

# Alternative Fee Growth Percentage Cap Form

## Form Preview

### Before you begin

**IMPORTANT:** Please read information below to assist you in completing your application online.

Welcome to the **Early Childhood Education and Care (ECEC) Worker Retention Payment - Alternative Fee Growth Percentage Cap** application form. You may begin anywhere in this application form. Please save as you go.

### Important Notice

**This application form is only to be used in limited circumstances where an applicant has evidence that restricting a service's fee growth to the standard fee constraint condition (a maximum of 4.4 per cent fee increase between 8 August 2024 and 7 August 2025) will seriously impact the financial viability of the service.**

You will need to complete one application per service.

Before commencing your application, we recommend you download a copy of the form to collate the information you will require to complete your application. You will need your Provider and Service CRN details to complete your application.

Your application number will appear once you commence your application.

For queries about the guidelines, deadlines, or questions in the form, contact us on **1300 667 276** business hours or email [ccshelpdesk@education.gov.au](mailto:ccshelpdesk@education.gov.au). You will need to provide your application number for this Alternative Fee Growth Percentage Cap application form, which is different to your ECEC Worker Retention Payment Grant Application Form application number. Your application number will appear once you commence your application.

View the ECEC Worker Retention Payment Grant Opportunity Guidelines (Guidelines). For technical support:

- download the [SmartyGrants Help Guide for Applicants](#)
- check out the [SmartyGrants Applicant Frequently Asked Questions](#)

Before commencing your application, we recommend you download a copy of the form to collate the information you will require to complete your application. You will need your Provider and Service CRN details to complete your application.

# Alternative Fee Growth Percentage Cap Form

## Form Preview

### Saving your draft application

To save your partially completed application, press the Save and Close button.

To resume, log in and click the **My Submissions** navigation link at the top of the screen, in the menu header.

You can download your application, whether it's in draft or completed form, as a PDF. Simply click the Download PDF button located at the bottom of the last page of the application can also download your application, whether draft or completed, as a PDF. Click on the 'Download PDF' button at the bottom of the last page of the application form.

### Submitting your application

A **Review and Submit** button is at the end of the form. You must review your application before you can submit it.

You cannot submit your application until:

- all the compulsory questions are completed; and
- there are no validation errors.

You cannot edit your application once it's submitted. If you need to make changes to your application, please send us an email [ccshelpdesk@education.gov.au](mailto:ccshelpdesk@education.gov.au).

You will need to provide your application number for this Alternative Fee Growth Percentage Cap application form, which is different to your ECEC Worker Retention Payment Grant Application Form application number.

When you submit, you will get a confirmation email with a copy of your application. This will be sent to the email you used to register.

**If you do not receive a confirmation of submission email you should presume your submission has NOT been submitted.**

*Check the email hasn't landed in your spam or junk email folder.*

### Attachments

You will need to upload attachments to support your application. To do so, your documents must be saved on your computer or a storage device.

Allow enough time for each file to upload before attaching another file.

While attachments can be up to 25MB each, it's best to keep them to 5MB each.

Accepted file

types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

### Completing an application in a group or team

Multiple people can collaborate on an application using the same login details, but please ensure that only one person is editing the form at any given time. Make sure the application

# Alternative Fee Growth Percentage Cap Form

## Form Preview

is completed and submitted by the authorised representative or officer and remember to save your progress as you go.

### Closing date and time

31 July 2026, 5pm (AEST)

### About the grant

\* indicates a required field

### Instructions

To apply for the Early Childhood Education and Care (ECEC) Worker Retention Payment grant, you MUST READ all information in the Grant Opportunity documents, available on [GrantConnect](#).

We will notify you in writing of the application outcome. If we find an error or information that is missing, we may ask for clarification or additional information from you that will not change the nature of your application but may delay the application process. If we find you eligible, await communication from the Department of Education.

### Application number

This field is read only.

The identification number for this application.

### ECEC Worker Retention Payment Privacy Statement

The Department of Education (the department) is bound by the *Privacy Act 1988 (the Privacy Act)*, including the *Australian Privacy Principles (APPs)* contained in Schedule 1 of the Privacy Act. The APPs govern the way the department and its service providers handle personal information.

This privacy statement explains how the department and its third-party service provider, Our Community Pty Ltd, contracted to provide SmartyGrants (the Provider) will handle personal information when this form is submitted in relation to the ECEC Worker Retention Payment Grant Program (the Grant Program).

