AESC Application Form
Form Preview

About the grant

Instructions for Applicants

Before completing this application form, you should have read the Program Guidelines.Incomplete applications and/or applications received after the closing date will not be considered.

Application Number

This field is read only.

Program details

This program aims to develop an understanding of specific recovery needs;

- provide opportunities for individuals and community to have a voice in recovery
- ensure a culturally appropriate understanding of the recovery process is utilised
- provide culturally appropriate recovery information and referral to members of the Aboriginal community while also offering opportunity for community to inform future recovery planning.

This program will fund the employment of four Aboriginal Engagement Support Coordinators (AESCs) for up to 24 months in Aboriginal Community Controlled Organisations (ACCOs) and/or Aboriginal Community Controlled Health Organisations (ACCHOs).

This grant program is offered through a **targeted, competitive grant process.**

Aboriginal Engagement Support Coordinator Programs

This field is read only.
The program this submission is in.

Disclaimer

The Applicant acknowledges and agrees that:

- The submission of this application does not guarantee funding will be granted for any project, and the NSW Reconstruction Authority expressly reserves its right to accept or reject this application at its discretion;
- The applicant must bear the costs of preparing and submitting this application and the NSW Reconstruction Authority does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- The applicant has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- If this grant application is successful, the relevant details of the grant will be made public for the purposes of complying with the publishing obligations under the Grants Administration Guide. However, information that is classified as personal information under the *Privacy and Personal Information Protection Act 1998 (NSW)* will not be published; and
- In some circumstances, the RA may release information contained in this application form and other related information in accordance with the *Government Information (Public Access) Act 2009 (NSW)* or otherwise as required or permitted by law.

Privacy Notice

RA is collecting the information provided as part of this application process for the purpose of assessing your eligibility for the program and for related purposes. This information will be stored and protected appropriately to the sensitivity of this information.

We collect your information for:

- processing your application and determining your eligibility for the Program
- providing you with further information about the Program
- payment of funds to eligible applicants
- other directly related purposes.

By submitting this application form, the applicant acknowledges and agrees to the above information.

Program Eligibility and Information

* indicates a required field

Eligibility confirmation

Please declare this application meets the Program eligibility criteria:

Eligible applicants must meet the following criteria:

-
    - holds a current Australian Business Number (ABN)
    - is governed by a majority First Nations governing body
    - has adequate and current broad-form public liability insurance and workers compensation insurance policies and will maintain these policies throughout the funding period.

Additionally, eligible applicants must meet at least one of the following criteria:

- an entity with the legal capacity to enter into an agreement with the RA
- incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006
- a not-for-profit registered with the Australian Charities and Not-for-Profit Commission
- controlled and operated by First Nations people

Eligible applicants, if requested, must join, or be willing to join the National Redress Scheme if included on the National Redress Scheme's website.

Project applications are specific to one or more of the following priority areas identified by the NSW Reconstruction Authority:

-
    - Bellingen
    - Coffs Harbour
    - Dungong
    - Kempsey
    - MidCoast
    - Nambucca Valley
    - Port Macquarie-Hastings
    - Port Stephens.

The project will commence within 60 days of the Funding Deed being signed, and will be completed within 24 months of the Funding Deed of Agreement commencing, and no later than **30 June 2028**.

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *
○ Yes

I confirm that AESC recruitment will be finalised within 60 days of executed Funding Agreement if approved *
○ Yes

Declaration of eligible program costs

I have read and understood the eligible expenses listed under 2.1.4 'Eligible Program Costs' in the Program Guidelines.

Eligible program costs are those that are directly incurred in relation to the delivery of eligible activities listed in clause 2.1.3 in response to AGRN 1212 and are within the budget limit outlined in subsection 2.1.4 of these guidelines. *
○ Yes

Reporting requirements

Grantee recipients are required to complete regular program delivery and financial reporting. These reports support broader reporting and compliance activities required by the NSW and Australian Governments under the DRFA.

This includes:

- program establishment
- event reporting

- monthly reporting summaries
- quarterly financial reporting
- program closure
- auditing compliance.

