHS Statement of Compliance	30 October 2026

## 8. Grant payments

(Clauses 11 and 12 of the Head Agreement)

8.1 The Provider must use the Grant only for the purpose of this Project.

8.2 Grant payments will be made on the occurrence of the following events, outcomes or performance targets and subject to the terms and conditions of this Project Agreement:

Anticipated date	Description of event, outcome or performance target	Amount (excl GST)	GST	Total (incl GST)
31 January 2024	Payment within 20 days of the execution of the Project Agreement, or the Project Start Date, whichever is later.	\$100,425.00	\$10,042.50	\$110,467.00
31 July 2024	Payment upon	\$200,850.00	\$20,085.00	\$220,935.00



	submission of satisfactory Performance report by the Provider and the Commonwealth being satisfied with the Provider's performance.			
31 July 2025	Payment upon submission of satisfactory Performance report by the Provider and the Commonwealth being satisfied with the Provider's performance.	\$200,850.00	\$20,085.00	\$220,935.00
<b>Total Grant payable:</b>		<b>\$502,125.00</b>	<b>\$50,212.50</b>	<b>\$552,337.00</b>

## 9. Bank account details

9.1 The Provider's bank account for the purpose of clause 13 of the Head Agreement for this Project is:

Bank / institution name	Commonwealth Bank of Australia
BSB number	064-804
Account name	Wujal Wujal Justice Group Indigenous Corporation
Account number	13808257

## 4-J6VQEZK - Wujal Wujal Restorative Justice Programme - Additional Conditions

The following additional conditions apply for this Project.

### 10. Budget

- 10.1 Unless otherwise approved by the Commonwealth in writing and subject to item 10.2 below, the Provider must spend the Grant in accordance with the following budget:

Financial Year	2023-24	2024-25	2025-26	Total
Budget	\$100,425.00	\$200,850.00	\$200,850.00	\$502,125.00

- 10.2 The Provider and the Commonwealth shall review the budget set out in item 10.1 annually on a date agreed by the parties. Any changes to the budget must be agreed in writing but without the requirement of a contract variation as set out in clause 139 "Variation" of the Head Agreement. 1 Governance – Constitution and changes to governance arrangements.

### 11. Governance – Constitution and changes to governance arrangements

- 11.1 On request, the Provider must provide the Commonwealth with:

- a) a copy of its Constitution; and
- b) information about its corporate structure and governance arrangements, including details about parent and subsidiary entities and their levels of investment in, and control of, the Provider and/or other entities under the corporate structure.

- 11.2 The Provider must inform the Commonwealth whenever there is a change in its Constitution, structure, management or operations that could reasonably be expected to adversely affect its conduct of a Project, management of a Grant or ability to comply with any obligation under any Project Agreement.

- 11.3 In this item, 'Constitution' means (depending on the context):

- a) a company's constitution, including any rules and amendments made to it from time to time;
- b) in relation to any other kind of body:
  - (i) the body's charter, rules or memorandum; or
  - (ii) any instrument or law constituting or defining the constitution of the body or governing the activities of the body or its members.

## **12. Governance – Persons involved in management and financial administration**

- 12.1 The Provider must immediately notify the Commonwealth of any person it employs, engages or elects who will have a role in its financial administration or management. The notice must include the identity and qualifications of the person/s.
- 12.2 The Provider must not employ, engage or elect any person who will have a role in its management or financial administration if any of the following applies:
- a) the person is an undischarged bankrupt;
  - b) there is in operation a composition, deed of arrangement or deed of assignment with the person's creditors under the law relating to bankruptcy;
  - c) the person has been given final judgment for a debt and the judgment has not been satisfied;
  - d) within the last five years, the person:
    - (i) has been convicted of an offence/s against a Commonwealth, State or Territory law involving dishonesty;
    - (ii) has been released from prison after having been imprisoned for offence/s involving dishonesty;
    - (iii) is or was a director or occupied an influential position in the management or financial administration of an organisation that had failed to comply with funding or grant requirements of the Commonwealth, the Aboriginal and Torres Strait Islander Commission or its predecessors;
  - e) the person is otherwise prohibited from being a member, director, employee or responsible officer of the Provider under Commonwealth, State or Territory legislation.

**EXECUTION PAGE**

This Project Schedule, together with the Head Agreement and any attachments to, or documents incorporated by reference into, either of them, forms a Project Agreement.

Executed as an agreement:

Commonwealth

SIGNED for and on behalf of the Commonwealth of Australia as represented by the National Indigenous Australians Agency by:

**s47F**

(Name of Agency Representative)

**s47F**

(Signature of Agency Representative)

*ENGAGEMENT DIRECTOR*

(Position of Agency Representative)

*12.03.2024*

**s47F**

(Name of Witness in full)

**s47F**

*12.03.2024*

Provider

Executed as an agreement:

SIGNED for and on behalf of Wujal Wujal Justice Group Indigenous Corporation, ABN 21 810 571 655 in accordance with its rules:

**s47F**

(Name of Signatory)

**s47F**

(Signature)

*DIRECTOR — A/CEO*

(Position held by Signatory)

*4.3.24*

**s47F**

(Name of second Signatory / Name of Witness)

**s47F**

(Signature of second Signatory / Witness)

*4.3.24*

*P.A. to Coordinator & CEO Wujal Wujal Justice Group*

(Position held by second Signatory / Witness)



**Notes about the signature block:**

- if you are an **incorporated association**, the signatories can be any two members of the governing committee of the Association or a member of the governing committee and the Public Officer. Alternatively, the Grant Agreement could be executed using the Common Seal. Associations incorporated in the **Northern Territory** must affix their **Common Seal** unless the Rules of the Association authorise a person to enter into legally binding documents.
- if you are a **company**, generally two signatories are required – the signatories can be two Directors or a Director and the Company Secretary. Affix your **Company Seal**, if required by your Constitution.
- if you are a **company with a sole Director/Secretary**, the Director/Secretary is required to be the signatory in the presence of a witness. Affix your **Company Seal**, if required by your Constitution.
- if you are a **partnership**, a partner must be a signatory in the presence of a witness.
- if you are an **individual**, you must sign in the presence of a witness.
- if you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required.
- if you are a **State or Territory Government**, the delegate must sign for the State/Territory Department/Agency acting on behalf of the State or Territory Government. The delegate must sign in the presence of a witness.



