



## 2020 AGED CARE APPROVALS ROUND

### PART A – APPLICANT DETAILS & FINANCIAL INFORMATION

Submit your electronic application to the Department of Health at [ACAR@health.gov.au](mailto:ACAR@health.gov.au) on or before 11:59pm (AEDT) 18 March 2021. Detailed information on completing and submitting this application form is included in the [2020 ACAR Essential Guide](#).

#### Section 1 – Applicant details

##### 1.1 Approved provider or organisation information

Approved provider or organisation name	
Approved provider ID (if applicable)	
Australian Business Number	
Australian Company Number	
Incorporation Number (ASIC)	

##### 1.2 Approved provider or organisation postal address

Street number and name (or PO Box)	
Suburb/town	
State/territory	Select one
Postcode	

##### 1.3 Contact details

	Primary contact	Alternative contact
Name of contact person		
Position in the organisation		
Telephone number		
Mobile number		
Email address		

##### 1.4 What are you applying for in the 2020 ACAR?

<input type="checkbox"/> Residential care places only
<input type="checkbox"/> Residential care places and a Capital grant
<input type="checkbox"/> Capital grant(s) only
<input type="checkbox"/> Short-Term Restorative Care places

##### 1.5 Please specify the number of applications your organisation will submit for residential care places and/or capital grants (Part B) and STRC places (Part C) in each state and territory.

State	Number of Part B applications	Number of Part C applications
New South Wales		
Victoria		
Queensland		
Western Australia		
South Australia		
Tasmania		
Northern Territory		
Australian Capital Territory		

If you are seeking **STRC places only**, go directly to the Endorsement page

## Section 2 – Organisation level financial details (residential care places and/or a capital grant)

**Complete Section 2 only if you are applying for residential care places and/or a capital grant**

2.1 Statement of financial position - ASSETS							
<b>Your organisation's financial position should include all places you are seeking in the 2020 ACAR, as well as any provisionally allocated places your organisation already has.</b> If your organisation's financial year ends on a date other than 30 June, complete in accordance with your financial year end and insert your financial year end date into each column							
Complete columns up until the year in which you forecast all places (2020 ACAR allocations and any provisionally allocated places already held) will be operational and/or capital works are completed (capital only applications). See Essential Guide Part A: Section 2 for additional guidance)	A	B	C	D	E	F	G
	Actual position at 30 June 2020 DATE	Forecast situation at 30 June 2021 DATE	(if applicable) Forecast situation at 30 June 2022 DATE	(if applicable) Forecast situation at 30 June 2023 DATE	(if applicable) Forecast situation at 30 June 2024 DATE	(if applicable) Forecast situation at 30 June 2025 DATE	(if applicable) Forecast situation at 30 June 2026 DATE
<b>Current Assets</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Cash and bank accounts (not including term deposits)							
Accommodation Bonds, Refundable Accommodation Deposits (RADs), Daily Accommodation Payments (DAPs)							
Investments/term deposits							
Receivables – residents							
Receivables – other debtors							
Loans to parent/related entity							
Other (provide details at 2.3)							
<b>(A) Total current assets:</b>							
<b>Non-Current Assets</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Land and buildings							
Plant and equipment							
Inventory							
Investments							
Intangibles							
Receivables – residents							
Loans to parent/related entity							
Other (provide details at 2.3)							
<b>(B) Total non-current assets:</b>							
<b>(C) Total Assets (A + B):</b>							

## 2.2 Statement of financial position – LIABILITIES

See Q2.1 for instructions about which columns to complete. See Essential Guide Part A: Section 2 for additional guidance)	A	B	C	D	E	F	G
	Actual position at 30 June 2020 *DATE	Forecast situation at 30 June 2021 *DATE	(if applicable) Forecast situation at 30 June 2022 DATE	(if applicable) Forecast situation at 30 June 2023 DATE	(if applicable) Forecast situation at 30 June 2024 *DATE	(if applicable) Forecast situation at 30 June 2025 *DATE	(if applicable) Forecast situation at 30 June 2026 *DATE
<b>Current Liabilities</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Employee entitlements							
Accommodation Bonds, RADs							
Creditors and accruals							
Loans from parent/related entity							
Loans from external organisations including financial institutions							
Other (provide details at 2.3)							
<b>(D) Total current liabilities:</b>							
<b>Non-Current Liabilities</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Employee entitlements							
Loans from parent/related organisations							
Loans from external organisations including financial institutions							
Zero Real Interest Loan							
Other (provide details at 2.3)							
<b>(E) Total non-current liabilities:</b>							
<b>(F) Total liabilities (D + E):</b>							
<b>Net Assets (C - F):</b>							