See program guidelines for details on what is to be included in reporting requirements.

I understand the reporting requirements for this program as per the guidelines *
○ Yes

Unspent funds

Where a grant recipient program is completed and there are unspent funds remaining from the funding allocation, RA will require the grant recipient to return all unspent funds including GST.

I understand that all unspent grant funds are to be returned to the RA * *
○ Yes

Risks

Is the applicant aware of any issues which could cause reputational risk or any other risks to the NSW Government? *
○ Yes
○ No
If unsure, please contact RA by email crp@reconstruction.nsw.gov.au

Known risks

As you have selected yes to the above question, please advise of the risk/s that you are aware of in detail. As you have selected yes to the above question, please advise of the risk/s that you are aware of in detail.

Risk details *

Has any person on your board of directors been disqualified from managing corporations under Part 2D.6 of the Corporations Act 2001? *
☐ Yes
☐ No

Explain the details of this disqualification(s)

Explain the details of this disqualification(s)

Registration with Redress Scheme

Has your agency been requested to register with the National Redress Scheme? *
○ Yes
○ No
○ Other:

Has your organisation successfully registered with the National Redress Scheme?
○ Yes
○ No
○ Other:

Only complete if required to register with the National Redress Scheme. Please skip if not required.

If your agency was required to register with the National Redress Scheme but has not done so, please provide further information.

Conflict of Interest

It is the responsibility of the applicant to confirm that there is or isn't a conflict of interest between the organisation and RA.

This includes staff, contractors, advisors etc.

I confirm *
○ The applicant does not have a conflict of interest with RA
○ The applicant does have a conflict of interest with RA

Conflict of Interest information

Describe the conflict of interest including how, who, the risk and any other information relevant to the RA *

Applicant Details

* indicates a required field

Applicant Information

Are you applying on behalf of an: *
☐ Organisation
☐ Organisation Consortium

An organisational consortium is an association of two or more independent businesses or not-for-profits, that collaborate to pool resources, share risks, and achieve a common goal. Members retain their separate legal identities while working together, typically through a formal Consortium Agreement rather than forming a single new company.

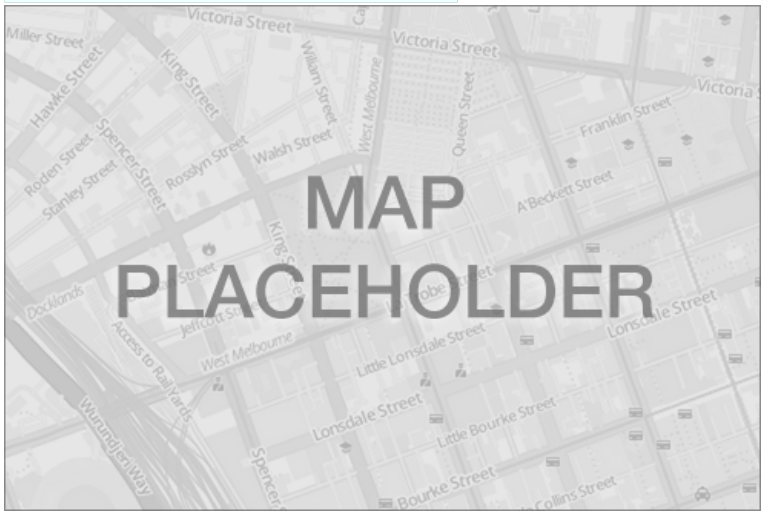
Applicant Details

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

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

Primary Address
Address



Postal Address
Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Primary Contact Details

Primary Contact *

Title | First Name | Last Name

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

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Does the applicant have an Australian Business Number (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.

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.

Application Details

* indicates a required field

Title *

Aboriginal Engagement Support Coordinator

Word count:
Must be no more than 25 words.

