

**HOME INTERACTION PROGRAM FOR PARENTS AND YOUNGSTERS (HIPPY)**

**Alice Springs**

**EXPRESSION OF INTEREST (EOI)**

**APPLICATION FORM: HIPPY PROVIDER**

Applications must be submitted BY EMAIL to:

**HIPPY Expression of Interest**

HIPPY Australia

Brotherhood of St Laurence

**hippyaustraliaEOI@bsl.org.au**

**Required Documents**

* Completed application form
* Most recent annual report including the four latest audited financial statements
* Organisational chart
* Letters of support
* Budget

Before completing this form please read the GUIDeLINES

Completed applications must be received by **5pm, Friday20 April *2018 (AEST)***

Only fully completed applications will be assessed.

Contact Information

All enquiries should be directed to HIPPY Australia on 03 9445 2400.

HIPPY Australia is open during business hours Monday to Friday from 9am - 5pm (AEST).

**HOME INTERACTION PROGRAM FOR PARENTS AND YOUNGSTERS (HIPPY)**

**Alice Springs**

This Expression of Interest (EOI) form is designed to gather important information, which will be used to assess your organisation's capacity to deliver HIPPY in a selected community. The EOI form consists of four parts and you are required to complete each part.

**Part 1:** Organisational Details

Section 1- Eligibility requirements

Section 2- Organisational details

Section 3- Organisational structure and management

**Part 2**: Selection Criteria: asks a range of questions aimed at establishing your organisation's ability to administer HIPPY within the selected community

Section 1- Program structure and facilities

Section 2- Engaging the community

Section 3- Support for program and families

Section 4- Local HIPPY advisory group

Section 5- Letters of support

**Part 3:** Financial details:asks a range of questions aimed at establishing your organisation's ability to administer HIPPY within the selected community

Section 1- Financial viability

Section 2- Budget (Budget Template provided as an Excel document)

**Part 4**: EOI Terms and Conditions

Declaration and Consent

**NOTE** - **Please refer to the Guidelines when completing this EOI form.**

**PLEASE COMPLETE ALL SECTIONS AND SUBMIT FROM THIS PAGE ONWARDS**

**HOME INTERACTION PROGRAM FOR PARENTS AND YOUNGSTERS (HIPPY)**

**Alice Springs**

(**Enter name of the organisation applying**)

APPLICATION to establish and deliver HIPPY in Alice Springs

|  |
| --- |
| **Communities included in this EOI** |
| Alice Springs |

**THIS PAGE IS INTENTIONALLY BLANK** **PART 1**

**SECTION 1: ELIGIBILITY CRITERIA**

Organisation Status

1.1.1 Is the organisation registered with the Australian Tax Office as non-profit?

☐ Yes

☐ No (Organisations must be non-profit).

*The ATO 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.*

1.2.5 State any

Insurance

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

1.1.2 Does your organisation have the insurance required to administer HIPPY?

☐ Yes

☐ No

**If NO -**

**What is your organisation's plan to o**btain the insurance required?

**SECTION 2: ORGANISATION DETAILS**

1.2.1 What is the Legal Name of the organisation?

1.2.2 What is the Trading Name of the organisation?

1.2.3 If the organisation is or has been known by any other names provide these names here.

1.2.4 State any legislation your organisation is registered or established under.

1.2.5 What type of entity is the organisation?

☐ Incorporated Association

☐ Incorporated Cooperative

☐ Company (non-profit)

☐ Aboriginal Corporation

☐ Trustee on behalf of a trust

☐ Registered Charity

☐ Independent school

☐ 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

If ‘Other’ please specify

1.2.6 Does the organisation have an Australian Business Number (ABN)?

☐ Yes

☐ No

1.2.7 If ‘yes’, please provide the ABN of your organisation.

1.2.8 Please provide the organisation ABN branch number

1.2.9 Is the organisation GST registered?

☐ Yes

☐ No

1.2.10 Name and details of the Authorised person submitting this form:

*(Authorised person usually CEO, General Manager, Director etc.)*

Title:

First Name:

Last Name:

Position:

Phone:

Mobile:

Email:

1.2.11 What is the organisation’s physical address?

Street Address:

Suburb/Town:

State:

Postcode:

1.2.12 What is the organisation’s postal address?

☐ Same as physical address

OR

Street Address:

Suburb/Town:

State:

Postcode:

1.2.13 Nominate the contact person for the organisation for the purpose of this EOI.

☐ Same as authorised person

Title:

First Name:

Last Name:

Position:

Phone:

Mobile:

Email:

1.2.14 Nominate an alternative contact person for the organisation for the purpose of this EOI.

***Must be a different person to authorised person***

Title:

First Name:

Last Name:

Position:

Phone:

Mobile:

Email:

**SECTION 3: ORGANISATION STRUCTURE & MANAGEMENT**

This section seeks to collect information on how HIPPY will be supported within your organisation’s current structure. Successful organisations will be expected to recruit a tertiary qualified (or equivalent) Coordinator for the program and at minimum two Home Tutors per cohort to deliver HIPPY.