## 2.3 Please identify 'Other' assets and liabilities

Other current assets:

Other non-current assets:

Other current liabilities:

Other non-current liabilities:

Word limit 300

## 2.4 Applicant organisation – INCOME STATEMENT

See Q2.1 for instructions about which columns to complete. See Essential Guide Part A: Section 2 for additional guidance)	A	B	C	D	E	F	G
	Actual position at 30 June 2020 *DATE	Forecast situation at 30 June 2021 *DATE	(if applicable) Forecast situation at 30 June 2022 DATE	(if applicable) Forecast situation at 30 June 2023 DATE	(if applicable) Forecast situation at 30 June 2024 *DATE	(if applicable) Forecast situation at 30 June 2025 *DATE	(if applicable) Forecast situation at 30 June 2026 *DATE
<b>Income</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Government subsidies							
Resident fees (excluding Daily Accommodation Payments)							
Daily Accommodation Payments							
Interest from investments							
Other income							
<b>(G) Total Income:</b>							
<b>Expenses</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Salaries and wages (including on-costs)							
Supplies, utilities and administration costs							
Rent							
Depreciation							
Interest expense							
Tax expense							
Other expenses							
<b>(H) Total Expenses:</b>							
<b>Operating surplus/(deficit) (G - H):</b>							

## 2.5 Outline how your organisation will address any operating deficit

Word limit 150

2.6 Applicant organisation – STATEMENT OF CASH FLOW							
See Q2.1 for instructions about which columns to complete. See Essential Guide Part A: Section 2 for additional guidance)	A	B	C	D	E	F	G
	Actual position at 30 June 2020 *DATE	Forecast situation at 30 June 2021 *DATE	(if applicable) Forecast situation at 30 June 2022 DATE	(if applicable) Forecast situation at 30 June 2023 DATE	(if applicable) Forecast situation at 30 June 2024 *DATE	(if applicable) Forecast situation at 30 June 2025 *DATE	(if applicable) Forecast situation at 30 June 2026 *DATE
<b>Cash flows from Operating Activities</b>							
<b>Cash received</b>	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
From Government subsidies, Daily Accommodation Payments, resident fees							
From dividends and interest							
Other (specify)							
<b>Total cash received:</b>							
<b>Cash paid</b>	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
To suppliers and employees							
For interest, tax and other expenses							
Other (specify)							
<b>Total cash paid:</b>							
<b>(I) Total cash received less total cash paid:</b>							
<b>Cash flows from Investing Activities</b>							
<b>Cash received</b>	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
From sale of assets (eg: property, buildings, shares, bonds)							
Other (specify)							
<b>Total cash received:</b>							
<b>Cash paid</b>	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
To purchase/upgrade assets (eg: property, buildings, shares, bonds)							
Other (specify)							
<b>Total cash paid:</b>							
<b>(J) Total cash received less total cash paid:</b>							

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Cash flows from Financing Activities							
Cash received	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
From Refundable Accommodation Deposits							
For ILU occupancy loans/entry contributions							
From amounts borrowed							
From grants (include grants sought in this application)							
Other (specify)							
<b>Total cash received:</b>							
Cash paid	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Repayment of Refundable Accommodation Deposits and Accommodation Bonds							
Repayment of ILU occupancy loans/entry							
Repayment of amounts borrowed (principal)							
Other (specify)							
<b>Total cash paid:</b>							
<b>(K) Total cash received less total cash paid:</b>							
<b>(L) Net increase/(decrease) in cash held (I + J + K):</b>							
<b>(M) Opening net cash position:</b>							
<b>Closing net cash position (L + M):</b>							