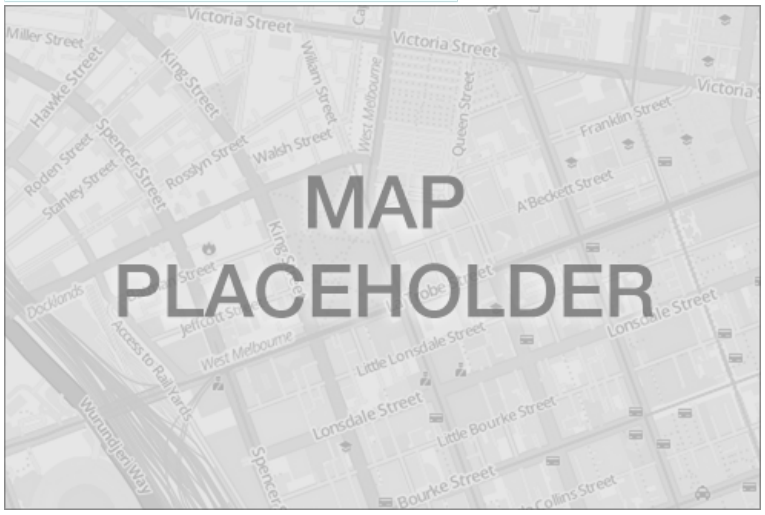
Brief description *

Word count:
Must be no more than 50 words.
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative *
Address



Primary location does not need to be a specific address, and can be postcode, suburb, state (NSW), etc.

Proposed program coverage

Which LGAs will your proposed program operate within?

- ☐ Bellingen
- ☐ Coffs Harbour
- ☐ Dungog
- ☐ Kempsey
- ☐ Mid-Coast
- ☐ Nambucca
- ☐ Port Macquarie
- ☐ Port Stephens

Organisation Details

* indicates a required field

Public liability insurance

Please provide the following information required by the Organisation

Does the applicant organisation have at least $20 million in public liability insurance, or is willing to obtain $20 million in public liability insurance? *

- ○ Yes
- ○ No

Applicants are required to hold at least $20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide evidence that the applicant organisation holds public liability insurance *

Attach a file:

Applicants are required to hold at least $20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Public Liability

If you currently do not hold Public Liability Insurance of at least $20 million you will need to obtain before submitting this application as per the guideline requirements.

If you have any questions or concerns please email CRP@reconstruction.nsw.gov.au

Workers Compensation Insurance

Does the applicant organisation hold sufficient workers compensation insurance? *

- ○ Yes
- ○ No

Please provide evidence of current workers compensation insurance *
Attach a file:

Applicants are required to hold Workers Compensation Insurance in order to enter into a funding deed with the NSW Government. Evidence could include a certificate of currency.

Workers Compensation

If you currently do not hold workers compensation insurance you will need to obtain before submitting this application as per the guideline requirements.

If you have any questions or concerns please email CRP@reconstruction.nsw.gov.au

Organisation Consortium: Partner Organisations

* indicates a required field

Lead organisation: key details

Name of Partner Organisation *
Organisation Name

What is the role of the partner organisations?

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Address *

Address

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

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Website

Must be a URL.

Are there any additional partners? *

- ○ Yes
- ○ No

Consortia arrangements

Please update any details of the consortium agreement between agencies. This needs to include the details of each organisations, role of the agencies.

MOU or Arrangement Contract Upload
Attach a file:

Organisation Consortium: Additional Partner Organisations

* indicates a required field

Name
Organisation Name

What is the role of the partner organisation?

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Address *
Address

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

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Website

Must be a URL.

Are there any additional partner organisations? *

- ○ Yes
- ○ No

Partner organisations

Name
Organisation Name

What is the role of the partner organisation?

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Address

Address

Email

Must be an email address.

Phone Number

Must be an Australian phone number.

Website

Must be a URL.

Partner organisations

Name
Organisation Name

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Address
Address

Email

Must be an email address.

Phone Number

Must be an Australian phone number.

Website

Must be a URL.

Assessment Criteria

* indicates a required field

Organisational capacity, capability and resources to carry out the project

This question refers to point **one** of Assessment Criteria 1: **Organisational capacity, capability and resources to carry out the project,** as outlined below.

Applicants must demonstrate:

- they have a staff member in an appropriate role with the appropriate experience and knowledge to provide supervision and support to the future AESC.