The Grant Program provides Australian Government funding to support a wage increase for eligible ECEC workers as specified in the ECEC Worker Retention Payment [Grant Opportunity Guidelines](#) (Guidelines).

For more information on the Grant Program, see the [department's webpage](#).

### Purpose of collecting your information

# Alternative Fee Growth Percentage Cap Form

## Form Preview

Any personal information collected on this form, or otherwise in connection with the application, is collected by the department and its Provider for the purposes of administering the Grant Program, including:

- assessing eligibility
- determining grant amounts payable and making those payments
- developing grant agreements with successful applicants and managing and monitoring those agreements
- preventing, detecting, investigating or dealing with corruption, misconduct, fraud, or other unlawful activity relating to the Commonwealth
- evaluating the Grant Program, including contacting applicants in relation to evaluation activities, and
- research and program and policy development relevant to the ECEC sector.

Your personal information may also be used for other purposes as described in the department's Privacy Policy, where you consent, or where it is otherwise permitted under the *Privacy Act*.

If you do not provide some or all of the personal information requested, the department may not be able to assess the application.

The department or Services Australia, on the department's behalf, will also use information provided on the form to:

- find other information about you/the applicant and relevant employees, which has previously been provided to the department or Services Australia, including wage and employment data and other information which may be protected information under the family assistance law, and
- use that other information to check information provided in relation to the Grant Program is accurate, up to date and complete and to undertake the activities outlined above connected to administering the Grant Program.

## Collection of personal information about others

We need consent to collect personal information from someone other than the individual concerned, unless certain exceptions apply. If you provide personal information about another individual, you need to check with them first that they agree to the information being provided and to being handled by the department in accordance with this privacy statement.

Please do not provide personal information about any other individual unless you have their consent.

## Disclosure of your personal information

The department may share your personal information with third parties, including:

- the Provider for the purposes of receiving software delivery services related to SmartyGrants, including IT support
- Services Australia for the purposes of payment delivery
- the Department of Employment and Workplace Relations (DEWR) so they can provide the department with a range of ICT and other corporate services

# Alternative Fee Growth Percentage Cap Form

## Form Preview

- where relevant, the Department of Finance (DoF) for the purposes of publishing certain information about grants awarded on [GrantConnect](#).

Your personal information may also be disclosed to other parties as described in the department's [Privacy Policy](#), where you have agreed, or where it is otherwise permitted under the *Privacy Act*.

The personal information is unlikely to be disclosed to overseas recipients. However, the department is required by law to publish on [GrantConnect](#) certain information about grants awarded under the Grant Program, including the name of the grant recipient and amount of the grant. If that information contains personal information, publishing the information on the [GrantConnect](#) website may, by its nature, involve disclosure to overseas recipients in any country.

## Privacy policy

The department's [Privacy Policy](#) contains more information about how the department will manage your personal information, including information about how to make a complaint and seek access to and correction of your personal information.

To contact the department about your personal information, email [privacy@education.gov.au](mailto:privacy@education.gov.au).

Information about SmartyGrants privacy policy can be found on its [website](#).

To contact the department about the ECEC Worker Retention Payment, email [ccshelpdesk@education.gov.au](mailto:ccshelpdesk@education.gov.au). The Child Care Subsidy (CCS) Provider Helpdesk is our frontline support centre for child care providers and services seeking answers.

## Your consent

**I agree to the collection and handling of my personal information (including sensitive information if any), as described in the ECEC Worker Retention Payment privacy statement. \***

☐ I agree

**I declare that if this form contains personal information about any other person, I have advised that person about the matters in the ECEC Worker Retention Payment privacy statement, and obtained their consent to provide their personal information, including sensitive information if any, and to the handling of their personal information as described in the ECEC Worker Retention Payment privacy statement. \***

☐ I declare

## Applicant details

\* indicates a required field

### Provider details

**Name of Provider \***

# Alternative Fee Growth Percentage Cap Form

## Form Preview

Organisation Name

Enter the full legal name of your organisation

**Trading or business name of Provider**

If different to above

**Provider primary address \***

Address

  

Address line 1, suburb/town, state/territory, postcode, and country are required.

**Provider postal address \***

Address

  

Address line 1, suburb/town, state/territory, postcode, and country are required. Complete if different from above.

