

# Growing Workforce Participation Fund Round 3

## Form Preview

### Before you start

\* indicates a required field

#### # About this form

Before completing this registration, you should have read the **Growing Workforce Participation Fund Round 3 [guidelines](#)**.

The **Applicant** and/or **You** mean/s the entity submitting the Application 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.**

#### Icons Key

# Evidence Required # Hint

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# Notice # Please note

#### # Tips for Completing this Form

As you fill out the form:

- Take your time to read each question and the accompanying information carefully before answering.
- Remember to click '**Save**' often as you progress; SmartyGrants won't save your progress automatically.
- Once you're done, click '**Submit**' to send the completed form to the Department for processing.
- If you are unsure how to respond to a question, please email your concerns or queries to [GWPF@desbt.qld.gov.au](mailto:GWPF@desbt.qld.gov.au).

#### # Handling Validation Errors

Validation errors (red highlighted boxes) may appear as you work through this form.

If this happens, ignore them until you have finished your data entry and have clicked save.

The most common reason there may be error boxes include the following:

- you have not filled in a mandatory/required field, this can include a file upload question
- you have used letters in a number question field and/or
- you have gone over the word limit on a question.

Where errors persist, carefully read the error message and/or hint provided for completing the question or section before reviewing and updating your entry.

You must resolve all validation errors before you can submit this form.

#### Terms of Use and Privacy Statement

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DESBT collects your personal information for the purposes of:

- managing the Back to Work and Employment Pathways programs;
- 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; and
- non-government organisations.

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](http://www.qld.gov.au/legal/privacy).

Please read the Program's [Terms and Conditions](#).

**I have read and understood the Terms of Use and Privacy Statement \***

☐ Yes

☐ No

## Applicant Details

\* indicates a required field

### Applicant Organisation Details

# The ABN you enter below must be the ABN associated with the applying entity/business.

**Australian Business Number (ABN) \***

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

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

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Must be an ABN.

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

# Please check through your business' ABR record that appears in the grey box:

- Is the *ABN Status* **active**?
- Is the *Goods Services Tax (GST)* **active**?

# If the answer to any of these questions is No:

1. Apply to update your ABR record. It only takes 24-hours to update.
  - <https://www.abr.gov.au/business-super-funds-charities/updating-or-cancelling-your-abn/update-your-abn-details>.
2. Wait 24-hours, re-enter your application and click '**save**' on the page. This should refresh the form with the updates from your ABR record.

**In the grey box above, is 'Yes' next to Goods & Services Tax (GST)? \***

☐ Yes

☐ No

# The grey box is titled "Information from the Australian Business Register"

## Organisation Details

### Incorporation Number

Must be at least 10 characters.

