

Terms of Use and Privacy Statement

* indicates a required field.

Please ensure you have read and understood the <u>Terms of Use</u> and <u>Privacy Statement</u>.

Terms of Use and Privacy Statement *

□ I have read and understood the Terms of Use and Privacy Statement. <u>Clear</u>

Eligibility

The Expression of Interest is the first stage of the Workforce Connect Fund, Round 2.

Before completing this registration, you should have read the Workforce Connect Fund, Round 2 guidelines.

The **Applicant** and/or **You** mean/s the business entity submitting the registration to the Department of Employment, Small Business and Training (DESBT).

DESBT will only accept registrations for this grant online through SmartyGrants.

Applicants cannot submit any additional information or evidence after submitting their application.

Successful applications will be invited to Stage 2, subject to competitive assessment and not all applications will be funded.

Organisation Details

* indicates a required field.

Applicant Organisation Name *

The ABN you enter below must be the ABN associated with the Business Name above.

If you enter a different ABN to the named business (e.g. a different legal entity such as a Trust), your application may be deemed ineligible if it is unclear that the two entities are linked.

ABN*

Lookup

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Austral	ian Business Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	

Incorporation Number *

Must be no more than 10 characters.

Information from the Australian Business Register

Main business location

Must be an ABN. The ABN lookup is extracted from the Australian Business Register (<u>https://abr.business.gov.au/</u>)

I confirm I have checked in the Grey box above:

- ABN status is active
- Goods & Services Tax (GST) is registered
- Main business location is in Queensland <u>Clear</u>

Physical Address

Address line 1 *	
Address line 2 *	
Suburb *	
State *	
Postcode *	
Postal Address	
Address line 1 *	
Address line 2 *	
Suburb *	
State *	
Postcode *	~

2.

Note: if your nominated ABN details **do not show** that the ABN is active, is registered for GST, or the main business location is in

Queensland, then your application will not be eligible for Stage

Additional Organisation Details

Please describe your organisation and how it can be considered a peak body eligible for Workforce Connect Fund. *

Must be no more than 1000 characters.

Describe your organisation's experience in managing government funding to deliver large-scale workforce projects or services. Outline your staff's qualifications, skills and experience. *

Must be no more than 2000 characters.

Required attachments:

• Audited income and expenditure statements for the past two years.

Evidence Required * Attach a file: Choose Files No file chosen

Select stored file

• Organisational structure, governance, risk management and reporting framework documentation.

Organisational Contacts

* indicates a required field.

Privacy Statement

DESBT collects your personal information for the purposes of:

- managing the Workforce Connect Fund;
- promoting relevant issues and services to you; and
- researching and reporting on grant programs.

DESBT, including its employees, may use and disclose the personal information provided in the application to third parties for these purposes. Third parties include:

- Queensland government departments and agencies;
- Commonwealth government departments and agencies;
- other state or territory government departments and agencies;
- non-government organisations; and
- suppliers as listed in your grant application.

DESBT will only use your personal information for these purposes. DESBT will handle your personal information in accordance with the *Information Privacy Act 2009*. DESBT will not otherwise use or disclose the information unless authorised or required by law.

You may view the Queensland Government's privacy guide at www.qld.gov.au/legal/privacy.

Authorised Contact Details

Please provide the contact details of the business owne	r applying for the grant.
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Name *			
Title	First name	Last name	
\checkmark			
Position *			
Phone Nur	nber *		
Must be an A	ustralian phone number.		
Mobile *			
Must be an A	ustralian phone number.		
Email *			
Must be an e	mail address.		

Project Lead Contact Details

This must be the business owner / director / shareholder / trustee / office bearer of the business conducting the business activity.

Name			
Title	First name	Last name	
\sim			
Position *			
DI	- I		
Phone Nun	nber		
Must be ap A	ustralian phone number.		
MUSL DE all A	usu allan phone number.		
Mobile *			
Must be an A	ustralian phone number.		

Email Address *

Must be an email address.

Project Details

* indicates a required field.

Project Overview

Project Name *

Project Description *

Must be no more than 3500 characters. Provide a summary description of the proposed project - please include details such as (but not limited to) a problem definition and what the project will deliver to address the issue. This is your opportunity to define what the project aims are and showcase what the project will deliver.

Partnerships and Connections *

Must be no more than 3500 characters. P Outline the partnerships and connections established and their roles they will play in the delivery of the project.

