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**AUSTRALIAN GOVERNMENT CAPITAL GRANTS PROGRAM**

**MASTER PLAN GRANT**

**APPLICATION**

**Applicant School Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant School: |  | | | |
| School site address: |  | | | |
| Suburb: |  | | Postcode: |  |
| AGEID: | |  | | |
| Principal: | |  | | |
| Application Contact Name: | |  | | |
| Position: | |  | | |
| Email Address: | |  | | |
| Contact telephone: | |  | | |

**Declaration by Approved Authority**

*(The approved authority is that person or other legal entity that has the legal responsibility for the assets of the school. Where a School has been established through an incorporated body, the person delegated to sign the documents on behalf of the incorporated body should sign this Declaration.)*

I,       , hereby state that

(1) the details in this application are correct.

(2) the School agrees to the conditions to receive a grant in accordance with the CGP Guidelines, as amended by the Minister from time to time.

(3) I acknowledge that should the School receive a grant and it be proved that the details supplied in this application are incorrect, the grant may be forfeited at the Australian Government’s discretion.

Signature: ………………………………………. Name:

Position:       Date:

**Application Details**

**Section 1 - New, Extended or Revised Master Plan**

*To move around document please use the tab key.*

|  |  |
| --- | --- |
| a) Is this the school’s first Master Plan? | \* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| b) Is this an extension of an expired Master Plan? | | | \* | | |
| \* If YES, provide period of expired Master Plan | | | | | |
|  | From: |  | | To: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| c) Is this a revision of a current Master Plan? | | | \* | | |
| \* If YES, provide period of expired Master Plan | | | | | |
|  | From: |  | | To: |  |

|  |
| --- |
| d) Provide a brief explanation regarding why the school wishes to prepare, extend or revise a Master Plan. |
|  |

**Section 2 - School Characteristics**

|  |
| --- |
| a) List the DMI for the applicant school |
| DMI: |

|  |
| --- |
| b) Provide the ownership/lease arrangements for the applicant school site. (NOTE: if leased, please provide the name of the property owner and the expiry date of the lease) |
| Ownership details: |

|  |
| --- |
| c) Provide the name of the insurance provider for the applicant school site. |
| Insurance details: |

|  |
| --- |
| d) Please provide any relevant history of the school’s development, to this point. |
| History: |

|  |
| --- |
| e) Describe the elements of the Strategic Plan or other factors which are driving the need for the master planning of education facilities on the school site, i.e.: |
| 1. Is there a plan to extend or reduce the year levels provided or will there be additional streams added to any year levels? |
|  |
| 1. Are there philosophical or pedagogical changes occurring, which require specific facilities of facilities renewal? |
|  |
| 1. Are there any local or state planning requirements which the school must respond to? |
|  |
| 1. Are there natural or built environment considerations impacting on the school site? |
|  |
| 1. Is there any need for an update to onsite safety and security measures? |
|  |
| vi) Are there any other aspects of the applicant school’s Strategic Plan which need to be supported by the development, extension or revision of the Master Plan? |
|  |

**Section 3 - Enrolments**

|  |
| --- |
| a) What year levels does the applicant school currently provide? (e.g. R-12, Primary Only, Secondary only) |
|  |

|  |  |  |
| --- | --- | --- |
| b) What are the enrolment totals, both past and projected, for the school? | | |
| *Total Number of Students:* | | |
| Two Years Ago | Year: | Number: |
| Last Year | Year: | Number: |
| THIS YEAR | Year: | Number: |
| Next Year | Year: | Number: |
| Two Years’ Time | Year: | Number: |
| Three Years’ Time | Year: | Number: |

**Section 4 - The Process**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a) What are the stages in your Master Plan Process? (e.g. develop an Education Plan, consult parents, staff, students, draft plan reviewed by School board, release to parents/staff/students etc) | | | | |
|  | | | | |
| b) Who will drive the process? (e.g. Principal, Chair of Board, Sub-Committee, Business Manager etc) | | | | |
|  | | | | |
| c) What period in years (inclusive) will the Master Plan cover? | | | | |
|  | From: |  | To: |  |

*NOTE: It is expected that a Master Plan with a minimum 5 to 10 year horizon will be prepared, or greater duration if relevant to the school’s situation.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| d) When do you want the process to start and conclude? | | | | |
|  | From: |  | To: |  |

*NOTE: It is expected that once the Master Plan Grant has been approved by the Commonwealth the master planning process will conclude within 12 months of the approval date. A contract for a Master Plan cannot be signed until after the approval is received from the Commonwealth, otherwise the school will have the grant request withdrawn. If a grant is approved the approximate start date for the master planning process will be either 1 April or 1 Oct, depending on the Application date.*

|  |  |  |  |
| --- | --- | --- | --- |
| e) Please provide details of the preferred professional consultant to prepare the Master Plan | | | |
| Name: | |  | Website |  |

**Section 5 - Cost**

|  |  |  |
| --- | --- | --- |
| Expected cost (exclusive of GST) |  | *Please attach quotes.* |

**Section 6 - Submission**

Please submit via email the following documentation to [bga@ais.sa.edu.au](mailto:bga@ais.sa.edu.au)

* completed application,
* a copy of the school’s Strategic Plan and
* the quote from the nominated professional consultant