**Australian Government**

**National Indigenous Australians Agency**

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DEED OF VARIATION TO  
PROJECT AGREEMENT

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between

**the Commonwealth of Australia as represented by the National Indigenous  
Australians Agency (ABN 30 429 895 164)**

AND

**Wujal Wujal Justice Group Indigenous Corporation (ABN 21 810 571 655)**

Head Agreement reference number (system ID)	4-G345ZG7
Project Schedule reference number(s) (system ID)	4-J6VQEZF
Provider reference number (system ID)	4-2EITWGQ

Version: 22 August 2023

## DEED OF VARIATION

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### Parties

This Deed is made between and binds the following Parties:

**Commonwealth of Australia** as represented by the National Indigenous Australians Agency ABN 30 429 895 164 (**the Commonwealth**)

and

**Wujal Wujal Justice Group Indigenous Corporation (ABN 21 810 571 655)**  
RTC Building, 120 Hartwig Street, WUJAL WUJAL, QLD 4895 (**the Provider**)

### Context

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- A. The Parties entered into a Head Agreement for Indigenous Grants dated 14 March 2024 (**Head Agreement**).
- B. The Parties entered into one or more Project Schedules (**the Project Schedule**).
- C. The Head Agreement and each Project Schedule listed in the table at Annexure 1 to this Deed create a separate Project Agreement (**the Project Agreement(s)**).
- D. The Parties agree to amend the Project Agreement(s) as set out in this Deed. Specifically:
  - (a) the Head Agreement will be varied to include new clauses that will:
    - (i) allow the Commonwealth to issue notices of change to vary the Project Agreements(s) for minor and administrative changes; and
    - (ii) allow the parties to execute Project Schedules in counterpart.
  - (b) the Project Schedule specified in Annexure 1 to this Deed will be varied to:
    - (i) make indexation payment/s to the Provider; and / or
    - (ii) make a payment to the Provider under the Support for Community Sector Organisation (**SCSO**) measure.

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**IT IS AGREED as follows:****1. Interpretation**

- 1.1. Unless the contrary intention appears, words used in this Deed have the same meaning as in the Project Agreement(s).

**2. Commencement and Effective Date**

- 2.1. This Deed commences on the date the last Party executes this Deed.
- 2.2. This Deed takes effect from the date the last Party executes this Deed (**the Effective Date**).

**3. Variation of the Project Agreement(s)**

- 3.1. On and from the Effective Date, the Project Agreement(s) are varied in accordance with **Annexure 1** to this Deed.
- 3.2. The only variations are those set out in this Deed. In all other respects, the Project Agreement(s) remain unamended.

**4. Inconsistency**

- 4.1. If there is any conflict between the Project Agreement(s) and this Deed the terms of this Deed prevail to the extent of that inconsistency.

**5. Further Acts**

- 5.1. Each Party must promptly execute all documents and do all things that the other Party from time to time reasonably requests to give effect to this Deed and all transactions incidental to it.

**6. Costs**

- 6.1. Each Party must pay its own costs in relation to finalising and executing this Deed and in relation to effecting any other document or thing required to give effect to this Deed.

**7. Applicable law**

- 7.1. This Deed is to be construed in accordance with, and governed by, the laws of the Australian Capital Territory.

**8. Counterparts**

- 8.1. This Deed may be executed in any number of counterparts. All counterparts, taken together, constitute one instrument. A Party may execute this Deed by signing any counterpart.



## Annexure 1

### 1.1 In relation to the **Head Agreement**, insert the following **new clauses**:

**135A.** *The Commonwealth may, by notice, advise the Provider of changes to a Project Agreement that are minor or of an administrative nature, such as a change of contact details, payment of indexation amounts or a change of a reporting date, provided that any such changes do not increase the Provider's obligations under the Project Agreement. Such changes, while legally binding, are not variations for the purpose of clause 139 of this Head Agreement.*

*The Provider agrees that any additional payment amount paid under a notice:*

- (a) forms part of the Grant under the relevant Project Agreement; and*
- (b) must only be spent in accordance with the relevant Project Agreement; and*
- (c) must be acquitted in accordance with the relevant Project Agreement.*

### **142A. Counterparts**

*This Head Agreement, and any Project Schedules entered into between the parties in accordance with the terms and conditions of this Head Agreement, may be executed in any number of counterparts. All counterparts, taken together, constitute one instrument. A party may execute this Head Agreement, and any Project Schedules as the case may be, by signing any counterpart.*

### 1.2 In relation to the **Project Schedule 4-J6VQEZF – Wujal Wujal Restorative Justice Programme** dated 12 March 2024 delete the table at item 8.2 (Grant payments) and replace with the following table, which contains all amendments in tracked changes.

Anticipated date	Description of event, outcome or performance target	Amount (excl GST)	GST	Total (incl GST)
31 January 2024	Payment within 20 days of the execution of the Project Agreement, or the Project Start Date, whichever is later.	\$100,425.00	\$10,042.50	\$110,467.00
31 January 2024	SCSO payment	\$10,725.00	\$1,072.50	\$11,797.50
31 January 2024	Annual indexation payment	\$2,925.00	\$292.50	\$3,217.50
31 July 2024	Payment upon submission of satisfactory	\$200,850.00	\$20,085.00	\$220,935.00

	Performance report by the Provider and the Commonwealth being satisfied with the Provider's performance.			
31 July 2025	Payment upon submission of satisfactory Performance report by the Provider and the Commonwealth being satisfied with the Provider's performance.	\$200,850.00	\$20,085.00	\$220,935.00
<b>Total Grant payable:</b>		<b>\$502,125.00</b> <b>\$515,775.00</b>	<b>\$50,212.50</b> <b>\$51,577.50</b>	<b>\$552,337.00</b> <b>\$567,352.50</b>

**Executed by the parties as a deed****Commonwealth:**

SIGNED, sealed and delivered for and on behalf of the Commonwealth of Australia as represented by the National Indigenous Australians Agency (ABN 30 429 895 164) by its duly authorised delegate:

**s47F**

(Name of Commonwealth Representative)