Providing adequate support for staff is essential to HIPPY's success.

1.3.1 Which option best describes the type of work of your organisation?

☐ Community/Welfare Services

☐ Employment

☐ Information and Referral Services

☐ Childcare

☐ Health Services

☐ Youth

☐ Child Welfare

☐ Relationship Counselling

☐ Other

If ‘Other’ please specify

1.3.2. Describe your organisation, its vision and goals.

1.3.3 How does HIPPY fit and/or align with your organisation’s vision and goals?

1.3.4 Where in your organisation would HIPPY fit? Please explain this decision. Attach a copy of your Organisational Chart.

1.3.5 Who will be responsible for the management of the Sublicence and Funding Agreement and financial reporting aspects of HIPPY?

1.3.6 If your organisation is proposing to partner with another organisation to implement HIPPY, please indicate the nature and structure of the partnership.

Please provide details on who the other organisation is and legal arrangements that currently exist relating to the partnership.

1.3.7 Who will directly supervise the HIPPY Coordinator? List experience and background of the supervisor. Where will they be based in relation to the location of the HIPPY office? If off-site, indicate how the Coordinator will be adequately supervised and supported.

**PART 2**

**SECTION 1: PROGRAM STRUCTURE AND FACILITIES**

This section seeks information on your organisation's capacity to have adequate workspace and equipment to successfully run HIPPY and so that the Coordinator is adequately resourced. Coordinators will need their own desk (with privacy and adequate space for interviews with two or more people), a personal telephone, a personal computer (PC/laptop with sufficient speed and storage space to run operating systems and various software tools), access to a stable internet connection (at least 9mbps up/11 mpbs down) with Internet Explorer 10 or 11, 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 will be required for weekly Home Tutor Training.

HIPPY also requires a group meeting room that is convenient and, where possible, within walking distance for parents in the community. Group meeting rooms should be available for the duration of the program to give parents and Tutors a feeling of belonging and continuity.

2.1.1 Does your organisation have the capacity to support HIPPY by providing the facilities and equipment mentioned above?

☐ Yes

☐ No

2.1.2 Who will be the Line Manager for HIPPY? (Refer to FAQ for details of Line Manager role)

☐ Same as authorised person

Title:

First Name:

Last Name:

Position:

Phone:

Mobile:

Email:

2.1.3 Where will the Coordinator be located? (Refer to FAQ for details of Coordinator role)

2.1.4 What are some possible locations for group meetings? Keep in mind that facilities should be convenient, comfortable and appropriate for participating families and child minding during parent group meetings.

2.1.5 Please outline what support systems (individuals, training etc.) are currently available for the Coordinator once they are trained and start to implement HIPPY.

2.1.6 How will Tutors be supported within your organisation? (Refer to FAQ for details of Tutor role)

2.1.7 How will you encourage parents participating in HIPPY to become Tutors?

2.1.8 How will you assist Tutors to move on to other education/employment opportunities after two years of being a Tutor?

**SECTION 2: ENGAGING THE COMMUNITY**

This section seeks to collect information on your organisation’s ability to engage with the community and other service providers.

Engaging families is the first step to enrolling them. Engagement often happens through contact with service providers within the local community and neighbouring areas to ensure they know about HIPPY and the families that are eligible (live in the catchment area and have an age 4 child). These service providers could include children’s preschool services, primary schools, health services, childcare, parents' groups, language groups etc. Coordinators need to build strong links with these community services and ensure families are referred to HIPPY.

2.2.1 Please indicate how you will engage with families who might be interested in participating in HIPPY.

2.2.2 Please indicate how your organisation will ensure the enrolment and retention of families that represent the diversity within your catchment area. Your organisation may need to enrol Aboriginal and Torres Strait Islander families and non-Indigenous families to meet targets

2.2.3 Describe how your organisation consults, involves and receives input from the community.

2.2.4 In the stated community, does your organisation already work with families and children, or community partners that provide services to families and children?

2.2.5 Describe your experience working within a specific catchment area. How will your organisation manage the HIPPY catchment area?

2.2.6 Please indicate whether there is a specific area within the community from where Aboriginal and Torres Strait Islander families will be engaged and how your organisation will engage them.

2.2.7 Does your organisation currently employ Aboriginal and Torres Strait Islander people from this community? If so, how many are currently employed and in what capacity?

2.2.8 Does your organisation have support from the local Aboriginal and Torres Strait Islander communities to deliver HIPPY? How is this support demonstrated?

2.2.9 What barriers have you identified or anticipate might affect the successful implementation of HIPPY in the community? How might you begin to overcome them?

2.2.10 If the organisation’s physical address is based outside the community you are submitting this application for, please advise how you operate your current services in the selected community.

**SECTION 3: SUPPORT FOR HIPPY FAMILIES**

This section seeks to collect information about your ability to provide or support complementary programs, which may benefit families who participate in HIPPY.