**Provider ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Please provide your Provider Customer Reference Number (CRN):.**

**Provider Customer Reference Number \***

# Alternative Fee Growth Percentage Cap Form

## Form Preview

Must be 10 characters

Click the 'add more' button to add additional Provider CRNs

### Please tick all the boxes that apply to your organisation type: \*

- ☐ An organisation recognised by the law in Australia as a separate legal entity (company incorporated in Australia)
- ☐ An organisation recognised by the law in Australia as a separate legal entity but with strict prohibitions regarding issuing of shares and paying dividends (company incorporated by guarantee)
- ☐ An entity incorporated under state or territory law, that is usually not-for-profit (incorporated association)
- ☐ A legal entity set up solely for charitable or not-for-profit activities (unincorporated body or entity)
- ☐ A self-employed person who owns and runs my own business (sole trader)
- ☐ A partnership
- ☐ A private company
- ☐ A registered ACNC charity or not-for-profit organisation
- ☐ An Aboriginal and/or Torres Strait Islander Community Controlled Organisation
- ☐ Another Aboriginal and/or Torres Strait Islander Organisation
- ☐ Part of the Local Government
- ☐ Part of the Australian Federal Government
- ☐ Part of the State or Territory Government

### Please provide the State or Territory under which you are incorporated \*

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ Victoria
- ☐ Western Australia

### Please tick the box that applies to your organisation type \*

- ☐ For profit
- ☐ Not for profit

## Service details

### Service Name \*

Organisation Name

### Please provide your Service CRN \*

Must be 10 characters

# Alternative Fee Growth Percentage Cap Form

## Form Preview

### Service address \*

Address

  

Address line 1, suburb/town, state/territory, postcode, and country are required.

### Please select the care type of this service \*

- ☐ Centre Based Day Care  
☐ Outside School Hours Care

### Representative contact details

#### Name of representative completing this application \*

First Name

Last Name

#### Title of representative completing this application \*

This must be a [person with management and control of the Provider](#), and who has the authority to enter into a binding agreement with the Commonwealth.

#### I confirm I am the person with management and control of the Provider \*

☐ I confirm

#### I confirm I have the authority to enter into a binding agreement with the Commonwealth \*

☐ I confirm

#### Contact phone number \*

Must be an Australian phone number.  
At least one phone number must be provided.

#### Mobile phone number

Must be an Australian phone number.

#### Contact email address \*

Must be an email address.

#### Authorisation to complete application \*

☐ I am a Person with Management and Control of the Provider to complete this application

### Alternative contact details

Please provide contact details for an alternative contact within your organisation.



# Alternative Fee Growth Percentage Cap Form

## Form Preview

### Alternative contact name \*

First Name

Last Name

### Title of alternative contact \*

### Alternative contact phone number \*

Must be an Australian phone number.

### Alternative contact email address \*

Must be an email address.

## Previous applications

### Have you submitted any previous applications for the ECEC Worker Retention Payment grant? \*

☐ Yes

☐ No

### Please enter the application number for any previous applications \*

Application numbers can be found in your application.

*Click 'Add more' to add additional application numbers.*

### Have you submitted any previous applications for the ECEC Worker Retention Payment - Alternative Fee Growth Percentage Cap? \*

☐ Yes

☐ No

### Please enter the application number for any previous applications \*

Application numbers can be found in your application

*Click 'Add more' to add additional application numbers.*

## Alternative fee growth percentage cap information

\* indicates a required field

# Alternative Fee Growth Percentage Cap Form

## Form Preview

**Will the service have to cease to deliver service offerings or significantly reduce their service offerings because of the standard fee constraint condition? \***

☐ Yes

☐ No

**If no, please provide additional information to support why the standard fee constraint condition will seriously impact the financial viability of the service \***

**Does the service operate vacation care? \***

☐ Yes

☐ No

**Provide justification as to why the standard fee constraint condition (a maximum 4.4 per cent increase) as outlined in Section 4 of the guidelines is not appropriate for this service \***

Word count:

Must be no more than 200 words.

**Provide a proposed alternative fee growth percentage cap for your service \***

Must be a percentage

**What are the likely impacts of not receiving an alternative fee growth percentage cap to this service? \***

Word count:

Must be no more than 200 words.

