



APPLICATION FORM

Any information provided by your organisation is used only to assess eligibility and will not be otherwise disclosed unless required by law.

All applicants must answer Questions 1– 15

SECTION ONE: ELIGIBILITY

1. Organisation type

Is your organisation a non-profit community-based organisation incorporated under the relevant state legislation (or established under other legislation) or a local government organisation? If so, please indicate the type of organisation below.

Yes No

- Incorporated Association
- Incorporated Cooperative
- Aboriginal Corporation
- Company (incorporated under the Corporations Act 2001)
- Organisation established through specific Commonwealth or state/territory legislation (e.g. churches/public benevolent institutions)

If applicable, please provide registered number:

SECTION TWO: ORGANISATION INFORMATION

2. What is the legal name of your organisation?

This is the name that appears on all official documents and legal papers. It may be different to your trading name.

3. What is the trading name of your organisation?

This is the name your organisation is commonly known by.

4. How long has your organisation been in operation?

If you are a branch of a larger organisation, please indicate how long your specific location has been in operation.

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5. Please indicate the main objective of your organisation

6. Please indicate the main target groups that your organisation assists

Please also indicate if your organisation excludes anyone from seeking assistance and if so, on what basis.

7. Please indicate the main region to be serviced, including:

- a. Name of region
- b. A map showing the proposed main service delivery area overall (This is a general guide, please note however, that there are no restrictions to providing EAPA vouchers to those outside the identified boundaries.)
- c. The location from which the service would be delivered

8. Has your organisation previously participated in the EAPA Scheme?

Yes

No

9. Contact Information

	I & I NSW Office Use Only	For Public Use
Contact Name/ Position:		
Street Address		
Postal Address		
Telephone Number		
Fax Number		
E-mail Address		
Trading Hours and trading hours for welfare assistance		

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SECTION THREE: FINANCIAL VIABILITY AND GOVERNANCE

10. Please attach the following information:

- Most recent financial statements (income and expenditure, balance sheet) and summary of corporate structure and governance arrangements; and
- An income and expense budget, for the current and, if available, upcoming financial year (excluding any EAPA funding)

11. Please indicate if your organisation has the following:

Please mark where applicable:

- Organisation Chart
- Duty of statements for all positions
- Financial policy and procedures
- Business plan
- Delegations
- Risk management plan
- Minutes of board meetings

As part of our verification process you maybe asked to provide copies of these documents. Can you provide copies of these documents within [X] days of a request by Industry & Investment NSW?

- Yes No

12. Please specify how your organisation is funded:

Do you receive funding from:

- the Emergency Relief program provided by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)?

- Yes No

Do you receiving any other funding? If so, please specify the source of funding and the programs it is directed towards.

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SECTION FOUR: SELECTION CRITERIA

Please address **ALL** of the following selection criteria. Incomplete information may result in your application not being processed.

13. Service Delivery Model for Providing EAPA

Describe the proposed service delivery model and how it will be implemented to achieve the outcomes, including:

- a. Times of the day, and days of the week when you would assess clients for EAPA eligibility.
- b. What other programs/services does your organisation offer that would further assist EAPA clients?
- c. Describe your case management process (if you offer case management) for an EAPA client (i.e. how would you follow up with a person who came to you with a request for EAPA)?
- d. Would you visit clients seeking EAPA at home?
- e. Would you provide financial management counselling services to clients seeking EAPA?
- f. The number of clients assisted by your organisation in the last year?
- g. If you have any arrangements for cross referrals with nearby Community Welfare Organisations? Please outline.
- h. The accessibility and suitability of the proposed premises for the new service/s, including such things as accessibility by public transport, addressing the needs of clients with disabilities, meeting the needs of clients who come from a disadvantaged background, have low literacy skills and/or where English is not their first language.

14. Demonstrated Service Capability

Outline your organisation's experience and expertise in developing, delivering and managing your staff & volunteers as well as the services, including:

- a. Providing services to vulnerable and disadvantaged people, including people who have low literacy skills and/or where English is not their first language.
- b. The number and type of positions (including paid and volunteer) with descriptions that would be involved with the assessment and distribution of EAPA.
- c. Please specify the current incumbents' level of qualifications, type of experience, and any languages spoken (other than English) for the positions listed above.
- d. Your strategy for ensuring that staff/volunteers meet any relevant professional qualification requirements.
- e. How will you ensure that the EAPA Guideline for Community Welfare Organisations—effective date 1 January 2005 as amended from time to time and your internal procedures are followed by your staff and volunteers when distributing EAPA vouchers?
- f. The training, staff supervision and performance measurement strategies that will assist your

15. Assessment

Outline how your organisation would assess a client seeking EAPA, including:

- a. The documentation process you would implement to record your contact with an EAPA client. Please indicate who would be responsible for reviewing these reporting tools.
- b. Please describe the security arrangements you would implement for the storage and handling of EAPA vouchers. Please indicate if EAPA vouchers would be stored at a different location than the location of distribution.
- c. The criteria you would use to assess the eligibility of a client seeking EAPA.
- d. Please attach a copy of your privacy policy.
(In order for your organisation to be approved to issue EAPA vouchers, it is a requirement that your organisation has implemented and provided Industry & Investment NSW (I&I NSW) with a copy of your internal procedures for the issue of vouchers/emergency relief, privacy policy and complaints procedure. Please find attached a copy of procedures that I&I NSW will accept as a MINIMUM standard (this is not provided in this consultation version). You are welcome to base your procedures on this if you have not already compiled your own.
- a. Please provide a copy of your organisation's Internal Procedures for the issuing of EAPA Vouchers/emergency relief.
- f. Attaching a copy of your organisation's complaint handling procedure (if your organisation already has one in place.)

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SECTION FIVE: DECLARATION

**STATUTORY DECLARATION
New South Wales, Oaths Act 1900, Eighth Schedule**

An authorised representative must complete this Statutory Declaration on behalf of an organisation making an application to participate in the Energy Accounts Payment Assistance (EAPA) Scheme.

I, _____, do solemnly and sincerely declare that
(insert full name)
the information contained in the application for _____
(insert full name of organisation)
is true and correct to the best of my knowledge.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

I understand that a person who wilfully and corruptly makes a declaration, knowing it to be untrue in any material particular, is guilty of an indictable offence and liable to imprisonment for 5 years under section 25 of the *Oaths Act 1900*.

I understand that a person who wilfully and corruptly makes a declaration, knowing it to be untrue in any material particular, and derives or attempts to derive a material benefit as a consequence of the untrue particular, is guilty of an offence and is liable on conviction on indictment to imprisonment for a term not exceeding 7 years under section 25A of the *Oaths Act 1900*.

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(signature of person making the declaration)

Declared at _____ in the State of New South Wales on the _____ day
(insert place) *(insert day)*
of _____, 2009
(insert month)

Before me _____

(insert signature of person before whom the declaration is made)

(insert full name of person before whom the declaration is made)

(insert qualification of person before whom the declaration is made)

(insert address of person before whom the declaration is made)

A statutory declaration under the *Oaths Act 1900* may be made before a justice of the peace, notary public, commissioner of the court for taking affidavits, an Australian legal practitioner authorised to take and receive any affidavit by section 27 (1) of the *Oaths Act 1900* or other person by law authorised to administer an oath.

SECTION SIX: APPLICATION CHECKLIST

To sure that your application is complete, use the following checklist:

- Section 1: Eligibility
- Section 2: Organisation Information
- Section 3: Financial Viability and Governance
- Section 4: Selection Criteria
- Section 5: Declaration
- Additional Attached Pages _____

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