Pages 1-5 of this document provide services with a step-by-step guide to completing the Unique Project Application Form. Services must refer to this guide when completing their application. The application form is located on pages 6-8.

**Application Guide**

**Application Details**

* Add the relevant service, IS Case ID and IP details.
* Choose a cohort/group of children from the dropdown list provided.
* Identify the number of Care Environments that will be involved in the Project
* Identify how many educators will be participating in the Project
* Identify if this is a Group Project? Choose Yes or No. If ‘YES’, your application must be accompanied by a completed [Group Projects Detail Form](https://idfm.org.au/resources/group-projects-details-form)

**Barriers, Solutions and Outcomes**

* **Barriers**

What are the Barriers that this Project will address for children?

* Your response to this question needs to describe the specific Barriers to inclusion this Project will target for the cohort/group of children identified.

What is the impact of these Barriers for children?

* Your response should clearly describe what is happening, for the cohort/group of children identified, in the care environment/s
* What have educators noticed occurring in the care environment that prevents child/ren from engaging in experiences, routines and/or interaction with peers?
* What is happening within the service that may be hindering child/ren's active engagement?

Describe the Barriers to Inclusion this Project will target for educators?

* Your response to this question needs to describe the specific Barriers to inclusion this project will target for educators.

What is the impact of these Barriers for educators?

* Describe how the Barriers to inclusion are impacting educators and their ability to be inclusive.
* Your response to this question should demonstrate the need for support you are applying for.
* **Solutions**

What have you already done to try to address these Barriers?

* Briefly list any actions that have already been taken to address the Barriers identified above.
* Describe the outcomes experienced as a result of these actions.
* Outline why further support is now needed.

What makes this Project Unique?

* Describe what makes this Project different
* Why doesn't it align with any of the other Innovative Solutions Support Project Types?

How will a Unique Project help to address these identified Barriers?

* Outline why a Unique Project is the best option of support for the service.
* Briefly explain how the Project will address the identified Barriers.

**Outcomes**

When responding to the following two questions, describe the outcomes you aim to achieve for children and educators through implementing this Project. The outcomes should be specific to your service and the Barriers that have been identified. You will need to also explain how the Project will lead to the genuine inclusion of children that the Project is seeking to support.

What are the intended outcomes of the Project for children?

Consider:

* What will be different if the Barriers for the child/ren are addressed?
* How will the Project lead to the child/ren’s increased participation in the program.
* How will the Project support the child/ren to be included?
* What will change or be different as a result of implementing this Project?

What are the intended outcomes of the Project for educators?

Consider:

* A picture containing water, shore

  Description automatically generatedWhat new skills, knowledge and information will educators have the opportunity to gain?
* How will the Project assist educators to become more inclusive?
* What else will change or be different?

## Project Details

* **Support Provider**

Does this Project require a Support Provider?

* Answer Yes or No
* If you have responded **‘Yes’**, answer the following four questions

Who is the Support Provider?

* + Provide the name of the company, agency or private provider who will provide Guided Practice support to your service.
  + Provide the name of the specific person who will be supporting the service with this Project (if known)

Why have you chosen them?

* + Briefly explain your rationale for choosing this Support Provider. This may include factors such as value for money, availability of the service, their experience and/or expertise.

What skills, expertise, and qualifications do they have that make them a suitable provider to

facilitate a Unique Project that will address the services identified Barriers?

* + Ask your Support Provider for a statement outlining this information to accompany their quote.
  + Ensure their qualifications and skills show their expertise in relation to the Barriers to inclusion identified in your application.
  + The details provided can be entered into the text box or
    - If the Support Provider documents this information in their quote or in a written statement, you can state this in your response to this question i.e*.. ‘Please see quote or statement attached to IS Case on the IS Portal.’*

Which evidence-based practice approach will they use/draw upon to guide the support they will be providing to the service?

*The aim of this question is to determine if the information the Support Provider proposes to share with educators is reputable and whether it aligns with inclusive practice.*

* + Ask your Support Provider which evidence base practice approach they will be using/drawing upon to deliver each professional development session.
  + You can attach a statement from your Support Provider or briefly outline the theory and/or evidence that supports the content to be provided through the Project.

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Description automatically generatedYour Inclusion Professional will also be able to provide advice regarding the suitability of a particular approach or specific content is reputable and whether it is compatible with inclusive practice

* If you have responded **‘No’**
  + Explain why funding is essential for this Project?
* **Project Plan**

A Project Plan is required for each Unique Project Application.

If a Project Plan has not yet been developed and you require support to create one, please contact your Inclusion Professional for assistance.

An application must not be submitted on the IS Portal until a Project Plan has been developed, uploaded and attached to the relevant IS Case.

* A copy of an Example Project Plan can be accessed [here](https://idfm.org.au/resources/innovative-solutions-support-example-project-plan)
* The Project Plan template can be accessed [here](https://idfm.org.au/resources/innovative-solutions-support-project-plan-template)

Have you developed a Project Plan?