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

2.3.1 Describe what support mechanisms or strategies will be used by your organisation, particularly the Coordinator, to maintain the target number of children/families in HIPPY.

2.3.2 What programs or services does your organisation provide that will be made available to the children and parents participating in HIPPY? How would these services be coordinated?

2.3.3 Please identify, if any, consultations that have taken place with other services that can assist or provide support for HIPPY in the community.

**SECTION 4: LOCAL HIPPY ADVISORY GROUP**

This section seeks to gather information about your organisation’s local HIPPY advisory group.

As part of delivering HIPPY you are required to have a local HIPPY advisory group. The local advisory group will help to guide the growth and development of HIPPY and ensure ongoing service delivery to the community. It may be part of the planned program management structure or may be external to it, it may also be an existing community network/group. The main responsibility of the local advisory group is to provide advice, counsel and ongoing assistance and support to the Coordinator for the program.

The local advisory group should be diverse, consisting of community stakeholders: parents, Aboriginal and Torres Strait Islander community leaders, early childhood professionals, primary school principals/teachers, community services staff, and business and political leaders.

2.4.1 Do you have an existing advisory group or an equivalent group (working group, lobby group etc.) that is relevant to operating HIPPY for your community?

☐ Yes

☐ No

2.4.2 List all members that make up or would make up your local HIPPY advisory group. *Include names, affiliations and position or title.*

|  |  |  |
| --- | --- | --- |
| Name | position/title | affiliation details |
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2.4.3 Please indicate whether you have Aboriginal or Torres Strait Islander representation on your advisory group.

2.4.4 What role will the local HIPPY advisory group or an equivalent group (working group, lobby group etc.) play in the ongoing transition and implementation of HIPPY in the community?

**SECTION 5: LETTERS OF SUPPORT**

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

For example, such letters might come from local elders, Indigenous run organisations in your community, local schools, a vocational training or adult education centre, community service agencies, other local early childhood programs or health services.

If you cannot provide these letters, please detail the reasons.

**Please note:** Persons submitting letters of support may be contacted by the HIPPY Australia in the EOI Assessment process.

**PART 3**

**FINANCIAL DETAILS**

**SECTION 1 - Financial Viability**

All applicants are required to supply management accounts for the first six months of FY2018 as well as Audited Financial Statements for the last four consecutive financial years (2014 – 2017).

The financial statements will be assessed by HIPPY Australia. If an organisation is not considered financially viable, their EOI will not be considered.

**SECTION 2 - Budget**

In this section, you are expected to fill out the budget template provided at APPENDIX 1 to substantiate your organisation’s ability to administer HIPPY within the allocated budget.   
  
The template contains information on some of the fixed costs, and outlines a range of issues you will need to consider when administering HIPPY. You should fully justify your bid and provide details on expected expenses.

It is expected that all HIPPY providers will make extensive efforts to meet the enrolment targets for each year of operation and are funded accordingly. If these targets are not achieved funding may be altered.

Please use the budget template to substantiate your budget and clearly note any operating assumptions.

NOTE:

Additional information, which you may find useful when filling out the budget template, is provided in the EOI Guidelines.

**PART 4**

**TERMS AND CONDITIONS**

Signing this EOI indicates that you understand and accept the following:

1. Completing and submitting an EOI 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:

* are not, and will not, be responsible or liable for accuracy or completeness of any information in, or provided in connection, with this form;
* make no expression or implied representation or warranty that any statement as to future matters will prove correct;
* disclaim any and all liability arising from any information provided to the applicant including without limitation, errors in, or omissions contained in that information;
* 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
* 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**: This form **MUST** be completed and signed by the appropriate delegate of the organisation, which if successful will be licensed to deliver HIPPY.

I (insert name of appropriate person) as authorised delegate for (insert name of your organisation delegate) declare that to the best of my knowledge:

|  |  |  |
| --- | --- | --- |
| DECLARATION AND CONSENT | **Yes** | **No** |
| I have read, understood, and agree to abide by the requirements of this EOI Form and EOI 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. | ☐ | ☐ |

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

**CHECKLIST**

**EXPRESSION OF INTEREST 2018**

Contact HIPPY Australia on 03 9445 2400 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).

|  |  |
| --- | --- |
| **Details** | **Provided** |
| **All questions answered in application** | ☐ |
| **Organisational Chart**  Organisational chart attached showing where the program would fit | ☐ |
| **Letters of Support**  Two letters of support attached from other agencies or groups that will be supportive of your EOI Application (e.g. local schools, a vocational training or an adult education centre, community service agencies, other local early childhood programs or health services) | ☐ |
| **Financial Viability**  Management accounts FY2018  Last four consecutive years' financial statements | ☐  ☐ |
| **Budget Template**  Budget template attached is complete and calculations checked | ☐ |
| **Declaration and Consent**  Declaration and consent of the organisation attached has been completed by the appropriate delegate | ☐ |