



DEPARTMENT OF EDUCATION
STUDENT HOSTEL SUPPORT SCHEME (SHSS)

CAPITAL GRANT APPLICATION FORM: Year: 20____
FORM 4

This form should be completed in conjunction with the *Student Hostel Support Scheme – Capital Grant Guidelines*. Please answer each question fully and submit copies of requested documents with the application form. If the space provided is insufficient, expand your statement on a separate sheet.

Hostel authorities should note that funding is not automatically guaranteed because an application has been submitted and to remain eligible for funding must not commence the project before receiving approval.

1. Hostel details

Name of Hostel

Actual Address

Postcode

Postal Address

Postcode

2. Contact person

Name

Position

Telephone

Home	Work
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3. Ownership of the hostel

Does the hostel own both its land and buildings?

Yes No

If you have answered 'No' to the previous question please provide details of ownership.

If the hostel is rented, full details of the rental arrangement including the name of the owner of the facility and a copy of the lease must be provided with this application.

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4. Details of proposed project

Description of the proposed capital project

If the application is successful when do you expect to commence the project?

PROJECT COSTS

Estimated cost of proposed project (include items such as council and professional fees, freight, etc.).
The total amount should correspond with a written quotation.

TOTAL PROJECT COST	\$

PROJECT FUNDS

Please detail all sources of funding for the project (include for example, any government funding, Gaming Benefits Fund, 'payment in kind' assistance, bank loans, donations, surplus recurrent income) and amounts of funding from each.

CAPITAL GRANT (max. 50%)	\$
TOTAL PROJECT FUNDS (must equal Total Project Cost)	\$

5. Project timeline

If application is successful, when will project be commenced?

_ / _ / _

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6. Consultation

If necessary, have plans been approved by the local authority?

Yes No N/A

If you have answered 'NO' or 'N/A' to the previous two questions please provide further details:

7. Declaration of applicant

I declare that the statements made in this application are true to the best of my knowledge and belief and agree to meet all the relevant accountability requirements pertaining to the SHSS Capital Grant if successful.

Signature of applicant: _____

Position: _____ Date: ____ / ____ / ____

8. Checklist

The following is a checklist to assist in submitting the form.

Have you:

- w Completed all sections of the form
- w Attached rental/lease documents (if applicable)
- w Attached quotations for the project
- w Attached approved building plans (if necessary)
- w Signed the declaration

Name of secretary: _____

Signature of secretary: _____ Date: ____ / ____ / ____

9. Return of application

When completed, the application form and all required attachments should be sent (**before 30 April**) to:

The Finance Officer
School Financial Resourcing
Department of Education
PO Box 15033
CITY EAST QLD 4002
Email: hostels.finance@qed.qld.gov.au

11. Further information

If you require assistance in completing this application form or additional information on the SHSS Capital Guidelines please contact Department of Education on telephone (07 3034 5825)

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Additional Information (that may be useful in assessing your application)