Primary Delivery Location (where the project is based) *

Search

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Enter where the project is based.



Additional Delivery Location

Search

Note: It is expected that projects will be rolled out state-wide.



Industry

Target Industry *

Indicate the main industry the project aligns to.

Additional Industries

- Agriculture & Horticulture
- Automotive
- Business and Information Communications Technology
- Business/Retail and Personal Services
- Electrotechnology and Utilities
- Health, Community Services
- Manufacturing and Engineering
- Retail and Personal Services
- <u>Clear</u>
- Indicate any additional industries if applicable.

Dates

Project Commencement Date *

Must be a date.

Project Completion Date *

Must be a date.

Targets

Please note projects will be expected to be able to collect information to measure and report against all targets nominated below. Please review the Workforce Connect Fund website for more information on definitions of South East Queensland and Regional Queensland.

How many emplo	yers do you expect to
assist and suppor	t in South East
Queensland? *	

Must be a whole number (no decimal place). Do not include special characters.

How many employers do you expect to assist and support in Regional Queensland? *

Must be a number. Do not include special characters

How many jobseekers do you expect to assist in South East Queensland? *

Must be a whole number (no decimal place). Do not include special characters.

How many jobseekers do you expect to assist in Regional Queensland?

Must be a number. Do not include special characters

How many employees do you expect to assist in South East Queensland? *

Must be a whole number (no decimal place). Do not include special characters.

How many employees do you expect to assist in Regional Queensland?

Must be a number. Do not include special characters.

Please note standard KPIs will be derived from these targets. Refer to the <u>Guidelines</u> for further details.

Are there other measurable outputs that could be set as targets for the project?

Must be no more than 500 characters.

Is there a specific cohort being targeted?

○ Yes ○ No Clear

Retention and Participation rates

Outline the current retention and/or participation rates of the industry and/or cohort you are proposing to assist.*

Must be no more than 500 characters.

Project Budget

* indicates a required field.

Please provide as much detail about costs as you can at this stage. If information is not available at this stage, please provide information about why. Please note that if the project is invited to the second stage of the application process, a complete budget will be required.

Staff Wages *

Must be a whole dollar amount (no cents).

Outline Industrial Awards for project lead and other staff involved in project delivery and administration support *

Word count:

Formal Partnership Arrangements *

Must be a whole dollar amount (no cents).

Outline any costs associated with formal partnership arrangements and detail the services partner organisations will be providing.

Word count:

Administration *

Must be a whole dollar amount (no cents).

Outline costs associated with office supplies, utilities, telecommunications, marketing/advertising, travel (project specific travel only). *

Word count:

Materials and equipment *

Must be a whole dollar amount (no cents).

Outline the leasing of equipment or any other materials and equipment required to deliver the project. *

Word count:

Must be a whole dollar amount (no cents).

Outline any other costs directly related to project delivery.*

Word count:

Other contributions and in-kind support *

Must be a whole dollar amount (no cents).

Outline any funding contributions provided by partner organisations and other in-kind support if applicable.*

Word count:

Total Funding Sought

Total Cost of Project (including in-kind support)

This number/amount is calculated.

This number/amount is calculated.

Other Government Funding

Have you applied for, or received funding from other state or commonwealth funding programs for this project or components of this project? *

○ Yes ○ No Clear

This section is not applicable because of your response to question: "Have you applied for, or received funding from other state or commonwealth funding programs for this project or components of this project?" on page 5

Declaration

* indicates a required field.

By submitting this application, I certify that: *

the information provided in this application form and supporting documentation are true and accurate.

- □ I understand that if I provided inaccurate, untrue or misleading information I may be a breach of criminal law for which penalties may apply and legal action may be taken, including action to recover the incentive payment.
- □ I agree and consent to the information provided in this application being used by the Department of Employment, Small Business and Training for the purpose set out in the Terms of Use and Privacy Statement.
- I am aware there is limited funding for this round, and that submitting this Stage 1 Expression of Interest does not guarantee progress to the Stage 2 Application. By submitting this application, I agree and consent to the information provided in this application being used by the Department of Employment, Small Business and Training for the purpose set out in the Terms of Use and Privacy Statement.

<u>Clear</u>

At least 4 choices must be selected. You must agree to all items in the Declaration to continue.