*2023*

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| HIPPY PROVIDER |
| APPLICATION FORM |
| Application Pack - Part 2 of 3 |



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|  | **HOME INTERACTION PROGRAM FOR PARENTS AND YOUNGSTERS**  |
|  | Application for: BURDEKIN  |
|  | Application closing date and time: 5pm Friday, 13 October 2023 |

## Introduction

1. INVITATION TO SUBMIT AN APPLICATION FOR THE HIPPY PROGRAM

HIPPY is seeking applications from organisations who wish to establish and deliver the HIPPY Program in one of the Catchment Area’s listed below.

This application form is designed to gather important information, which will be used to assess your organisation’s capacity to deliver HIPPY in the selected community.

1. SITES AND CATCHMENT AREAS

IMPORTANTLY, this application is specifically for BURDEKIN.

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| **SITE CATCHMENT AREA** **BURDEKIN (FOCUSED SITE)** |
| 1. Alva
2. Ayr
3. Barratta
4. Brandon
5. Clare
6. Cromarty
7. Dalbeg
8. Giru
 | 1. Home Hill
2. Inkerman
3. Lochinvar
4. Millaroo
5. Mountain View
6. Pioneer
7. Plumtree
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\*Refer to the Expression of Interest Guidelines for details about Focus and Non-Focused sites.

1. APPLICATIONS CLOSE

Applications close on **5pm**, **13 October 2023.** Only fully completed applications will be assessed.

1. COMMUNITY INFORMATION SESSIONS

Before the Application Close period a Community Information session will be held in August. Details of the times and locations will be communicated and are available on the HIPPY website.

1. APPLICATION LODGEMENT

Applications must be submitted **by email** **to**: hippyaustralia@bsl.org.au prior to the application close time. Late applications will not be considered.

1. APPLICANT INFORMATION

Applicants must read the *HIPPY Provider Application Guidelines (Part 1 of 3)* prior to submitting an application.

1. APPLICATION SUBMISSION REQUIREMENTS

Applicants are required to submit **all** Five (5) Parts listed below and contained within this document.

Please note incomplete applications will not be considered.

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| Part A | Applicant Details  | Section 1 | Organisational details |
| Section 2 | Organisational structure and purpose |
|  |  |  |  |
| Part B | Applicant Response to Selection Criteria  | Section 1 | Organisational capacity |
| Section 2 | Engaging the community |
| Section 3 | Support for program participants |
| Section 4 | Supporting Tutor development |
| Section 5 | Early Years networking |
| Section 6 | Risk management and liability |
| Section 7 | Letters of support |
|  |  |  |  |
| Part C | Financial Details  | Section 1 | Financial viability |
| Section 2 | Budget management |
|  |  |  |  |
| Part D | Terms and Conditions  |   |   |
|  |  |  |  |
| Part E | Provider checklist   |   |   |

1. APPLICATION TIMELINE

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| **APPLICATION STAGES** | **DATES** |
| Application Opens | September 2023 |
| Application Closes | 13 October 2023 |
| Community Information Sessions | September 2023 |
| Assessment Period | October 2023 |
| Selection and Announcement | November 2023 |
| Provider Signs Licence and Funding Agreement | December 2023 |
| Program Commencement | January 2024 |

1. HIPPY APPLICATION CONTACT

All enquiries should be directed to HIPPY Australia on **1300 394 396**

HIPPY Australia is open during business hours Monday to Friday from 9am – 5pm

1. CONFIDENTIALITY

Applications are regarded as strictly confidential and are protect under the provisions of the Privacy Act 1988.

1. CONFLICT OF INTEREST

Applicants must declare there are no known conflict of interests (or any potential for a conflict of interest) concerning this application.

1. COMPLAINTS HANDLING PROCESS

HIPPY Australia will deal promptly with any complaints about its application process. Each complaint will be recorded in writing and the complainant given an opportunity to discuss the matter with the
BSL Director of Children, Youth and Inclusion.