ASSISTANT DIRECTOR  
(Position of Commonwealth Representative)**s47F**

(Signature of Commonwealth Representative)

24.4.24**s47F**

(Name of Witness in full)

**s47F**

(Signature of Witness)

**Provider:**

SIGNED, sealed and delivered for and on behalf of Wujal Wujal Justice Group Indigenous Corporation, (ABN 21 810 571 655) in accordance with its rules:

**s47F**

(Name and position held by Signatory)

**s47F**

(Signature)

24.4.24**s47F**PA to Coordinator & CEO  
(Name and position held by second Signatory /  
Name of Witness)**s47F**

(Signature of second Signatory / Witness)

24.4.24

Notes about the signature block:

- if you are an **incorporated association**, the signatories can be any two members of the governing committee of the Association or a member of the governing committee and the Public Officer. Alternatively, the Grant Agreement could be executed using the Common Seal. Associations incorporated in the **Northern Territory** must affix their **Common Seal** unless the Rules of the Association authorise a person to enter into legally binding documents.
- if you are a **company**, generally two signatories are required – the signatories can be two Directors or a Director and the Company Secretary. Affix your **Company Seal**, if required by your Constitution.
- if you are a **company with a sole Director/Secretary**, the Director/Secretary is required to be the signatory in the presence of a witness. Affix your **Company Seal**, if required by your Constitution.
- if you are a **partnership**, a partner must be a signatory in the presence of a witness.
- if you are an **individual**, you must sign in the presence of a witness.
- if you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required.
- if you are a **State or Territory Government**, the delegate must sign for the State/Territory Department/Agency acting on behalf of the State or Territory Government. The delegate must sign in the presence of a witness.





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## Funding Brief

# 1 FB-00052 - IAS Funding Recommendation - Grant Assessment - IAS Funding Recommendations - Program 1.3 December 2023 Grant Assessment Process (GAP)

## 1.1 General Details

<b>Funding Brief ID</b>	FB-00052
<b>Appropriation Type</b>	IAS Funding Recommendation
<b>Brief Type</b>	Grant Assessment
<b>Title</b>	IAS Funding Recommendations - Program 1.3 December 2023 Grant Assessment Process (GAP)
<b>Funding Brief prepared by</b>	s47F
<b>Clearance Officer</b>	s47F
<b>Delegate</b>	Yvonne Uren
<b>Is the brief urgent?</b>	No
<b>Approval required by</b>	1/09/2023
<b>Created On</b>	21/08/2023

## 1.2 Summary Information

<b>Brief Summary</b>	This brief seeks your approval to proceed with a non-competitive, direct approach to the organisation listed in the accompanying Funding Decision, which has been assessed as part of the December 2023 Grants Assessment Process (GAP). A non-competitive, direct approach is permitted under the Indigenous Advancement Strategy (IAS) Grant Opportunity Guidelines (Agency Collaborates - non-competitive) and as required under the Commonwealth Grants Rules and Guidelines (CGRGs).
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	A non-competitive direct approach is recommended because the activities contribute to Closing the Gap outcomes and address national and local priorities. Funding will allow the continuation of existing services.
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### 1.3 Funding Brief Contact

Brief Contact	s47F
Phone Number	
Email Address	s47F @niaa.gov.au

### 1.4 Supporting Documents

Title
<Enter support document 1 here>
<Enter support document 2 here>
<Enter support document 3 here>

### 1.5 Financials

Financial Year	Recommended Amount (ex-GST)
2023-24	\$100,425.00
2024-25	\$200,850.00
2025-26	\$200,850.00
<b>Total</b>	<b>\$502,125.00</b>

### 1.6 Legislative Authority

#### Legislative Authority and Obligations

##### Legislative authority

The legislative authority for this spending is provided by Items 35 to 39 of Part 4 of Schedule 1AB of the Financial Framework Supplementary Powers Regulations.

For grants made under specific statutory legislation (such as grants under the *Indigenous Education (Targeted Assistance) Act 2000*), the brief will contain details of the relevant statutory framework and approvals.

##### Obligations under relevant legislation

Consistent with section 71 of the PGPA Act you must not approve a grant unless, after reasonable

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enquiry, you are satisfied that the grant would be a proper use of relevant money ('proper' when used in relation to the use or management of public resources means efficient, effective, economical and ethical).

The Minister or Agency delegate is the funding approver responsible for deciding IAS grant funding. The Minister for Indigenous Australians has authorised National Indigenous Australians Agency (NIAA) Senior Executive Staff to make administered funding decisions. The authorisation relating to approval of IAS grants is as shown in the table below.

Funding	Approval limits per funded activity (Maximum total value)		
	CEO and Deputy CEO (DCEO)	SES Band 2	SES Band 1
Indigenous Advancement Strategy (IAS)	No Limit	Up to \$10 million (GST exclusive)*	Up to \$2 million (GST exclusive)*

**1.7** \* These delegations can only be exercised over administered budgets for which the decision maker has responsibility.

When an NIAA official exercises the role of approver, NIAA requires the official to be provided with the following information, which the *Commonwealth Grant Rules and Guidelines* (CGRGs) require must be provided to a Minister where the Minister exercises the role of approver.

*Extract from Commonwealth Grants Rules and Guidelines*

**4.6** Officials **must** provide written advice to Ministers, where Ministers exercise the role of an approver. This advice must, at a minimum:

- explicitly state that the spending proposal being considered for approval is a 'grant';*
- provide information on the applicable requirements of the PGPA Act and rules and the CGRGs (particularly any ministerial reporting obligations), including the legal authority for the grant;*
- outline the application and selection process, including the selection criteria, that were used to select potential grant recipients; and*
- include the merits of the proposed grant or grants relative to the grant guidelines and the key consideration of achieving value with relevant money.*

#### **Record of the basis for the approval**

If the proposed expenditure of relevant money relates to a grant, paragraph 4.5 of the CGRGs requires where you exercise the role of approver you must also record, in writing, the basis for the approval relative to the grant guidelines and key consideration of value with relevant money. The recommended basis and record for the approval, relative to the grant guidelines and the key consideration of value for money, are set out in this brief. If there is any alternative basis or considerations on which you are basing your decision you should record these in accordance with clause 3.9 of the CGRGs.

