

Queensland Care Consortium (QCC) Round 2 Application Form

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General Information & Eligibility

* indicates a required field

About the Program

Thank you for considering making an application under the Jobs Queensland (JQ) *Health and Community Services Sectors Workforce Development project 2022–2025* (HCSSWD).

QCC Round 2 will support activities that enable the health and community services sectors to implement and share place-based attraction and retention activities that address gaps in psychosocial wellbeing.

QCC Round 2 prioritises funding for action-based projects that are implementation ready.

Privacy Notice

DESBT collects your personal information for the purposes of:

- managing the QCC Round 2,
- 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.

Confirmation of Eligibility

This section is designed to help you understand your eligibility.

If you have any questions regarding the eligibility criteria, contact JQ on **07 3294 4707** or QCCadmin@jobsqueensland.qld.gov.au

I confirm the Applicant at the time of submitting this Applicant has/is:

- read and understood the [application guidelines](#).
- aligned with the Health and Community Services sectors.

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- has not previously received funding under the QCC project.
- an incorporated body with an **active Australian Business Number (ABN)** – if an application is a collaboration, an incorporated entity must be nominated as the lead.
- registered for GST.
- established and financially sound.
- not insolvent or have owners and/or directors that are undischarged bankrupt or currently bankrupt.
- provide evidence of demonstrated capacity and capability to manage the project.
- agree to the terms and conditions of the funding .

Confirmation of Eligibility *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Applicant Details

Applicant Organisation *

Organisation Name

Please use the organisation's full legal name. Make sure you provide the same name that is listed in official documentation such as the ABR, ACN or with the ATO.

Trading name (if different from above)

Department/Branch/Faculty

Use this field only if relevant.

Applicant business address

Address

Applicant postal address

Address

Applicant primary phone number *

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Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Authorised Contact Details

Primary contact *

Title First Name Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Project Officer, Administrator.

Authorised Contact office phone number *

Must be an Australian phone number.

Authorised Contact mobile phone number *

Must be an Australian phone number.

Authorised contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

ABN

Does your organisation have an ABN? *

☐ Yes ☐ No

ABN *

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

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

Must be an ABN.

What type of organisation are you? *

- ☐ Educational institution (includes pre-schools, schools, universities & higher education providers)
- ☐ Religious or faith-based institution
- ☐ Philanthropic organisation
- ☐ Peak body
- ☐ Social enterprise
- ☐ Professional association
- ☐ Healthcare not-for-profit
- ☐ Community group
- ☐ Research body
- ☐ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

Is your organisation, including your parent company, operating a Registered Training Organisation? *

- ☐ Yes
- ☐ No

If yes, please provide details.

--

Financial viability

What is your organisation's annual revenue?

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$50,000 | <input type="radio"/> \$250,000 or more, but less than \$1 million | <input type="radio"/> \$10 million or more, but less than \$100 million |
| <input type="radio"/> \$50,000 or more, but less than \$250,000 | <input type="radio"/> \$1 million or more, but less than \$10 million | <input type="radio"/> \$100 million or more |

Your revenue may include grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here:

<https://www.acnc.gov.au/tools/topic-guides/revenue>

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Please attach audited income and expenditure statements for the past two years

*

Attach a file:

Project Details

* indicates a required field

Project title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank

Must be a date.

Must be prior to 20 June 2025.

Please provide your rationale and an outline of the proposed activity, including how this activity will contribute to an increased local capacity or capability for workforce attraction and retention in the health or community service sectors, with a primary focus on psychosocial wellbeing. *

Word count:

Must be no more than 1000 words.

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries) and what you will do (i.e. the activities you will perform), Visit the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

Please identify the primary location for the proposed activity. *

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Brisbane | <input type="checkbox"/> Bulloo | <input type="checkbox"/> Goondiwindi | <input type="checkbox"/> Palm Island |
| <input type="checkbox"/> Gold Coast | <input type="checkbox"/> Bundanerg | <input type="checkbox"/> Gympie | <input type="checkbox"/> Paroo |
| <input type="checkbox"/> Ipswich | <input type="checkbox"/> Burdekin | <input type="checkbox"/> Hinchinbrook | <input type="checkbox"/> Pormpuraaw |
| <input type="checkbox"/> Lockyer Valley | <input type="checkbox"/> Burke | <input type="checkbox"/> Hope Vale | <input type="checkbox"/> Quilpie |
| <input type="checkbox"/> Logan | <input type="checkbox"/> Cairns | <input type="checkbox"/> Isaac | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Moreton Bay | <input type="checkbox"/> Carpentaria | <input type="checkbox"/> Kowanyama | <input type="checkbox"/> Rockhampton |
| <input type="checkbox"/> Noosa | <input type="checkbox"/> Cassowary Coast | <input type="checkbox"/> Livingstone | <input type="checkbox"/> South Burnett |
| <input type="checkbox"/> Redland | <input type="checkbox"/> Central Highlands | <input type="checkbox"/> Lockhart River | <input type="checkbox"/> Southern Downs |
| <input type="checkbox"/> Scenic Rim | <input type="checkbox"/> Charters Towers | <input type="checkbox"/> Longreach | <input type="checkbox"/> Tablelands |
| <input type="checkbox"/> Somerset | <input type="checkbox"/> Cherbourg | <input type="checkbox"/> Mackay | <input type="checkbox"/> Torres |
| <input type="checkbox"/> Sunshine Coast | <input type="checkbox"/> Cloncurry | <input type="checkbox"/> Mapoon | <input type="checkbox"/> Torres Strait Island |
| <input type="checkbox"/> Toowoomba | <input type="checkbox"/> Cook | <input type="checkbox"/> Maranoa | <input type="checkbox"/> Townsville |
| <input type="checkbox"/> Aurkun | <input type="checkbox"/> Croydon | <input type="checkbox"/> Mareeba | <input type="checkbox"/> Weipa |
| <input type="checkbox"/> Balonne | <input type="checkbox"/> Diamantina | <input type="checkbox"/> McKinlay | <input type="checkbox"/> Western Downs |
| <input type="checkbox"/> Banana | <input type="checkbox"/> Etheridge | <input type="checkbox"/> Mornington | <input type="checkbox"/> Whitsunday |