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| Part A: Applicant details  |

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| Section 1: Organisational details |

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| 1.1 - What is the legal name of the organisation? |
| Organisation |

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| 1.2 - Please provide the organisation’s ABN: Number |

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| 1.3 - Is the organisation GST registered?  |
|[ ]  YES | If yes, please provide the organisation’s ABN branch number: BranchNumber |
|[ ]  NO |  |

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| 1.4 - What type of entity is the organisation? *Check the box that applies:* |
|[ ]  Incorporated Association |
|[ ]  Incorporated Cooperative |
|[ ]  Company (non-profit) |
|[ ]  Aboriginal Corporation |
|[ ]  Trustee on behalf of a trust |
|[ ]  Registered Charity |
|[ ]  Organisation established through a specific piece of Commonwealth or State/Territory Legislation, for example some universities, public benevolent institutions, churches etc. |
|[ ]  Not a legal entity |
|[ ]  Other legal entity  |
| If Other, please specify: |
| Click to specify  |
| NOTE: The ATO (Australian Taxation Office) definition of non-profit - We accept an organisation as non-profit where its constituent or governing documents prevent it from distributing profits or assets for the benefit of particular people, both while it is operating and when it winds up. |

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| 1.5 - Name and details of the **authorised** person submitting this form?(Authorised person is usually the CEO, General Manager, Director etc.) |
| First Name: FirstName | Phone: LandLine |
| Last Name: LastName | Mobile: Mobile |
| Position: PostionTitle |
| Email: EmailAddress |

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| 1.6 - What is the organisation’s **physical** address? |
| Street Address: Address | State: Choose statePostcode: Enter |
| Suburb/Town: SuburbTown |

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| 1.7 - What is the organisation’s **postal** address? |
| Street Address: Address | State: Choose statePostcode: Enter |
| Suburb/Town: SuburbTown |

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| 1.8 - Nominate a **primary** contact person for the organisation for the purpose of this application |
| First Name: FirstName | Phone: LandLine |
| Last Name: LastName | Mobile: Mobile |
| Position: PostionTitle |
| Email: EmailAddress |

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| 1.9 - Nominate an **alternative** contact person for the organisation for the purpose of this application.*(Must be different to the authorised person)* |
| First Name: FirstName | Phone: LandLine |
| Last Name: LastName | Mobile: Mobile |
| Position: PostionTitle |
| Email: EmailAddress |

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| Section 2: ORGANISATIONAL STRUCTURE AND PURPOSE |

This section collects information on how the HIPPY program will align to your organisation’s vision.

The successful organisation will be expected to recruit a tertiary qualified (or with relevant experience) Coordinator for the program and at minimum two Home Tutors per age cohort to deliver HIPPY.

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| 2.1 - Which option best describes the type of work of your organisation?  |
|[ ]  Community/Welfare Services |  |[ ]  Youth |
|[ ]  Employment |  |[ ]  Child Welfare |
|[ ]  Information and Referral Services |  |[ ]  Relationship Counselling |
|[ ]  Childcare |  |[ ]  Health Services |
| If ‘Other’ please specify:(Please keep response to a maximum of 200 words)Details |

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| 2.2 - How does the HIPPY program align with your organisation’s vision and goals?  |
| (Please keep response to a maximum of 200 words)Details |

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| 2.3 - How will the HIPPY program complement the existing organisational programs, especially early years programming?  |
| (Please keep response to a maximum of 200 words)Details |

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| 2.4 Please attach an **organisational** chart that shows where the HIPPY program and staff would fit within your organisation. |

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| Part B: Applicant response to selection criteria  |

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| PART B - Section 1: Organisational capacity |

This section gathers information about your organisation’s resourcing capabilities.

HIPPY requires adequate workspace and ICT (Information and Communication Technologies) provisions for staff. Coordinators require their own desk (with privacy and adequate space for interviews with two or more people), a work mobile phone, a personal computer (PC/laptop with sufficient speed and storage space to run Windows 10/11 and various software tools), access to a stable internet connection (at least 25 Mbps), a printer, a filing and record keeping system and storage space for the HIPPY materials.

Access to a suitable training space to accommodate 4–6 staff is also required for weekly Tutor training.

At a minimum, fortnightly access to a large room to run HIPPY Gatherings is required. The same room, with similar facilities as an early years learning space, should be available for the duration of the program to give parents and Tutors a feeling of belonging and continuity.

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| 1.1 - Is your organisation located in the catchment area?  |
| Check the box that applies: | [ ]  YES | [ ]  NO |

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| 1.2 - If your organisation’s physical address is based outside the catchment area listed above, what programs or services does your organisation run in this catchment area? |
| (Please keep response to a maximum of 200 words)Details |

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| 1.3 - Does your organisation have the capacity to support HIPPY by providing the facilities and equipment mentioned above? |
| Check the box that applies: | [ ]  YES | [ ]  NO If NO, what could your organisation do to fulfil the requirements? |
| (Please keep response to a maximum of 200 words)Details |