#### NIAA and Legislative Requirements

##### Activity and Provider Risk

The Activity Risk Assessment (ARA) rating is determined by applying the Organisation Risk Profile (ORP) rating, the annualised grant value and the nature of the activities to a risk matrix



([Determining Activity Risk Assessment Ratings refers](#)). Activities with a 'direct' nature are frontline services, and failure to deliver the activities would have significant impacts for grant beneficiaries. Activities with an 'indirect' nature are supplementary services, and failure to deliver the activities would not have significant impacts for grant beneficiaries.

The ORP rating is determined by assessing the organisation's financial management, governance and service delivery capability.

#### Mandatory controls

The ARA rating determines the mandatory controls to be included in grant agreements.

- The standard controls for a Low risk activity include annual payments tied to an acceptable annual performance report, and an annual provider financial declaration.
- The standard controls for a Medium risk activity include bi-annual payments tied to acceptable bi-annual performance reports, an annual site visit, and an annual non-audited grant expenditure report.
- The standard controls for a High risk activity include bi-annual payments tied to acceptable bi-annual performance reports, bi-annual site visits, a project budget incorporated into the grant agreement, and an annual audited grant expenditure report.
- The standard controls for an Extreme risk activity include quarterly payments tied to acceptable bi-annual performance reports, bi-annual site visits and an annual audited grant expenditure report.

#### Key Performance Indicators

If approved for funding, NIAA will work with the provider to agree Key Performance Indicators (KPIs) for the grant. These include mandatory performance measures relating to core service provisions and Indigenous employment, and additional measures specific to the activities.





## 1.8 Attached Funding Decisions

Funding Decision	Organisation	Title	Program	Recommendation (ex-GST)	Recommendation
FD-00092	Wujal Wujal Justice Group Indigenous Corporation	Wujal Wujal Restorative Justice Programme	1.3 - Safety and Wellbeing	\$502,125.00	Continue - Existing schedule



## 1.9 Recommendations

For Delegate to complete	
Recommendation	Response (Select a response)
Agree, as decision maker, you are aware of your obligations under the Commonwealth Grants Rules and Guidelines (CGRGs) as set out in the NIAA and Legislative Requirements and are satisfied any agreed expenditure is a proper use with relevant money.	Agreed
Note the recommending officer has made reasonable enquiries and managed and/or disclosed any conflicts of interest in relation to this proposal and the applicant in accordance with relevant laws and policies.	Noted
Agree you have no conflicts of interest relating to the proposal and the applicant (or have declared any conflicts of interest).	Agreed
Approve the media release/s	Not Applicable  Approved  Not Approved

## 1.10 Brief Approval

For Delegate to complete	
Brief Approved? (Select a response)	Yes  No
Decision Date	31/08/2023
Delegate Comment (2000 characters max)	



## Funding Decision

## 2 FD-00092 - Wujal Wujal Justice Group Indigenous Corporation - Ceasing Activity - 31/12/2023 - 4-GGQVTRI

### 2.1 General Details

<b>Funding Decision ID</b>	FD-00092
<b>Organisation</b>	Wujal Wujal Justice Group Indigenous Corporation
<b>Title</b>	Ceasing Activity - 31/12/2023 - 4-GGQVTRI

### 2.2 Related Funding Brief

<b>Funding Brief ID</b>	FB-00052
<b>Appropriation Type</b>	IAS Funding Recommendation
<b>Brief Type</b>	Grant Assessment
<b>Title</b>	IAS Funding Recommendations - Program 1.3 December 2023 Grant Assessment Process (GAP)

### 2.3 Summary Information

<b>Recommendation</b>	Continue - Existing schedule
<b>Comments</b>	

### 2.4 Ceasing Activity Assessment Details

<b>Current Grant Activity ID</b>	4-GGQVTRI - Wujal Wujal Restorative Justice Programme
<b>Organisation</b>	Wujal Wujal Justice Group Indigenous Corporation
<b>Current Activity End Date</b>	31/12/2023
<b>Proposed End Date</b>	30/06/2026
<b>Managing Office</b>	Cairns - GMU

### 2.5 Organisation Details



<b>Wujal Wujal Justice Group Indigenous Corporation (21810571655)</b>	
<b>Risk and Performance</b>	
ORP Risk Rating	Low
ORP Expiry Date	11/08/2024
Latest Performance Rating	Satisfactory
PRA Approved Date	7/05/2024
Compliance Concern	No
<b>Conflict of Interest</b>	
Has the applicant declared there is a conflict of interest to their proposal?	
Details of conflict and how NIAA will manage this conflict	
<b>Indigeneity</b>	
Indigeneity	Yes
<b>Existing Funding</b>	
Receives other NIAA Funding?	Yes - Currently funded
Current Activities	3
Current Funding (ex GST)	\$1,193,225.00
<b>National Redress Scheme</b>	
Eligible under the National Redress Scheme?	Yes

## 2.6 Proposed Activity Information

<b>Activity Details</b>	
Activity Title	Wujal Wujal Restorative Justice Programme
Start Date	1/01/2022
End Date	31/12/2023
<b>Activity Description</b>	
Activity Description	This Project is in recognition of the impact of current, past and intergenerational trauma, dispossession, separation of families, ongoing social disadvantage, racism and other historical, social and cultural issues that impact on the social and



	emotional wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities. It is intended to assist in the process of healing for people through strengths based, culturally safe, trauma aware and healing informed approaches. The Provider must develop an individualised Case Management Plan for each client and work collaboratively with relevant services to coordinate case management, ensuring that it is holistic and addresses the triggers and causes of offending behaviours.
<b>Activity Risk Assessment</b>	
<b>Activity Risk Level</b>	Low
<b>Activity Risk Level Status</b>	Indicative
<b>Activity Risk Level Date</b>	30/08/2023
<b>Activity Locations</b>	
<b>Activity Locations</b>	RTC building, 120 Hartwig Street, WUJAL WUJAL, 4895  Empowered Community: Cape York

