

ASES support grant for NSW Specialist Homelessness Services (SHS) – Application Form

INSTRUCTIONS

Homelessness NSW in partnership with the NSW Department of Communities and Justice (DCJ) will administer the payment of assessor and associated costs for eligible organisations to achieve Australian Service Excellence Standards (ASES) accreditation by 30 June 2024 - <u>ASES policy framework</u>. This grant can also be used in the development of a Quality Action Plan by an ASES assessor, if required, prior to accreditation being issued. Please note, if a Quality Action Plan is necessary, the service provider will have 6 months to complete the actions.

Once complete, please scan and email to asssupport@homelessnessnsw.org.au

SERVICE PROVIDER DETAILS

Service provider name:		Street / mailing address:
Total Annual Organisational Revenue: Note: not eligible for subsidy if \$5 million or above		Financial year:
ACN / ABN:		DCJ Provider Number:
Are you a financial JWA partner?	Yes	If JWA partner please provide lead organisation's name and the
	No	name of the program or service activities

TICK RELEVANT ITEM/S AND PROVIDE DETAIL

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Eligible items	Tick	Quantity/hours	Estimated cost		
ASES external assessor costs (including travel)					
Consultants to assist with self-assessment and/or implementation of new policies and procedures to meet ASES requirements					
Engagement of additional staff/hours to complete ASES activities					
Staff travel required to complete ASES activities					
Implementing new policies and procedures (e.g. printing of materials, staff training)					
Other costs associated with ASES assessment please describe					
		Total			

Name:				
Position:				
Email:				
Phone:				
application and declare ASES asse- evidence th Department	to have the Aust that the informa ssor costs and a e grant money w t of Communities	ralian Service ution contained ny additional a vas spent in ac and Justice a	Excellence herein is associated cordance as per annual cordance as p	norised representative of the organisation hereby submit an e Standards assessor and associated costs paid upfront true and correct. I acknowledge this grant is to be used for costs and that our organisation is required to keep with grant conditions, which may be requested by NSW ual accountability processes for service providers. I hay be verified with the Department of Communities and
Person 1				
Name:	me:			Role/position:
Date:	te:			Signature:
Person 2				
Name:				Role/position:
Date:				Signature:
OFFICE US Approved? Checked s contract w Invoice su	etatus of ith DCJ?	Y Y Y	N N N	Amount:
Date provi	der notified:			Date money transferred:

PERSON COMPLETING FORM

Once complete, please scan and email to asessupport@homelessnessnsw.org.au