### Applicant Organisation Name \*

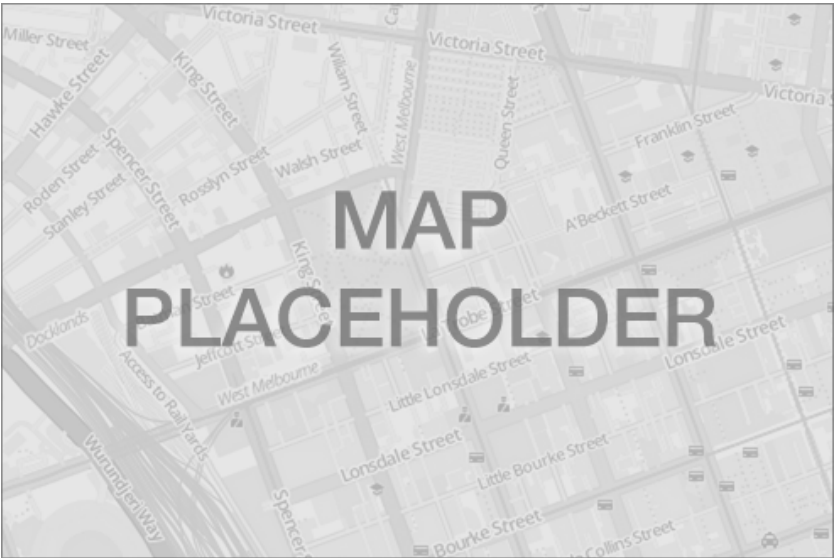
Organisation Name

### Physical Address \*

Address

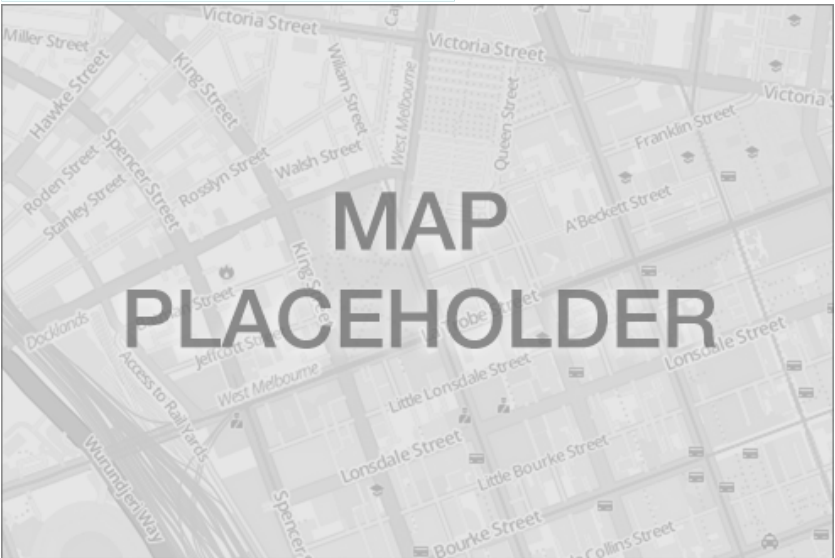
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Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

**Postal Address \***  
Address

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

## Organisational Contacts

\* indicates a required field

### Authorised Contact Details

Name *	Phone number
Title	
First Name	Last Name

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Must be an Australian phone number.

**Position Title \***

Must be no more than 25 characters.

**Mobile number \***

Must be an Australian phone number.

**Email address \***

Must be an email address.

### Project Lead Contact Details

<b>Name *</b>				<b>Phone number</b>
Title	First Name	Last Name		

Must be an Australian phone number.

**Position Title \***

Must be no more than 25 characters.

**Mobile number \***

Must be an Australian phone number.

**Email address \***

Must be an email address.

### Project Details

\* indicates a required field

**Project Name \***

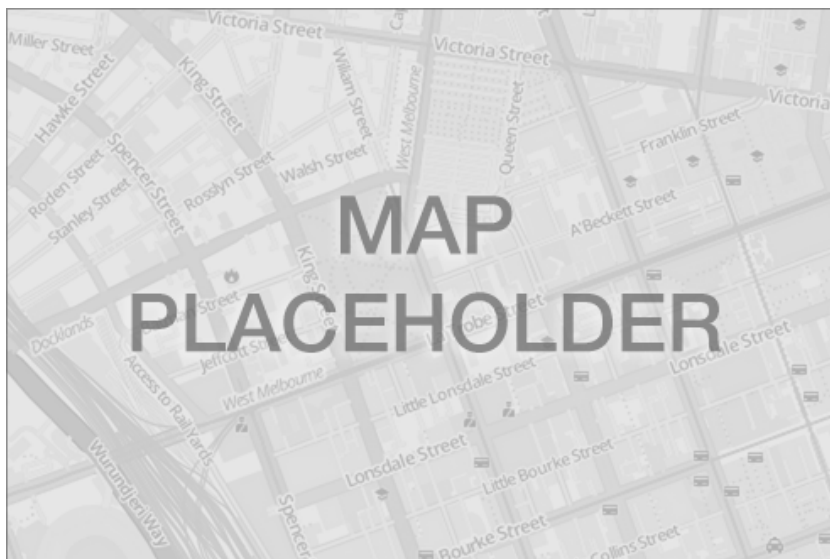
Must be no more than 80 characters.

**Primary Delivery Location (where the project is based) \***

Address

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# Eligible delivery locations are outlined in the fund guidelines

### Industry

#### Target Industry \*

# Indicate the main industry the project aligns to.

### Targets

#### What eligible cohort/s are being targeted? \*

- ☐ Aboriginal & Torres Strait Islander people
- ☐ People with a disability
- ☐ Long term unemployed (52-weeks or longer)
- ☐ Young people (15-24 years)

At least 1 choice must be selected.

# Please note standard KPIs apply and are relevant to these targets. Refer to the [Guidelines](#) for further details.

#### How many employers do you expect to assist and support? \*

# Do not include special characters. If section isn't relevant, enter '0'.

#### How many employees do you expect to assist and support? \*

# Do not include special characters. If section isn't relevant, enter '0'.

#### How many jobseekers do you expect to assist? \*

# Do not include special characters. If section isn't relevant, enter '0'.

#### Minimum employment outcomes expected (office use only)

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This number/amount is calculated.

### 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.

### Dates

**Project Commencement Date \***

Must be a date.

**Project Completion Date \***

Must be a date.

### Project Overview

Provide a summary description of the proposed project.

Complete [Project Plan](#) - Overview of delivery schedule. Include key dates and milestones throughout the life of the project.

**Project Description \***

Must be no more than 3500 characters.

**# Please attach a copy of your Project Plan: \***

Attach a file:

A minimum of 1 file must be attached.

### Partnerships and Connections

**Detail the partnerships established to deliver the project. How will these partnerships be maintained? What agreements have been established? Detail how each partnership will specifically assist employers, employees and/or jobseekers. If the project proposes to assist a specific cohort, clearly articulate how any identified barriers will be addressed. Provide a clear rationale for linking particular cohorts to specific industries and/or job types. What project co-design, if any, occurred with project partners or community groups, particularly those representing any targeted cohorts?**

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Must be no more than 3500 characters.