Applicant must also demonstrate how their organisation will support the AESC to:

- develop and execute work plans, identify community needs and strengths, submit regular reporting, maintain financial records, and manage transition and/or program close out
- participate in state-hosted forums with other Community Resilience and Recovery Coordinator and Aboriginal Engagement and Support Coordinators, both in person and online

For approval, the role reporting arrangements must demonstrate an alignment between the AESC supervision and role requirements and Manager's expertise, role and responsibilities.

In addition, the position must be placed within an appropriate team that provides access to decision-making, financial support, and alignment with the role's priorities, objectives, and intended outcomes.

Where will the role's designated office be located? *

Will this role be provided with the necessary personnel, infrastructure, financial and IT support to successfully deliver on its objectives? *

- ○ Yes
- ○ No

State key resources that will be provided to the AESC to enable the role to function effectively?

This may include resources that have been allocated in the proposed program budget or inkind from your organisation

The role will be provided with sufficient time and resources to attend state hosted forums with other AESCs and Community Recovery and Resilience Coordinators (both in person and online)? *

- ○ Yes
- ○ No

Noting this may require travel

Project viability, sustainability and value for money

Applicants **MUST** complete the provided templates:

- A project plan detailing the community recovery needs to be addressed, organisational priorities for expenditure, and how the program objectives and outcomes are aligned with internal Council strategies.
- A project risk management plan identifying risks and mitigation actions.
- A proposed project budget detailing reasonable categories of expenditure and robust budget assumptions for CRRC eligible activities.
    - Applicants must ensure the budget is consistent with Item 1.3 of the Program Guidelines, which specifies maximum funding allocations for individual grants by budget item.

Project Plan TemplateBudget TemplateBudget Guide

Risk Management Template

Please use the provided templates to complete the requested plans.

If you are unable to download or edit the PDF forms, please contact **crp@reconstruction.nsw.gov.au**, and editable versions will be provided.

Project Plan *
Attach a file:

Risk Management Plan *
Attach a file:

Proposed Budget *
Attach a file:

Other documentation
Attach a file:

Revised documentation
Attach a file:

Only upload if requested to re-submit documentation

Ability to support the AESC position to achieve meaningful outcomes

Applicants must outline:

- the organisational priorities for the position
- how the organisation will assist the AESC to continue to identify and support the disaster recovery needs of their community, network with key stakeholders, and plan and coordinate community events and activities
- how the work of the AESC conducted on behalf of the organisation will continue to support the community after the program has finished
- identifying and connecting with First Nations groups and networks, both emerging and active, to establish a working group to co-design local Connecting with Country Frameworks.

Have known community needs and priorities been clearly identified in the project plan? *
○ Yes
○ No

As per your project plan can you confirm you understand the program objectives? *
○ Yes
○ No

As per your project plan can you confirm that you have aligned the project to the program outcomes? *
○ Yes
○ No

Have you identified and listed critical project risks for the program and how to mitigate the identified risks? *
○ Yes
○ No

Have you completed the proposed budget within guideline limits? *
○ Yes
○ No

As per the program you confirm that you will support the delivery of the Connecting with Country Framework as part of your project *
○ Yes
○ No

Payment and Supporting Documents

* indicates a required field

Bank details

Applicant Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Confirmation of Accuracy *
○ I confirm the provided bank details are accurate

Letter of Support

Please upload any letters of support for your organisation's application.

Maximum of three (3) letters may be submitted.

File Upload
Attach a file:

Further Information

Any additional information or references

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you:

- acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and
- represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Giving false or misleading information is a serious offence under the Criminal Code 1995. The RA will investigate potential false or misleading information which may result in the exclusion of the application for further consideration.

NOTE: Applicants must gain appropriate internal approval to submit the application on behalf of the organisation.

Authorisation

I agree *

☐ Yes

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)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

File Upload

Endorsement for Submission
Attach a file:

This might be a letter signed by the Chairperson or CEO, or an excrept from minutes from a Board meeting

Organisation Consortium Agreement
Attach a file:

GMS-SGA/Locn/2025 v2.0