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| 1.4 - Where would the HIPPY Coordinator be physically located? Would it be a stand-alone office, or would it be located with other programs run by your organisation? Will it be in the same location as the HIPPY Line Manager?  |
| (Please keep response to a maximum of 200 words)Details |

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| 1.5 - What are some possible locations for HIPPY Gatherings? Facilities should be convenient, comfortable, and appropriate for participating families and allow for play based activities. |
| (Please keep response to a maximum of 300 words)Details |

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| 1.6 - Please outline what organisational support systems are currently in place for your organisation. Please specify if these are internal systems or externally provided.  |
| **SUPPORT** | **INTERNAL SYSTEM** | **EXTERNALLY PROVIDED** |
| Accounting / bookkeeping |[ ] [ ]
| Human resources |[ ] [ ]
| Payroll |[ ] [ ]
| Administration support |[ ] [ ]
| ICT  |[ ] [ ]
| Other – If Other, please specify below |[ ] [ ]
| (Please keep response to a maximum of 200 words)Details |

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| 1.7 - Is your organisation compliant with the National Principles of Child Safe Organisations? **Attach** supporting evidence where available. |
| [ ]  YES – How do you ensure compliance is maintained?(Please keep response to a maximum of 400 words)Details |
| [ ]  NO – What could your organisation do to fulfil these requirements?(Please keep response to a maximum of 400 words)Details |

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| 1.8 - How does your organisation respond to feedback and complaints from families?  |
| (Please keep response to a maximum of 200 words)Details |

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| 1.9 - Does your organisation have a complaints or feedback policy or guidelines? |
| Check the box that applies: | [ ]  YES | If YES, please **attach** policy or guidelines |
|  | [ ]  NO |  |

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| 1.10 - Does your organisation currently employ First Nations people from this community? If so, how many are currently employed and in what capacity?  |
| (Please keep response to a maximum of 200 words)Details |

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| PART B - Section 2: Engaging the Community  |

This section seeks to gather information about how your organisation engages with the local community.

Engaging families is the first step towards enrolling them within the HIPPY program. Engagement with families can also happen through contact with other service providers (e.g., children’s preschool services, health services, childcare and language groups etc.) within the specified catchment area to ensure they know about the HIPPY program and the families that are eligible for the program.

The HIPPY Coordinator needs to build strong links with community services and ensure families are referred to the HIPPY program.

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| 2.1 - What existing formal partnerships does your organisation have with other service providers or organisations who provide programs to children and families?  |
| (Please keep response to a maximum of 300 words)Details |

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| 2.2 - How does your organisation work with local First Nations Elders, community members or Aboriginal-controlled organisations to engage families and deliver your current programs?  |
| (Please keep response to a maximum of 300 words)Details |

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| 2.3 - How will your organisation promote the HIPPY program within your local community to maximise engagement with families who would benefit from HIPPY?  |
| (Please keep response to a maximum of 300 words)Details |

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| 2.4 - How will your organisation ensure the families from diverse backgrounds are participating in the HIPPY program, specifically mention engagement strategies for:  |
| 1. First Nations families

(Please keep response to a maximum of 200 words)Details |
| 1. families from Culturally and Linguistically Diverse backgrounds

(Please keep response to a maximum of 200 words)Details |

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| Section 3: Support for program participants |

This section seeks to collect information about your organisation’s ability to provide families with access to complementary programs, which may benefit families who participate in the HIPPY program.

Links to other family and community service providers or the ability to create links are highly desirable characteristics and will also contribute to locating families who may benefit from the HIPPY program.

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| 3.1 - Describe what strategies will be used by your organisation to support families and maintain family engagement in the HIPPY program  |
| (Please keep response to a maximum of 200 words)Details |

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|  3.2 - Please **list** current programs that are provided to families and children by your organisation.**Which** of the programs could be available to families participating in the HIPPY program? |
| PROGRAM NAME | TARGET CLIENT GROUP | CONTRACT TIMEFRAME | FUNDING SOURCE | POSSIBLE HIPPY REFERRAL? |
| E.g., HIPPY | 3–4-year olds | 2023-2025 | Australian Gov’t | YES |
| Details | Details | Details | Details | Choose. |
| Details | Details | Details | Details | Choose. |
| Details | Details | Details | Details | Choose. |
| Details | Details | Details | Details | Choose. |

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| Section 4: Supporting Tutor development |

A key component of the HIPPY program is workforce development for the HIPPY parents who become Tutors within the program. Tutors are employed within the HIPPY program for two years.