## Fee structure information

\* indicates a required field

**Please attach a copy of your current fees schedule (including for different times and cohorts) for your service to support your application \***

Attach a file:

# Alternative Fee Growth Percentage Cap Form

## Form Preview

**Please attach a copy of your proposed fees schedule for your service \***

Attach a file:

## Financial information

\* indicates a required field

*Please provide financial information as indicated by the table below.*

### Revenue

#### Revenue in the last 12 months

<b>Child Care Subsidy revenue in the last 12 months *</b>	<b>Gap fees revenue in the last 12 months *</b>	<b>Other revenue in the last 12 months *</b>	<b>Total revenue last 12 months *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

#### Anticipated revenue in the next 12 months (with a 4.4% fee growth cap)

<b>Anticipated Child Care Subsidy revenue in the next 12 months (with 4.4% fee growth cap) *</b>	<b>Anticipated gap fees revenue in the next 12 months (with a 4.4% fee growth cap) *</b>	<b>Anticipated other revenue in the next 12 months (with a 4.4% fee growth cap) *</b>	<b>Total anticipated revenue in the next 12 months (with a 4.4% fee growth cap) *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

#### Anticipated revenue in the next 12 months (with your proposed fee growth cap of more than 4.4%)

<b>Anticipated Child Care Subsidy revenue in the next 12 months (with your proposed fee growth cap of more than 4.4%) *</b>	<b>Anticipated Gap Fee revenue in the next 12 months (with your proposed fee growth cap of more than 4.4%) *</b>	<b>Anticipated other revenue in the next 12 months (with your proposed fee growth cap of more than 4.4%) *</b>	<b>Total anticipated revenue in the next 12 months with your proposed fee growth cap of more than 4.4%) *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

### Expenditure

#### Expenditure in the last 12 months

<b>Staffing costs in the last 12 months *</b>	<b>Rent or facility costs in the last 12 months *</b>	<b>Other expenses in the last 12 months *</b>	<b>Total expenditure in the last 12 months *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

# Alternative Fee Growth Percentage Cap Form

## Form Preview

### Anticipated expenditure in the next 12 months (with a 4.4% fee growth cap)

Anticipated staffing costs in the next 12 months (with a 4.4% fee growth cap) \*

Must be a dollar amount.

Anticipated rent or facility costs in the next 12 months (with a 4.4% fee growth cap) \*

Must be a dollar amount.

Anticipated other expenditure in the next 12 months (with a 4.4% fee growth cap) \*

Must be a dollar amount.

Total anticipated expenditure in the next 12 months (with a 4.4% fee growth cap) \*

This number/amount is calculated.

### Anticipated expenditure in the next 12 months (with your proposed fee growth cap of more than 4.4%)

Anticipated staffing costs in the next 12 months (with your proposed fee growth cap of more than 4.4%) \*

Must be a dollar amount.

Anticipated rent or facility costs in the next 12 months (with your proposed fee growth cap of more than 4.4%) \*

Must be a dollar amount.

Anticipated other expenses in the next 12 months (with your proposed fee growth cap of more than 4.4%) \*

Must be a dollar amount.

Total anticipated expenditure in the next 12 months (with your proposed fee growth cap of more than 4.4%) \*

This number/amount is calculated.

### Profit / loss in the last 12 months

#### Net operating profit/loss \*

(before finance, interest, depreciation and amortisation expenses)

#### Finance costs/Interest expenses

Must be a dollar amount.

#### Depreciation and amortisation expenses

Must be a dollar amount.

#### Profit/loss (before income tax) \*

Must be a dollar amount.

#### Income tax \*

Must be a dollar amount.

#### Net profit or loss \*

Must be a dollar amount.

# Alternative Fee Growth Percentage Cap Form

## Form Preview

Anticipated profit/loss in the next 12 months (with a 4.4% fee growth cap)

**Net operating profit/loss \***

(before finance, interest, depreciation and amortisation expenses)

**Finance costs/Interest expenses**

**Depreciation and amortisation expenses**

Must be a dollar amount.

**Profit/loss (before income tax) \***

Must be a dollar amount.

**Income tax \***

Must be a dollar amount.

**Net profit or loss \***

Must be a dollar amount.

Anticipated profit/loss in the next 12 months (with your proposed fee growth cap of more than 4.4%)

**Net operating profit/loss \***

Before finance, interest, depreciation and amortisation expenses

**Finance costs/Interest expenses**

Must be a dollar amount.

