

EXTENDED CHILD CARE PROGRAM APPLICATION FOR FUNDING

GROUP/ORGANISATION NAME	
POSTAL ADDRESS	
<p>CONTACT DETAILS</p> <p>Name</p> <p>Position held</p> <p>Telephone number (work)</p> <p>Facsimile number (work)</p> <p>E-mail address</p>	
<p>Are you a registered or approved Child Care Provider? Please give details (i.e. accreditation status, Licence last renewed).</p> <p>Do you provide access to Child Care Benefit (CCB)?</p>	<p>Yes/No (please circle)</p> <p>Yes/No (please circle)</p>
<p>Are you managed by an incorporated management committee? If Yes please attach a copy of your incorporation, constitution and insurance policies. If No please contact the Defence Child Care Program on 02 6266 8415 for further information.</p>	<p>Yes/No (please circle)</p>

Do the child care workers your group/organisation employs meet the necessary (ie Working with Children Check – NSW) State and Territory Regulations? If No please contact the Defence Child Care Program on 02 6266 8415 for further information.	Yes/No (please circle)
What child care services do you provide?	
What are your hours of operation?	
What age group do you cater for?	
How many child care places is your group/organisation currently licensed to provide?	
How many child care places does your group/organisation currently provide?	
How many Defence children utilise your facility? (in whole numbers).	
What is the number of anticipated additional child care places that will be available with access to this funding?	
What other identified benefits are there for Defence families as a result of access to this funding?	
LOCALITY SERVICED	

<p>FEE STRUCTURE</p> <p>Please provide full details of your current fee structure.</p> <p>Are these fees in line with the current market rate?</p> <p>Are Program activities conducted on a cost recovery basis?</p>	<p>Yes/No (please circle)</p> <p>If you answered No, please provide details why the fees are higher or lower than the market rate.</p> <p>Yes/No (please circle)</p> <p>If No, please provide details why costs are not recovered and how the shortfall is funded.</p>
<p>Is your funding request for?</p>	<p><input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE</p> <p><input type="checkbox"/> VACATION CARE</p> <p><input type="checkbox"/> OCCASIONAL CARE</p> <p><input type="checkbox"/> FAMILY DAY CARE</p> <p><input type="checkbox"/> 24 HOUR/IRREGULAR HOURS CARE</p> <p><input type="checkbox"/> OTHER</p>
<p>FINANCIAL ACCOUNT DETAILS</p>	
<p>Financial Institution</p>	
<p>Account Name</p>	
<p>Account Number</p>	

BSB Number	
<p>GROUP/ORGANISATION BUDGET</p> <p>Total Budget (please include a current all inclusive budget breakdown. If staffing costs are included in the budget breakdown, please advise whether these costs are in accordance with State or Territory awards. If not, please advise if they are above or below award rates and the reason why)</p> <p>Other Financial Contributions (ie from Department of Community Services or Department of Families or other applicable Government department or any other source) Have you applied for any other Defence funding, ie Family Support Funding Program this, financial year? If so please give full details</p> <p>Total amount of funding requested in relation to this application</p> <p>What implications are there if funding as requested is not approved?</p>	