### # **Attach letters, MOUs or agreements confirming partnering organisations and the roles and responsibilities of each.**

Attach a file:

A minimum of 1 file must be attached.

## Project Budget

\* indicates a required field

### **Staff Wages \***

Must be a dollar amount.

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

### **Formal Partnership Arrangements \***

Must be a dollar amount.

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

### **Administration \***

Must be a dollar amount.

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



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### Materials and equipment \*

\$

Must be a dollar amount.

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

### Other delivery costs \*

\$

Must be a dollar amount.

**Outline any other costs directly related to project delivery.**

### Other contributions and in-kind support

\$

Must be a dollar amount.

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

### Total Funding Sought \*

\$

This number/amount is calculated.

# A **maximum of \$200,000** is available for a single project under Growing Workforce Participation Fund

### Total Cost of Project (including in-kind support)

\$

This number/amount is calculated.

# What is the total budgeted cost (dollars) of your project?

## 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

**Please specify, details around other Government Funding you have applied for or received funding for. \***

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Please specify

**Is this project a continuation/building upon any other program/project? \***

☐ Yes

☐ No

**Please specify, include name of original project, description, funding source and project number. \***

## Assessment Questions

**\* indicates a required field**

### Capacity to Manage

**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 in working with and supporting the target groups. What strategies will you use to engage employers, employees and jobseekers onto the project? \***

Must be no more than 3500 characters.

### # Acceptable attachments

#### **Required attachments:**

- 1.Audited income expenditure statements for past two years; **and**
- 2.Organisational structure, governance, risk management and reporting framework documentation; **and**
- 3.Staff resumes or background information and/or relevant position descriptions; **and**
- 4.Detailed risk identification and management plan; **and**
- 5.Detailed project budget.

### # Evidence Required

**Please upload required attachments \***

Attach a file:

A minimum of 4 files must be attached.

### Project Innovation

**Describe the project objectives and outcomes, including the project innovation. Provide evidence of how the project addresses issues using contemporary**

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**solutions. Describe commitment that the project supports the objectives of the revitalised Back to Work program. Outline links to local employers, other industry organisations and stakeholders. \***

Must be no more than 3500 characters.

Please complete the Project Impact Assessment template provided.

### # Acceptable attachment

#### Required attachment:

1. Detailed [Project Impact](#) assessment plan.

### # Evidence Required

**Please upload required attachment \***

Attach a file:

A minimum of 1 file must be attached.

## Addressing and responding to industry need

**Describe how the project will address the identified industry demand and benefit, outlined in your proposal. Outline how the project is a new solution, no duplication with other programs or services and differs from your organisation's business as usual activities. Describe how the project has the capacity to meet employment shortages and labour market needs. What long lasting benefits will the project deliver? \***

Must be no more than 3500 characters.

### # Acceptable attachment

#### Required attachment:

1. Letters of support from any industry, businesses, community or local employers relevant to how this project will address industry and/or local needs.

### # Evidence Required

**Please upload required attachment \***

Attach a file:

A minimum of 1 file must be attached.

## Outcomes and Sharing Best Practice

**Describe the Key Performance Indicators (KPIs) for project delivery. Define 'project success', the measurable outcomes of success and how these will be incorporated in project implementation and project reporting. Explain the economic and social impact of the project. Outline the commitment to share learnings with industry and government. How will information be shared and through what mechanisms/ channels. \***

Must be no more than 3500 characters.

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### # Acceptable attachment

#### Required attachment:

1. Description of project outcomes and measures of success, including any KPIs that can be implemented.

### # Evidence Required

Please upload required attachment \*

Attach a file:

A minimum of 1 file must be attached.

### Cost/Value for money

**Outline the analysis that has been undertaken that demonstrates the project is the most suitable solution. Detail how the outcomes will be delivered within the proposed timeframe. Detail the level of complementary funding being provided. \***

Must be no more than 3500 characters.

### # Acceptable attachments

#### Required attachments:

1. Attach documentation to support the detailed analysis undertaken; **and**
2. Attach letters from organisations confirming the estimated dollar amount or value of any cash / in-kind contributions.

### # Evidence Required

Please upload required attachments \*

Attach a file:

## Declaration

\* indicates a required field

#### By submitting this application, I declare 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.
- ☐ 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 (DESBT) for the purpose set out in the Terms of Use and Privacy Statement.

You must agree to all items in the Declaration to continue.

### Submitting the application

- Pressing the **submit** button lodges your application.
- Review your application before submitting, as you **cannot change** your application after lodgement.

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- You will receive an email receipt after submitting the application (please check your junk folders).
- DESBT has not received your application until you have received an **email receipt**.
- If you do not receive an **email receipt within two business days** of submitting your application, please contact DESBT.

**Enquiries** For further enquiries on this application form please email [GWPF@desbt.qld.gov.au](mailto:GWPF@desbt.qld.gov.au).

### Application Outcomes

# **Note:** You will be notified via email of the outcome of your Application.