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| 4.1 - How will your organisation intentionally build the professional skills of parents employed as Tutors in the program? Refer to HIPPY Provider Application Guidelines (Part 1 of 3) for further details. |
| (Please keep response to a maximum of 200 words)Details |

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| 4.2 - How will your organisation support Tutors to move into other education or employment opportunities after their two-year employment term?  |
| (Please keep response to a maximum of 200 words)Details |

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| Section 5: Early Years networking |

This section seeks to understand your capacity to deliver programs that provide services to families and children and to work with other organisations in the sector.

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| 5.1 - Is there an existing advisory group, early years network or an equivalent group (working group, lobby group etc.) that is relevant to the operation of the HIPPY program in your community?  |

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| Check the box that applies: | [ ] YES | If YES, Please provide details about the network i.e., how it operates, other organisations involved (below)? |
|  | [ ] NO | If NO, then go to **SECTION 6** |

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| (Please keep response to a maximum of 200 words)Details |

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| 5.2 - How are the perspectives of First Nations families represented in this group? |
| (Please keep response to a maximum of 200 words)Details |

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| 5.3 - What role will this group play in the operation of the HIPPY program in the catchment area?  |
| (Please keep response to a maximum of 200 words)Details |

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| Section 6: Risk management and liability |

This section seeks to gather information about your organisation’s capacity to appropriately manage risk.

Organisations should have adequate risk management plans that are regularly reviewed. The Sublicence and Funding Agreement also requires organisations to have sufficient insurance coverage.

Successful organisations will have, or will have by the time of signing their Sublicence and Funding Agreement with the Brotherhood of St. Laurence (BSL), the following insurance:

* Public liability insurance for a minimum of $10 million per claim.
* Professional indemnity insurance for a minimum of $20 million per claim.
* Workers’ compensation insurance as required by legislation in the relevant state/territory.

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| 6.1 - Please use the following table to identify any barriers or risks that might affect the successful implementation of the HIPPY program in the community and provide details of how your organisation would overcome them. |
| Barrier/Risk | Mitigation strategy | Additional comments |
| Details | Details | Details |
| Details | Details | Details |
| Details | Details | Details |
| Details | Details | Details |

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| 6.2 - Please attach a summary of your organisation’s risk management plan. How often is this plan reviewed and who in the organisation is responsible for reviewing it? |
| (Please keep response to a maximum of 200 words)Details |

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| 6.3 - Does your organisation have a critical incident policy and/or guidelines and reporting process? |
| [ ]  YES - Please **attach** policy and/or guidelines etc. |
| [ ]  NO – Please note, your organisation will need to develop one prior to signing the Sublicence and Funding Agreement |

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| 6.4 - Does your organisation have the insurance required to administer HIPPY? |
| [ ]  YES - Please **attach** copies of each relevant insurance Certificate of Currency  |
| [ ]  NO - **What** is your organisation’s plan to obtain the insurance required? Please detail below |
| (Please keep response to a maximum of 200 words)Details |

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| Section 7: Letters of support  |

**Please attach at least two letters of support** (in PDF format attached to the email used to submit your application) from agencies or groups that are supportive of your application.

For First Nations focused sites (as listed in the table on page 2 of this application), at least one letter needs to come from a relevant Land Council, Aboriginal Community Controlled Organisation or local elders. Other examples of organisations that may provide support letters include local schools, community service agencies, other local early childhood programs or health services.

If you cannot provide these letters, please detail the reason below:

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| (Please keep response to a maximum of 300 words)Details |

**Please note:** Persons submitting letters of support may be contacted by the HIPPY Australia as part of the assessment process for this application.

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| Part C: Financial details  |

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| Section 1: Financial viability |

To demonstrate your organisation’s financial viability to deliver HIPPY please **attach** audited financial statements from the last **four** financial years.

If an organisation is not considered financially viable, the EOI application will not be progressed.

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| Section 2: Funding and budget management  |

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| 2.1 a) **Complete and attach** your organisation’s proposed HIPPY budget, using the *Proposed Budget Template (Part 3 of 3)* provided in the Application Pack.b) **Describe** your organisation’s capacity to implement HIPPY in line with all requirements within the Sublicence and Funding Agreement provided.  |
| (Please keep response to a maximum of 500 words)Details |

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| 2.2 - Are there any significant events, matters or circumstances which impact the financial capacity of your organisation? |
| (Please keep response to a maximum of 200 words)Details |

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| 2.3 - Are there any relevant litigation proceedings whatsoever, actual or threatened against your organisation? *Select the box below* |
|[ ]  YES - If yes, please provide details below |
|[ ]  NO |
| (Please keep response to a maximum of 200 words)Details |