## 2.7 Merits of the Grant

<b>Meets Assessment Criteria</b>	Fully meets the IAS Assessment Criteria
<b>Criteria Assessment</b>	<p>Criterion 1: Need and Community involvement: Yes</p> <p>Criterion 2: Cultural competence: Yes</p> <p>Criterion 3: Capability:  <ul style="list-style-type: none"> <li>Evidence suggests the provider is capable of successfully delivering this project.</li> </ul> <p>Yes/No answer for each sub-criteria based on the capability demonstrated by the provider in delivering the activity to date:</p> <ul style="list-style-type: none"> <li>Your resources and capability will support you to deliver high quality activities: Yes</li> <li>You have delivered this or a similar activity to a high standard: Yes</li> <li>The risks associated with the proposed activity will be managed: Yes</li> <li>You will measure the performance of the proposed activity: Yes</li> </ul> </p> <p>Criterion 4: Delivering Outcomes:</p>



	<p>The Provider is performing and delivering the expected outcomes of the project.</p> <p>KPIs and outcomes: The Provider faced considerable challenges in the second half of 2022, particularly following the resignation of the Program Coordinator and subsequent recruitment process which was time consuming. Whilst interim backfilling arrangements were in place, the absence of a permanent Coordinator hampered activity delivery, impacting KPIs such as MKDI.D2 - Hours Worked, MKDI.D3 - Hours Worked (Indigenous), and D310.01 - Client Numbers. As a result, these targets and the overall performance for the July to December 2022 reporting period was rated as 'needs to improve'. Despite the challenges, the Provider has achieved positive outcomes through the delivery of multiple community events which were planned and delivered in partnership with a number of key stakeholders including Queensland Police, Wujal Wujal Community Elders, Mossman Justice Group and Jabalbina Indigenous Rangers. The Provider significantly exceeded their target for Community Events since the previous period, from 4 events to 138 reported events. The Agency is working with new Program Coordinator as the activity regains stability and consistency. The activity aligns with Closing the Gap Priority Reform 2 (Building the Community-Controlled Sector) and Target/Outcomes 10 (Adults are not overrepresented in the criminal justice system) and 13 (Families and households are safe).</p> <p>Community Needs:</p> <p>The Wujal Wujal Justice Group plays an integral role within the community, bringing together youth and Elders, underpinned by a culturally appropriate robust support system aimed at intervention to support offenders and families to break the cycle of reoffending. The activity is strongly supported by community Elders and the local Council. The service was developed by the Provider in consultation with men's and women's groups. The activity supports the employment of First Nations people who deliver face-to-face case management support and community-based activities. This is the only locally available service for the target cohort.</p>
<b>Sensitivities</b>	<p>This activity was considered through a Joint Decision Making (JDM) process in August 2021 which recommended funding for an additional 2 years to a total of \$390,000 (GST excl) in line with policy advice. This timeframe was inclusive of a 6 month period previously approved by the NIAA Delegate allowing time for the JDM process to occur. A number of recommendations were agreed to and fully implemented within the existing Project Schedule. If an extension is approved, it is recommended that an additional 6 month is considered to ensure alignment with other 1.3 Safety and Wellbeing activities.</p>



	The Provider is solely reliant on NIAA funding, however it effectively leverages other funding to support better outcome delivery in collaboration with key service providers. Any reduction in funding will be adversely received by the Provider and the community of Wujal Wujal.
<b>Assessment and Value for Money Summary</b>	The Agency recommends to continue funding to the existing provider. The funding aligns with current costs for programs of this type.

## 2.8 Closing the Gap Outcomes related to the Grant Activity

<b>Selection One</b>	<p>Outcome Area 14</p> <p><b>Outcome Description:</b> Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.</p>
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## 2.9 Recommendation and Financial Impact

### 2.9.1 Recommendation

<b>Recommendation</b>	Continue - Existing schedule
<b>Empowered Community Leadership Recommendation</b>	
<b>Recommendation</b>	<p>Approve to continue funding to Wujal Wujal Justice Group Indigenous Corporation (ABN 21810571655) from 1.3 Safety and Wellbeing Program to deliver the Wujal Wujal Restorative Justice Programme Activity ID 4-GGQVTRI for 2.5 years ending 30 June 2026. Proposed funding totaling \$487,500.00 over 2023/24, 2024/25 and 2025/26 financial year(s).</p> <p><b>*2023-24 Indexation*</b></p> <p>Proposed funding totalling \$502,125 (GST exclusive), includes \$487,500 (regional recommendation) and \$14,625 (3% indexation), is recommended over the 2023-24, 2024-25 and 2025-26 financial years.</p>

### 2.9.2 Financials

Financial Year	Current Funding Amount (ex-GST)	Recommended Amount (ex-GST)
2023-24	\$97,500.00	\$100,425.00



Financial Year	Current Funding Amount (ex-GST)	Recommended Amount (ex-GST)
2024-25		\$200,850.00
2025-26		\$200,850.00
Total	\$97,500.00	\$502,125.00





## 2.10 Delegate Decision

For Delegate to complete	
<b>Delegate Decision</b> <i>(Select a decision)</i>	<div>Accept recommendation</div> <div>Accept recommendation with changes</div> <div>Do not accept recommendation</div>
<b>Decision Date</b>	31/08/2023

### 2.10.1 If Delegate Decision is 'Accept recommendation with changes'

For Delegate to complete	
<b>Authorised Total Funding (\$)</b>	
<b>Reason for the change</b>	

### 2.10.2 If Delegate Decision is 'Do not accept recommendation'

For Delegate to complete	
<b>Decision Date</b>	
<b>Reason for the change</b>	



## NATIONAL INDIGENOUS AUSTRALIANS AGENCY

NIAA  
CEO  
Ms Hope  
Ms Mitchell  
All GMs  
Mr Mickle  
Ms Carolyn  
Mr Creagh  
Mr Donovan  
Mr Dexter  
Mr Matthews  
Mr Burford  
Ms Wettenhall  
Mr Burdon  
Mr Volker  
Grants Policy  
IASAMO  
Media

To: A/g Group Manager, Social Policy and Programs

**IAS FUNDING RECOMMENDATION: PROGRAMS 1.2 CHILDREN AND SCHOOLING AND 1.3 - SAFETY AND WELLBEING - GRANT ASSESSMENT PROCESS CEASING ON OR BEFORE 31 JANUARY 2022**

**Recommendations - that you:**

1. Agree, as decision maker, you are aware of your obligations under the Commonwealth Grants Rules and Guidelines (CGRGs), relevant legislation and NIAA obligations as outlined at Attachment A and are satisfied any agreed expenditure is a proper use of relevant money.