## 2.7 Outline how your organisation will address any cash flow shortfall

Word limit 150

## 2.8 Describe the assumptions underlying your projections

(Assumptions made about changes in occupancy, income, expenses, growth/decrease in number of residents paying RADs/DAPs and the average RAD/DAP paid. Ensure you include assumptions in regard to Provisionally Allocated places you already hold)

Word limit 150

## 2.9 Multiple service applications

(If you are only applying for one service, do not answer)

Service name	State	Number of places sought	Finance from loans (debt)	Finance from bonds	Finance from other sources	Capital grant sought	Total cost of project	Forecast completion date
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
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	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
	Select							
Total								

## 2.10 Required attachments

For organisations that are not existing approved providers of residential aged care:

- Audited 2019-20 financial statements, including any notes and/or auditor's opinions

## Endorsement of Application

This application may only be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of your organisation. **In signing this endorsement, you are affirming that this proposal has the full consent and support of your organisation's Board of Directors, or other equivalent relevant authority.** Giving false or misleading information is a serious offence. There are offences established by the *Aged Care Act 1997* and the *Criminal Code Act 1995* relating to providing false or misleading information. Approvals based on false or misleading information may be revoked.

- ☐ I am aware of my responsibilities under the *Aged Care Act 1997*, the *Aged Care Quality and Safety Commission Act 2018*, the *Allocation Principles 2014* and/or the *Grant Principles 2014*.
- ☐ I am aware that ACAR materials published on the department's website may have been updated throughout the application period and certify that I have considered the most recent advice when submitting this application(s).
- ☐ I have read the 2020 ACAR Essential Guide (and the Rural, Remote and Other Special Needs Building Fund Grant Opportunity Guidelines if I am seeking a capital grant).
- ☐ I declare that the information provided in this application and associated attachment(s) is true and complete.
- ☐ I declare that the key personnel in the applicant organisation are, and will continue to be, suitable to provide aged care and are not disqualified individuals.
- ☐ I consent to the Secretary of the Department of Health providing relevant information in respect of this application to other persons or organisations, in order to obtain their advice as necessary to assist in assessing this application, or in assessing other applications submitted in the 2020 ACAR. These organisations may include, but are not limited to, the Aged Care Quality and Safety Commission and state, territory or Australian Government Departments and/or other relevant sources, such as independent financial analysts.
- ☐ I consent to the persons or organisations that are contacted in relation to our organisation's 2020 ACAR application(s) releasing information to the Department of Health.
- ☐ I consent, should any application I submit be successful, to the provision of my contact details to my parliamentary representatives (if you would prefer not to give consent do not tick box, this has no influence on application assessment).
- ☐ I consent, should any application I submit be successful, to the relevant Proposal Snapshot (Part B Section 1.2) information being made publicly available (if you would prefer not to give consent do not tick box, this has no influence on application assessment).

### **Capital Grant Applicants Only** (If you are not seeking a capital grant, go to 'Endorsing Officer' section below)

- ☐ I declare that the applicant is not able to independently fund all of the capital works, including via debt funding.
- ☐ I declare that the service for which grant funding is sought does not have an allocation of Extra Service Status (ESS), of any number, whether active or not.
- ☐ I declare that the approved provider, or potential approved provider, for the service seeking grant funding is not a state or territory government, or an authority of a state or territory government.
- ☐ I declare that the applicant is not applying in regard to a project where capital works have already been contracted, or commenced, or completed.
- ☐ I declare that the Cost certificate (Part B) has been signed and dated by an appropriate construction professional.
- ☐ I understand that the applicant must be the approved provider holding an allocation of residential care places at the service to which the capital grant application relates, in order to be allocated a grant.

### Endorsing officer

Name		Company seal and citation
Signature*		
Position held in the organisation		
Date		

\*By signing I affirm my understanding and acceptance that individual feedback will not be provided on my application(s) at the completion of the 2020 ACAR assessment process. See Essential Guide 4.2.5 for details.