**Specialist Disability Support in Schools Program**

**Request to Reallocate Funding**

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| **Section 1 – Service Agreement Details** | |
| **Organisation Name** |  |
| **Funding Year the reallocation applies to** |  |
| **Funding Category** | School Support Services  Resource Centre Services  Specialised Equipment |

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| **Section 2 – Reallocation Details** | | | | | | |
| **Remove funding from**  **(Funding Type and Line Item Description)**  **E.g. Travel and Accommodation – Flights for Outreach Services** | | **Line Number of the Item in Funding Table at Attachment 1 of Service Agreement** | **Add funding to**  **(Funding Type and Line Item Description)**  **E.g. Professional Staff – Senior Occupational Therapist** | **Line Number of the Item in Funding Table at Attachment 1 of Service Agreement** | **$ Amount** | **Reason/s for Change** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Section 3 – Impact of Proposed Reallocation** | | | |
| **Are the proposed changes consistent with the SDSS Program Guidelines?** | Yes  If yes, please provide a brief summary of the link between the proposed changes and the SDSS Program Guidelines.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  If no, please provide reasons why this request should still be considered.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Will the proposed reallocation have an impact on your services?** | Yes No  If Yes, please provide details of the impact.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Will the proposed reallocation have an impact on forecast school numbers, student numbers or performance measures, either positively or negatively?** | Yes No  If Yes, please provide existing details and proposed change.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Details of any previous reallocations** | |  |  |  | | --- | --- | --- | | **No.** | **Date approved** | **Brief Details** | | 1 |  |  | | 2 |  |  | | 3 |  |  | |
| **Section 4 – Assessment Process** | | |

The following process will be undertaken by the Department:

1. review and verify sufficient information provided for assessment of the reallocation request;
2. contact you, if required, to discuss any areas of uncertainty or to seek additional information;
3. evaluate against application, Service Agreement and SDSS Program Guidelines;
4. recommendation made and determined by the relevant Department delegate;
5. if approved, contact will be made advising the outcome; and
6. if not approved, contact will be made advising the reasons for the request not being supported.