**Agreed / ~~Not Agreed~~**

2. Note the clearing officer has made reasonable enquiries and managed and/or disclosed any conflicts of interest in relation to these proposals and the applicants in accordance with relevant laws and policies.

**Noted**

3. Agree you have no conflicts of interest relating to these proposals and the applicants (or have declared any conflicts of interest in the box below).

**Agreed / ~~Not Agreed~~**

4. Note we have confirmed the organisations recommended for funding approval at Attachment B1- B26 are not ineligible to receive Australian Government grant funding under the *National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy*.

**Noted**

5. Agree to a non-competitive direct approach for the grant activities listed at Attachments B1-B26.

**Agree / ~~Not Agreed~~**

6. Approve continued funding for the total amount of \$5,961,921.14 (GST Exclusive) from Program 1.2 Children and Schooling for 22 existing grant activities as listed at Attachment B1-B22.

**Approved / ~~Not Approved~~**

7. Approve continued funding for the total amount of \$1,884,532.45 (GST Exclusive) from Program 1.3 Safety and Wellbeing for 4 existing grant activities as listed at Attachment B23-B26.

**Approved / ~~Not Approved~~**

8. Note the requirement for you to record your decision for each grant activity as listed in Attachments B1-B26.

**Noted / Please Discuss**

9. Note this funding brief has been considered by Program Performance Delivery Group and its advice has been incorporated

**Noted**

s47F

ANDREA KELLY

Date: 12 October 2021

Comments:

### Key Points

1. This brief seeks your approval to proceed with a non-competitive, direct approach for grants listed at Attachment B1-B26, as permitted under the Indigenous Advancement Strategy (IAS) Grant Opportunity Guidelines (Agency Collaborates - non-competitive) and as required under paragraph 11.5 of the Commonwealth Grants Rules and Guidelines (CGRGs).
1. A non-competitive direct approach is recommended because the activities contribute to Closing the Gap outcomes and address national and local priorities including those identified by Empowered Communities regions. Funding will allow the continuation of existing services.
2. This brief seeks approval of continued funding under the IAS for 26 existing grant activities with low and medium activity risk ratings due to cease on or before 31 January 2022, for a total amount of \$5,961,921.14 (GST Exclusive) from IAS Program 1.2 Children and Schooling and a total amount of \$1,884,532.45 GST Exclusive) from IAS Program 1.3 Safety and Wellbeing. This includes extending funding for existing grantees.
3. You are authorised to approve funding to this level under the NIAA Decision Making Policy for Administered Funding [Operational Guidance for Decision Makers – grants](#) (Grants).
4. The proposed activities are grants as defined by the CGRGs because they assist the organisation to provide services for the benefit of communities. This aligns with the

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Government's objective of under the IAS and local priorities in Empowered Communities regions.

5. All grant activities have been assessed under the new IAS Grant Opportunity Guidelines (agency collaborates – non-competitive). Further information as to whether each activity fully meets/partially meets or does not meet the assessment criteria is included in Attachment B1-B26. A simplified assessment process has been used to minimise the workload on the providers.
6. The NIAA Program Compliance and Fraud Branch has confirmed it has no compliance and/or fraud matters currently under consideration in regard the organisations recommended for funding in this brief.
7. As part of a compliance check, we confirm, the institutions/organisations are not listed as ineligible to receive Australian Government grant funding in accordance with the *National Redress Scheme for Institutional Child Sexual Abuse*.
8. As at 30 September 2021, Program 1.2 Children and Schooling is under-allocated by \$0.6 million for 2021-22 (Attachment A refers). Funds for ceasing contracts have been provisioned for 2021-22 and 2022-23 and are included in the Program 1.2 forecast.
9. As at 30 September 2021, the administered budget under Program 1.3 Safety and Wellbeing was over-programmed by \$22.8m in 2021-22 (Attachment A refers). The forecast as at 30 September 2021 shows the budget is currently over allocated by \$34.6m from 2021-22 to 2024-25. Funding is therefore not available to support new activities. Provisions for Program 1.3 proposals in this Brief are included in the forecast except for the activity 4-7ZMFG46 (Attachment B24) for South Australian National Football League Inc which has been funded under 1.2 Children and Schooling Program. The recommendation is to continue the activity 4-7ZMFG46 but transition the funding to Program 1.3 Safety and Wellbeing which will not impact the IAS Budget.
10. All information relating to your obligations under the CGRGs, relevant legislation, and NIAA requirements for this proposal, including conflict of interest, activity and provider risk ratings and risk controls, key performance indicators, available funding and legislative authority for spending are outlined at Attachment A and must be considered before you make a funding decision and sign this brief.
10. To date, 129 IAS Activities with a value in excess of \$70 million have been subject to joint decision making (JDM) arrangements in Empowered Communities regions.
11. In total 34 activities have been considered through JDM arrangements for the December 2021 grants assessment process. Participating Empowered Communities regions are Cape York, Central Coast, East Kimberley, Far West Coast of SA, Inner Sydney, NPY Lands and West Kimberley regions.
12. Some grant activities ceasing on or before 31 January 2022 that have been assessed through Empowered Communities joint decision making arrangements are not included in this brief and have been briefed separately by the Empowered Communities Section in consultation with the responsible policy area (MS21-000447 and EC21-000714 refer).
13. There are media opportunities to announce the extension of these grant activities and to promote the success of JDM arrangements. NIAA Media has advised it will liaise with Minister Wyatt's office to agree an announcement strategy.

Robert Ryan  
Branch Manager  
Recognition and Empowerment  
**XX** October 2021

Policy Officer: s47F  
Phone no: s47F  
Consultation: Program Fraud and  
Compliance, Grant Policy, Programs 1.2  
and 1.3, Administered Business  
Partnering, NIAA Regional Presences,  
Grants Assessments, Empowered  
Communities regions and NIAA Media.