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- | | | | |
|---|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Barcaldine | <input type="checkbox"/> Flinders | <input type="checkbox"/> Mount Isa | <input type="checkbox"/> Winton |
| <input type="checkbox"/> Barcoo | <input type="checkbox"/> Fraser Coast | <input type="checkbox"/> Murweh | <input type="checkbox"/> Woorabinda |
| <input type="checkbox"/> Blackall-Tambi | <input type="checkbox"/> Gladstone | <input type="checkbox"/> Northern Peninsula Area | <input type="checkbox"/> Wujal Wujal |
| <input type="checkbox"/> Boulia | | | |

Please identify the target population for your activity. *

- | | |
|---|--|
| <input type="checkbox"/> Regional, rural and remote residents | <input type="checkbox"/> People with disability |
| <input type="checkbox"/> First Nations peoples | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Culturally and Linguistically Diverse (CALD) communities | |

Please tell us about the outcomes you expect to result from this activity, including how investment will contribute to enduring solution or outcome.

List your initiative's anticipated outcomes and attached information in the following table. Leave blank any fields that do not apply to your initiative.

Anticipated Outcomes	Timeframe	Indicator	Verification Method
Outcomes are the changes that you expect to occur as a result of your initiative. See information above.	See description above	What you will use to measure this outcome - e.g. "change in teenage pregnancy rates from x to y"	e.g. survey; interviews; focus groups

What outputs are you expecting to produce through this initiative?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

Who or What	Service / Product / Activity	Number	Timeframe
e.g. parents; trainees; trees; possums; books	e.g. trained in first aid; planted; provided treatment; delivered	(Approximate, or leave blank if unknown)	e.g. over life of program; per annum; per month

Alignment with Project Principles

Please describe how this activity is:

- Easily replicable and adaptable across health and community services sectors.
- Ready for implementation and capable of making impact within a defined timeframe.
- Community-centred, industry-led and government enabled.
- Future-focused, agile, and flexible.

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Answer Text *

Please consult the program guidelines for more information about Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu3> if you need some ideas about how to frame your response.

Inputs (Budget)

* indicates a required field

Total Amount Requested *

What is the total financial support you are requesting in this application?

Total Activity Cost *

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

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	

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		\$	
		\$	

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

What other non-financial inputs will you need in order to successfully carry out this activity? Confirmed?

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Evaluation & Support

* indicates a required field

Evaluation

Please outline your proposed evaluation strategy, including methods of collecting feedback. *

Please upload any relevant supporting documentation on how you will evaluate your activity.

Attach a file:

Support

Does this activity have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing? *

☐ Yes

☐ No

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Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

Supporting Documentation

Attach a file:

Please identify any training partners involved in this activity and include a summary of their delivery history in the health and community services sectors. Please attach letters of intent and support

Please upload evidence of community support.

Attach a file:

Has a representative of a Project Champion Group (PCG) organisation assisted you to develop your application? If yes, please identify the organisation and individual. *

A member of the PCG can assist you to develop an application. If a PCG member (or a member of their organisation) has assisted with your application, you will need to declare this has occurred. To manage any perceived or actual conflicts of interest, that PCG member will not participate in preparing or providing the PCG's feedback on the Project Principles to the independent assessment panel in the evaluation of your application.

Applicant Capacity

* indicates a required field

Now that we know about your activity, we want to find out more about your organisation's ability to undertake and manage the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. *

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Upload files

Attach a file:

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or

Provide web link:

Must be a URL

Certification and Feedback

* indicates a required field

Certification

I am the appropriately authorised person on behalf of this organisation and certify that:

- our organisation is an incorporated body, and
 - has the appropriate type and level of insurance for the activities that are the subject of this grant
 - does not owe any reports or money to **Jobs Queensland** as a result of previous funding or grants
 - is able to demonstrate financial viability
- I understand Jobs Queensland will share this application, or parts of, in confidence, with members of the Queensland Care Consortium and Project Champion Group to review the information provided
- I understand that Jobs Queensland may conduct further reviews or seek additional information as it sees fit in considering the proposal for funding
- I understand this is a proposal only and may not result in the approval of funding

I certify that to the best of my knowledge the statements made within this application and its attachments are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Date *

Must be a date

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Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.