**Depreciation and amortisation expenses**

Must be a dollar amount.

**Profit/loss (before income tax) \***

Must be a dollar amount.

# Alternative Fee Growth Percentage Cap Form

## Form Preview

**Income tax \***

Must be a dollar amount.

**Net profit or loss \***

Must be a dollar amount.

### Enrolment information

**Please provide the information on your enrolment numbers as outlined below.**

**Hint:** you must use the same reference day for the last 12 months and the next 12 months when providing the information below. For example, if you use the 15 May 2024 for column 2, then use 15 May 2025 for column 4.

Click 'add more' to add additional rows.

Age group	At any one day in the last 12 months, how many children on average were enrolled in the service?	If known, hours of service within the last 12 months	At any one day, how many children on average do you expect to be enrolled in the service, in the next 12 months?	If known, anticipated hours of service in the upcoming next 12 months
	Must be a number.	Must be a number.	Must be a number.	Must be a number.

**Has there been any significant material changes to the financial situation of the service within the last 12 months? \***

☐ Yes ☐ No

**Please provide a description of the significant changes \***

Word count:

Must be no more than 200 words.

**Are any significant changes to the financial situation of the service likely to arise during the upcoming 12 months? \***

☐ Yes ☐ No

**Please provide a description of the likely significant changes \***

# Alternative Fee Growth Percentage Cap Form

## Form Preview

Word count:

Must be no more than 200 words.

## Declarations

\* indicates a required field

### Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or program. There may be a conflict of interest, or perceived conflict of interest, if the department's staff, any member of a committee or advisor and/or you have a:

- professional, commercial or personal relationship with a party who can influence the application selection process, such as an Australian Government officer;
- relationship with or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; and
- relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/grant opportunity.

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

☐ Yes

☐ No

The department must be notified of any changes of circumstance including conflict of interest

**Please provide detail on the nature of the conflict of interest. \***

## Declaration

Please read and complete the following declaration.

I understand I am required to provide financial information to the Department of Education, as required under the *A New Tax System (Family Assistance) (Administration) Act 1999 (Administration Act)*, to assist the department in determining whether, I, as the representative of an ECEC Provider, are eligible to receive the ECEC Workforce Retention Payment. I understand the department may disclose some of my information to Services Australia for the purposes of service delivery and to the Australian Taxation Office for the purposes of ensuring accurate information.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Grant Opportunity Guidelines.

# Alternative Fee Growth Percentage Cap Form

## Form Preview

- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding if this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Instructions.
- I understand the information and data provided may be linked to other information sources to enable the department to assess your grant application, improve the grant program, and monitor the effectiveness and impact on the ECEC sector.
- I have read and acknowledged the Privacy Statement in this application form.
- I can comply with the *Privacy Act* and the *Australian Privacy Principles* and impose the same privacy obligations on officers, employees, agents and subcontractors that I engage to assist with the activity, in respect of personal information I collect, use, store, or disclose in connection with the activity. Accordingly, I will not do anything, which if done by the department, would breach an Australian Privacy Principle as defined in the *Privacy Act*.
- Other than information available in the public domain, I agree not to give to any person, other than the department, any confidential information relating to the grant application and/or agreement, without our prior written approval.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondence constitutes a valid and legally binding method for interacting under the grant agreement and the *Electronic Transactions Act 1999 (Cth)*.
- The information I have given on the ECEC Worker Retention Payment application and on any other attachments is true and accurate.
- I am aware financial information provided may be shared to Services Australia and cross-checked against other Commonwealth agency information.
- I am aware that knowingly providing a false or misleading statement is a criminal offence and may carry a penalty of up to 12 months

**I understand and agree to the declaration above. \***

☐ Yes

**I acknowledge that giving false or misleading information to the Commonwealth Department of Education is a serious offence. \***

☐ Yes

**Name of representative completing this application \***

Title      First Name      Last Name

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**Title of representative completing this application \***

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**Once your application has been submitted, you will not be able to make changes to your application. If you need to make changes to your application, please send us an email on [CCShelpdesk@education.gov.au](mailto:CCShelpdesk@education.gov.au).**

**If you do not receive a confirmation of submission email you should presume your submission has NOT been submitted.**

*Check the email hasn't landed in your spam or junk email folder.*