**ATTACHMENTS**

**ATTACHMENT A NIAA AND LEGISLATIVE REQUIREMENTS**

**ATTACHMENT B IAS GRANT PROPOSALS FOR DECISION**

**ATTACHMENT C ASSESSMENT CRITERIA**

## Attachment B25

**WUJAL WUJAL JUSTICE GROUP INDIGENOUS CORPORATION (ABN 21 810 571 655 )****Recommendation** - that you:

**Approve** funding for WUJAL WUJAL JUSTICE GROUP INDIGENOUS CORPORATION for a total amount of \$390,000 (GST Exclusive) from Program 1.3 Safety and Wellbeing for two years over financial years 2021-22, 2022-23 and 2023-24 for Wujal Wujal Restorative Justice Programme (ID: 4-G37NOHV), ending 31 December 2023.

**Approved / ~~Not Approved~~**

s47F

Andrea Kelly

A/g Group Manager, Social Policy and Programs

Date: 12 October 2021

Comments:

**Key Information**

<b>Closing the Gap Target/ Priority Reform</b>	10, 13
<b>Indigenous Organisation (Yes/No)</b>	Yes
<b>Region</b>	North Queensland
<b>Proposed Funding (GST exclusive)</b>	\$390,000
<b>2021-22</b>	\$97,500
<b>2022-23</b>	\$195,000
<b>2023-24</b>	\$97,500
<b>Organisation Risk Rating</b>	Low
<b>Activity Risk Assessment (indicative)</b>	Low
<b>Provider performance concerns</b>	No

**Activity Description:** An Indigenous Incarceration Prevention and Justice activity in the Wujal Wujal community that provides collaborative counselling services to offenders and families to address underlying causes of offending, violence, and drug/alcohol abuse. The activity is delivered five days per week and employs one FTE Coordinator and two PTE Indigenous case workers. At any given time, the Provider can work with 30 individuals. There is no minimum target over a reporting period.

**Assessment and Value for Money:** The Agency recommends continuation of funding to the existing Provider because the activity is highly subscribed and is delivered by the local Justice Group who are connected, experienced and capable.

The activity demonstrates value for money as the funding aligns with current costs for programs of this type and the activity delivers a need identified by the community.

**Risk:** The Agency's Program Compliance and Fraud Branch has confirmed it has no compliance and/or fraud matters currently under consideration in regard to this organisation.

**Policy Intent:** The activity aligns with the policy intent of Incarceration Prevention and Justice Activities which aims to prevent and divert Indigenous Australians away from violence, offending/contact with the criminal justice system in a culturally-safe environment/culturally-appropriate manner.

**Cape York Empowered Communities Joint Decision Making recommendation:** The Wujal Justice Group - Wujal Restorative Justice Programme joint decision making (JDM) process concluded on Friday 20 August. The process recommended that the activity be funded for an additional 2 year to a total of \$390,000 (GST excl) in line with the NIAA policy advice. The following recommendations were also agreed:

- Numbers of individual case management plans (new and existing) to be reported in new contract.
- The Provider must provide core support to clients, however third party support must be sought for those clients that continuously reoffend or disengage with the Restorative Justice Program. Staff must consider referral opportunities to support clients' journey to address reoffending behaviours.
- One of two annual events in current contract, to include a community information day to build awareness and understanding of the program and how the community can use the service or get involved.
- Stronger reporting is required on the delivery of the two events – this needs to be strengthened in the reporting as a target/measure.
- A new target/measure to record the number of family members and/or cultural authority leaders that have supported clients as part of their individual case management plans
- The provider must participate in a 6-month JDM process review on progress against the program and the JDM recommendations.

**IAS Assessment Criteria:** The activity fully meets the IAS Assessment Criteria.

**Criterion 1: Need and community involvement** - There is a strong need for this highly utilised activity as demonstrated by local referral rates and reduced levels of recurrent contact with the justice system. Compared to the previous reporting period, the number of offenders reduced from 20 per court session to 17 (a 15 per cent reduction compared to the previous court session).

The activity is strongly supported by community Elders and the Council. It was developed by the local Justice Group, with input from men and women's groups, as a culturally-appropriate intervention to support offenders and families to break the cycle of reoffending. Since 2016, this service has had more than 350 unique individuals attend activities which is effectively more than 85 per cent of the community. This is the only locally available service for the target cohort.

**Criterion 2: Cultural competency** - As the local Justice Group, the Provider is strongly supported and guided by the Traditional Owner Elders. The Provider is a strong community-based organisation that employs a collaborative approach to ensure community members are safe, Elders are respected, and culture is strong. They engage well with community and key stakeholders to deliver a holistic service in collaboration with relevant services and agencies.

**Criterion 3: Capability** - The Provider has delivered this service for several years (funded through the Indigenous Advancement Strategy since 2016), consistently meeting target outcomes. The Provider is supported by strong governance and financial management, employing a qualified Project Coordinator/Counsellor. The activity is delivered in alignment with relevant sector training, as well as workplace health and safety requirements. Funds are released upon provision of financial and performance reports (including de-identified evidence of case management). The activity is monitored through site visits, regular communication, community consultation and client feedback.

**Criterion 4: Delivering Outcomes** - In the most recent reporting period, all targets were met or exceeded. A total of 386 community members were engaged in the service through participation in 40 activities and regular client-centred work. 19 individual clients reported within the 6-month period which was the duration of the project extension pending a formal Pama Futures Empowered Communities Joint Decision-Making (JDM) process. Of surveyed participants, 89 per cent reported

satisfaction with the service. As part of their holistic approach to intensive client case management, the Provider continues to lead monthly Care Coordination Group meetings.

The activity supports Closing the Gap targets 10 and 13, aligns with 1.3 Safety and Wellbeing Program, as well as the National Strategic Framework for Aboriginal and Torres Strait Island Peoples' Mental Health and Social and Emotional Wellbeing 2017-23.

**Sensitivities:** This activity is solely reliant on NIAA funding, however it effectively leverages other funding to support better outcome delivery in collaboration with key service providers. Since COVID-19 lockdowns, the Provider has reported an increase in offending behaviours, particularly domestic and family violence. Should the service cease, the number of offenders (and those at risk of reoffending) would significantly increase, reducing the wellbeing and safety of families. This activity is subject to JDM. The last two project extensions were for 6-month periods - this was to support a JDM and were not a result of Provider performance. Due to sorry business and community readiness, the JDM has experienced delays.

