

NDIS READY: Aboriginal and Torres Strait Islander Market Capability

Indigenous Business Support Funding

Round 2 - ACCO Round

**APPLICATION FORM**

**Indigenous Business Support Funding Information**

Indigenous Business Support Funding (IBSF) is designed to help Aboriginal Community Controlled Organisations (ACCOs) address some of the key challenges they face in registering and delivering services under the NDIS, or expanding their service offering.

IBSF offers funding to help ACCOs address the some of the financial and technical challenges they face in registering and delivering services under the NDIS.

Eligible ACCOs can apply for $20,000 (excluding GST) in IBSF to put towards eligible activities to assist to build their capability and capacity to register and deliver services under the NDIS.

Eligible ACCOs are encouraged to apply for IBSF regardless of their current NDIS registration status. That is, both registered and unregistered eligible ACCOs are encouraged to apply for IBSF.

**Eligible Grant Activities**

Eligible ACCOs can apply for $20,000 (GST exclusive) of IBSF to:

* Assist ACCOs attract, retain, and optimise their workforce.
* Support ACCOs with basic establishment costs associated with becoming an NDIS service provider (e.g. disability aids, technology, financial systems/modules).
* Access business and/or technical advice to develop systems and/or business models within an ACCO to register and establish themselves as an active NDIS provider.
* Broadly develop skills and capabilities required to effectively operate in the NDIS market.

**Closing Date**

Applications must be submitted by **11:00pm Australian Eastern Standard Time (AEST) Friday 11 June 2021**.

**Application Help**

**All Parts of this application must be completed**.

A Frequently Asked Questions document is hosted on the [IBSF webpage](https://www.naccho.org.au/ndis-ready-indigenous-business-support-funding) and will be updated fortnightly as required during the application period.

For any questions relating to IBSF or questions regarding this Application please contact the NACCHO NDIS Ready team at [ndisready@naccho.org.au](mailto:ndisready@naccho.org.au).

**Part A**

|  |  |
| --- | --- |
| **Organisation and Contact Details** | |
| Organisation Name: | Click or tap here to enter text. |
| ABN: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Contact Person: | Click or tap here to enter text. |
| Contact Email: | Click or tap here to enter text. |
| Contact Phone: | Click or tap here to enter text. |
| Secondary Contact Person | Click or tap here to enter text. |
| Contact Email: | Click or tap here to enter text. |
| Contact Phone: | Click or tap here to enter text. |
| My organisation delivers services in locations which are: | Metropolitan (MM1)  Regional centres (MM2)  Large rural towns (MM3)  Medium rural towns (MM4)  Small rural towns (MM5)  Remote communities (MM6)  Very Remote communities (MM7) |

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| --- | --- | --- |
| **Description** | **MMM** | **Inclusion** |
| Metropolitan | 1 | All areas categorised as Major Cities of Australia |
| Regional Centres | 2 | Areas categorised as Inner Regional or Outer Regional Australia that are in, or within 20km road distance, of a town with population >50,000 |
| Large Rural Towns | 3 | Areas categorised as Inner Regional or Outer Regional Australia that are in, or within 15km road distance, of a town with population between 15,000 and 50,000 |
| Medium Rural Towns | 4 | Areas categorised as Inner Regional or Outer Regional Australia that are not in MM2 or MM3, and are in, or within 10km road distance of a town with a population between 5,000 and 15,000 |
| Small Rural Towns | 5 | All other areas in Inner Regional or Outer Regional Australia |
| Remote communities | 6 | All areas categorised Remote Australia that are not a populated Island that is separated from the mainland and is more than 5km offshore. |
| Very Remote communities | 7 | All other areas – that being Very Remote Australia and areas on a populated Island that is separated from the mainland in the ABS geography and is more than 5km offshore. |

**Part B**

***All*** *questions must be answered.*

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| **Eligibility** |  |  | |
| **Q1.** Is the Applicant an Aboriginal Community Controlled Organisation (ACCO) | **YES** | |
| **Q2.**  Is the Applicant a member of one of the following organisations:   * Aboriginal Health & Medical Research Council of NSW (AHMRC) * Victorian Aboriginal Community Controlled Health Organisation (VACCHO) * Queensland Aboriginal and Islander Health Council (QIAHC) * Aboriginal Health Council of Western Australia (AHCWA) * Aboriginal Medical Services Alliance Northern Territory (AMSANT) * Aboriginal Health Council of South Australia (AHCSA) | **YES** | |
| **Q3.** Does the Applicant confirm they **have not** previously received Indigenous Business Support Funding under the NDIS Ready Program | **YES** | |
| **Q4.** Does the Applicant confirm they **have not** previously received Transition Assistance Funding under the Boosting the Local Care Workforce Program? (https://blcw.dss.gov.au/grow/transition-assistance-funding/) | **YES** | |
| **Q3.** The Applicant is applying for $20,000 (GST exc.) of IBSF? | **YES** | |
| **Q4.** Does the Applicant intend to use your IBSF on activities which relate to:   * Access business and/or technical advice to develop systems and/or business models within your ACCO to register and establish themselves as an active NDIS provider. * Basic establishment costs associated with becoming an NDIS service provider (e.g. disability aids, technology, financial systems/modules). * Assist to train and/or optimise your workforce. * Broadly develop skills and capabilities required to effectively operate in the NDIS market. | **YES**  **YES**  **YES**  **YES** | |

**Part C**

*Briefly (no more than 250 words) explain what activities you would use IBSF for*

Click or tap here to enter text.

*Briefly (no more than 250 words) explain how this will help your organisation become more ready to register and deliver NDIS services and demonstrates value for money*

Click or tap here to enter text.

**Part D**

*Please select* ***one option.*** *This is for* ***information only****.*

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| --- | --- |
| **What is your organisation’s current NDIS registration status?** | |
| Currently registered and have provided a service to an NDIS participant in the last six months. |  |
| Currently registered but have not provided a service to an NDIS participant in the last seven months. |  |
| Registration in progress. |  |
| Will consider registering in the next 18 months. |  |
| Have not previously considered registering |  |

**Part E**

|  |  |
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| **Banking Details** | |
| **PLEASE ENSURE BANKING DETAILS ARE CORRECT** | |
| Name of Institution | Click or tap here to enter text. |
| Account Name | Click or tap here to enter text. |
| BSB | Click or tap here to enter text. |
| Account Number | Click or tap here to enter text. |

**Part F**

|  |  |  |
| --- | --- | --- |
| Signed for and on behalf of Organisation Name, in accordance with its rules, and who warrants that he/she is authorised to sign this Agreement:  Click or tap here to enter text. | | |
| (Name and position held by Signatory) |  | (Signature) |
| Click or tap here to enter text. |  | …./…./…… |
| (Name and position held by Witness) |  | (Signature of Witness) |
|  |  | …./…./…… |