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|  2.3 - Are there any de-registration, administration, voluntary administration or bankruptcy actions against the organisation or directors of the organisation within the **past five (5) years**. |
| (Please provide details)Details |

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| Part D: Terms and conditions |

Signing this application indicates that you understand and accept the following terms and conditions:

1. Completing and submitting an application in no way guarantees funding for the implementation of the Home Interaction Program for Parents and Youngsters (HIPPY).
2. The Brotherhood of St. Laurence and their officers, employees, agents and advisors:
	1. are not, and will not, be responsible or liable for accuracy or completeness of any information in, or provided in connection, with this form;
	2. make no expression or implied representation or warranty that any statement as to future matters will prove correct;
	3. disclaim any and all liability arising from any information provided to the applicant including without limitation, errors in, or omissions contained in that information;
	4. except so far as liability under any statute cannot be excluded, accept no responsibility arising in any way from errors or omissions contained in any information in this form; and
	5. accept no responsibility for any loss or damage suffered by any person as a result of that person, or any other person, placing reliance on the contents of this form, or any other information provided by the Brotherhood of St Laurence.

**NOTE**: The Declaration and Consent form (over page) **MUST** be completed and signed by the appropriate delegate of the organisation, which if successful will be licensed to deliver HIPPY.

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| Declaration and consent  |

|  |  |  |  |
| --- | --- | --- | --- |
| I,  | FullName | as authorised delegate of | OrganisationName |
|  | INSERT NAME |  | INSERT NAME OF ORGANISATION |
| declare to the best of my knowledge that: |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I have read, understood, and agree to abide by the requirements of this Provider Application Form and Application Guidelines. | [ ]  | [ ]  |
| I have read, understood, and agree to the Terms and Conditions at Part 4 of this form. | [ ]  | [ ]  |
| The information given in this form is true and correct. | [ ]  | [ ]  |
| This organisation meets the eligibility criteria and has the experience and capacity to undertake the delivery of the Home Interaction Program for Parents and Youngsters.  | [ ]  | [ ]  |
| This organisation has provided the requested financial documents, is financially viable and has management capacity to deliver the Home Interaction Program for Parents and Youngsters.  | [ ]  | [ ]  |
| I give consent for the Brotherhood of St Laurence to contact me with further information that may be useful to my organisation and/or service delivery organisation. (NOTE: you may cancel this consent at any time).  | [ ]  | [ ]  |
| I acknowledge that the Brotherhood of St Laurence may make public the details of my organisation and/or service delivery organisation and the amount of funding I will receive if my organisation is successful through this Expression of Interest process.  | [ ]  | [ ]  |
| I have read and understood the current **Sublicence and Funding Agreement**. | [ ]  | [ ]  |
| I declare this is no known conflict of interest (nor any potential for a conflict of interest) concerning this application. | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| FullName |  | PostionTitle |
| WRITE YOUR FULL NAME |  | YOUR POSITION |
|  | ` |  |  |
| Signature |  | Click or tap to enter a date. |
| SIGNATURE | DATE |

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| Part E: Provider application checklist  |

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| provider application checklist |

Contact HIPPY Australia on **1300 394 396** if you are unsure about any of the documents you should attach to your application**.**

**NOTE**: Attachments should be in PDF and included in the email used to submit your application (i.e., all documents in one email).

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| **CHECK** | **DETAILS** | **DESCRIPTON** |
| [ ]  | ALL questions answered | Make sure you have provided sufficient detail with relevant examples included |
| [ ]  | Organisational chart | Attach - Organisational chart showing where the program would fit |
| [ ]  | National Principles of Child Safe Organisations | Attach- any documents available to demonstrate your organisation is compliant with the National Principles of Child Safe Organisations. This could include a Statement of Compliance, child safe policies and procedures or evidence of child safe training |
| [ ]  | Risk Management Plan | Attach - a copy of your organisation’s risk management plan |
| [ ]  | Critical Incident Policy | Attach – a copy of organisation’s critical incident policy and/or guidelines and reporting process? |
| [ ]  | Letters of support | Include **two** letters of support attached from other agencies or groups that will be supportive of your application including one from a local Aboriginal organisation, elder or land council |
| [ ]  | Financial viability | Attach - last four consecutive years’ audited financial statements |
| [ ]  | Financial viability | Attach – a completed **proposed HIPPY budget** using the template provided |
| [ ]  | Feedback from families | Attach - Feedback policy or guidelines |
| [ ]  | Declaration and Consent | Declaration and Consent of the organisation is completed by the appropriate delegate |