**Previous Decision:** EC21 – 000411. Funding for 6-months, totalling \$97,500 (GST exclusive) ceasing 31/12/2021. In alignment with community aspirations, a 6-month extension was requested to enable the JDM process, with recommendations to be implemented from 1 January 2022.





## Australian Government

### National Indigenous Australians Agency

## APPROVAL FOR THE COMMITMENT OF RELEVANT MONEY

### s23(3) of the PGPA Act

\*Officials responsible for approving commitments of relevant money have a duty under section 15 of the Public Governance, Performance and Accountability Act 2013 (PGPA Act) to promote the proper use of the money (i.e. the efficient, effective, economical and ethical use of the money). This duty applies when an official approves commitments of relevant money.

Officials acting under the Financial Delegations of NIAA when approving a commitment of relevant money must exercise the power consistently with the directions in the Financial Delegations and the relevant NIAA Accountable Authority Instructions.

A proposal for approval of commitment may be approved at any time prior to entering into an arrangement and may be approved well before the arrangement is entered into. At the time the approval of commitment is provided, the expectation is that an arrangement will be entered into consistent with the terms of the proposal for approval of commitment.

I, Robert Ryan, approve the commitment of relevant money up to \$5,961,912.14 (GST Excl) and including SACS where applicable under section 23(3) of the PGPA Act 2013."

The Program Owner as the Delegate approves the forward commitment of relevant money as follows:

	Program	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	TOTAL
Funding approved	1.2 - Children and Schooling	\$ 3,008,460.57	\$ 2,953,460.57	\$ -	\$ -	\$5,961,921.14
	SACs Component	\$ -	\$ -	\$ -	\$ -	\$0.00
	1.2 Children and Schooling (incl SACs)	\$ 3,008,460.57	\$ 2,953,460.57	\$ -	\$ -	\$5,961,921.14

The funding covers the project approvals and variations for Program 1.2 Children and Schooling as detailed in [Attachment B](#).

I am satisfied that funding the proposed grants listed at [Attachment B](#) are in accordance with the PGPA legislation including the Commonwealth Grant Rules and Guidelines. The proposed grants are consistent with the policies of the Commonwealth and the key consideration of achieving value with relevant money.

Approver:

s47F

[SIGNATURE OF DELEGATE]

Date:

12-Oct-2021



## Australian Government

### National Indigenous Australians Agency

## APPROVAL FOR THE COMMITMENT OF RELEVANT MONEY

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A proposal for approval of commitment may be approved at any time prior to entering into an arrangement and may be approved well before the arrangement is entered into. At the time the approval of commitment is provided, the expectation is that an arrangement will be entered into consistent with the terms of the proposal for approval of commitment.

I, Robert Ryan, approve the commitment of relevant money up to \$1,844,532.45 (GST Excl) and including SACS where applicable under section 23(3) of the PGPA Act 2013."

The Program Owner as the Delegate approves the forward commitment of relevant money as follows:

	Program	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	TOTAL
Funding approved	1.3 - Safety and Wellbeing	\$ 422,406.49	\$ 844,812.98	\$ 617,312.98	\$ -	\$1,884,532.45
	SACs Component	\$ -	\$ -	\$ -	\$ -	\$0.00
	1.3 Safety and Wellbeing (incl SACs)	\$ 422,406.49	\$ 844,812.98	\$ 617,312.98	\$ -	\$1,884,532.45

The funding covers the project approvals and variations for Program 1.3 Safety & Wellbeing as detailed in Attachment B.

I am satisfied that funding the proposed grants listed at Attachment B are in accordance with the PGPA legislation including the Commonwealth Grant Rules and Guidelines. The proposed grants are consistent with the policies of the Commonwealth and the key consideration of achieving value with relevant money.

**s47F**

Approver: \_\_\_\_\_  
[SIGNATURE OF DELEGATE]

Date: 12-Oct-2021

Attachment C - Recommended to Fund

Brief No	Program to Fund	Region Responsible	Organisation Legal Name	Organisation ABN	Activity ID	Activity Name	Activity Start Date	Activity End Date	ARA Rating	2021-22 FY Funding (Exc. GST)	2021-22 FY Funding (SACS) (Exc. GST)	2022-23 FY Funding (Exc. GST)	2022-23 FY Funding (SACS) (Exc. GST)	2023-24 FY Funding (Exc. GST)	2023-24 FY Funding (SACS) (Exc. GST)	2024-25 FY Funding (Exc. GST)	Total (Exc. GST)	Total SACS (Exc. GST)	Notes
s22																	\$ 54,000.00		
																	\$ 110,000.00		
																	\$ 150,000.00		
																	\$ 40,000.00		
																	\$ 105,000.00		
																	\$ 104,366.00		
																	\$ 194,000.00		
																	\$ 331,149.00		
																	\$ 789,384.80		
																	\$ 700,000.00		
																	\$ 100,000.00		
																	\$ 105,000.00		
																	\$ 186,410.00		
																	\$ 205,000.00		
																	\$ 220,000.00		
																	\$ 284,465.00		
																	\$ 557,146.34		
																	\$ 1,000,000.00		
																	\$ 55,000.00		
																	\$ 210,000.00		
																	\$ 221,000.00		
																	\$ 240,000.00		
Total										\$ 3,008,460.57	-	\$ 2,953,460.57	-	-	-	-	5,961,921	-	
5,961,921																			

Attachment C - Recommended to Fund

Brief No	Program to Fund	Region Responsible	Organisation Legal Name	Organisation ABN	Activity ID	Activity Name	Activity Start Date	Activity End Date	ARA Rating	2021-22 FY Funding (Exc. GST)	2021-22 FY Funding (SACS) (Exc. GST)	2022-23 FY Funding (Exc. GST)	2022-23 FY Funding (SACS) (Exc. GST)	2023-24 FY Funding (Exc. GST)	2023-24 FY Funding (SACS) (Exc. GST)	2024-25 FY Funding (Exc. GST)	Total (Exc. GST)	Total SACS (Exc. GST)	Notes
																	\$ 600,000.00		
																	\$ 195,000.00		
																	\$ 390,000.00		
																	\$ 699,532.45		
Total										\$ 422,406.49	-	\$ 844,812.98	-	\$ 617,312.98	-	-	1,884,532	-	

1,884,532