Nominated Authority Details Form

Children’s Facilities Capital Program – Minor Grants

**This form is to be used when a Minor Grants applicant intends to undertake works which will require a building permit. It is to be used**

**in the CFCP Minor Infrastructure Grants program only. Submit this form with your application if you are not the owner of the building**

**where the current or proposed building works will be undertaken.**

The Nominated Authority is the person/s, body or organisation registered as the owner of the building on which the proposed renovations or construction will be undertaken.

Following a successful application for grant funding the applicant will be responsible for the management of the project and the acquittal of expenditure process with the Department of Education and Training (DET). The Nominated Authority grants the applicant permission to undertake the proposed work.

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| **Nominated Authority** (Building Owner) |
| Legal name  |       |
| Business name |       (if applicable) | ABN: |       |
| Postal Address |       |
| Suburb/Town |       | Postcode |       |
| Authorised Person  | Title      First Name:       Last Name:      |
| Position  |       |
| Phone number  |       |
| **Physical Address Details of Early Learning Facility** |
| Street Address |       |
| Suburb/Town |       | Postcode |       |
| **Applicant Organisation** (Applicant for DET grant) |
| Legal name  |       |
| Business name |       (if applicable) |
| Postal Address |       |
| Suburb/Town |       | Postcode |       |
| Phone number  |       |

As an authorised officer of the Nominated Authority (Building Owner), I hereby acknowledge that the Nominated Authority supports the Organisation’s application for funding from DET for the project referred to in the Application Form.

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

 *(Authorised Officer)*

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

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

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_