* A ‘Yes’ response is required before submitting your application

Does your Project Plan clearly outline of the content of the support that will be provided?

* A ‘Yes’ response is required before submitting your application

Does the Project include the supply or development of resources?

Innovative Solutions Support is not intended to be used for the purchase of resources. However, sometimes there may be resources that are necessary for the successful implementation of a Project. In these cases, the supply or development of resources can be approved provided they amount to less than 10% of the total Project cost.

* Choose Yes or No
* If Yes, please provide a brief description of the resources required and a rationale for why they are necessary for the implementation of the Project.

**Sustainability**

How will you sustain the Project outcomes once the Project is completed?

Innovative Solutions Support aims to generate lasting outcomes. It is expected that services will be able to maintain Project outcomes without the need for high levels of ongoing support. This means that you should have a plan for how your Project will lead to embedded and sustainable changes to your practice that will continue after the Project finishes.

* Your response to this question needs to include actions you will take once a Project is completed to ensure outcomes can be maintained.

**Document Requirements**

* **Required**

Financial Quote

* This is an essential requirement for all Unique Projects.
* A picture containing water, shore

  Description automatically generatedIf your project involves a Support Provider, they should consult the [Guide for Support Providers](https://idfm.org.au/resources/innovative-solutions-support-projects-guide-for-support-providers) and [Price Guide](https://idfm.org.au/resources/price-guide) to ensure that their quote includes the necessary information.
* If your Project is requesting funding for purposes, other than engaging a Support Provider, your Quote must align with the:
  + Innovative Solutions Support Price Guide; and
  + Approved Purposes of funding as outlined in the [Inclusion Support Program Guidelines](https://www.education.gov.au/early-childhood/resources/inclusion-support-program-guidelines) (ISP Guidelines 9.1 Approved Purposes, 4.1.4 non-approved Purposes).
* ☑ Tick the box to indicate that a Financial Quote has been uploaded and attached to the relevant IS Case on the IS Portal.

Project Plan

* A Project Plan must be developed, upload and attached to the relevant IS Case on the IS Portal.
  + A copy of an Example Project Plan can be accessed [here](https://idfm.org.au/resources/innovative-solutions-support-example-project-plan)
  + The Project Plan template can be accessed [here](https://idfm.org.au/resources/innovative-solutions-support-project-plan-template)
* ☑ Tick the box to indicate that a copy of the competed Project Plan has been upload and attached to the IS Case on the IS Portal
* **Only required if details have not been provided above in your application**

Support Provider Information

* ☑ Tick the box to indicate that documentation about the Support Providers skills, experience and qualifications has been uploaded and attached to the IS Case on the IS Portal

Evidence Based Practice

* ☑ Tick the box to indicate that documentation about the evidence-based practice approach that will be used/drawn upon to guide the support that will be provided has been uploaded and attached to the IS Case on the IS Portal

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Complete the application form below and save a copy of this document as a PDF file before uploading to the IS Portal and attaching it to the relevant IS Case.

**Application Details**

**Service Name:** Click here to add a service name

**Name of service contact person:** Click here to add a name

**IS Case ID:** Click here to add an ID number

**Name of Inclusion Professional:** Click here to add a name

**Which cohort/group of children with additional needs does this application aim to support?**

Click here to choose a cohort/group of children

**How many Care Environments that will be involved in the Project?** Click here to add number

**How many educators will be participating in the Project?** Click here to add a number

**Is this a Group Project?**  Yes  No

**Barriers, Solutions and Outcomes**

* A picture containing water, shore

  Description automatically generated**Barriers**

What are the Barriers this Project will address for children?

Click here to add a response

What is the impact of these Barriers for children?

Click here to add a response

What are the Barriers this Project will address for educators?

Click here to add a response

What is the impact of these Barriers for educators?

Click here to add a response

* **Solutions**

What has already been done to try and address these Barriers?

Click here to add a response

What makes this project Unique?

Click here to add a response

How will a Unique Project help to address the Barriers identified?

Click here to add a response

* **Outcomes**

What are the intended outcomes of the Project for children?

Click here to add a response

What are the intended outcomes of the Project for Educators?

Click here to add a response

**Project Details**

* **Support Provider**

Does this Project require a Support Provider?

**Yes** Who is the Support Provider for this Project?

Click here to identify the Support Provider

Why have you chosen them?

Click here to add a response

What skills, expertise, and qualifications do they have that make them a suitable provider to

facilitate a Unique Project that will address the services identified Barriers?

Click here to add a response

Which evidence-based practice approach will they be use/draw upon to guide the support

they will be providing to the service?

Click here to add a response

**No** Why are you seeking funded support?

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**Project Plan**

Have you developed a Project Plan?

Yes  No

Does your Project Plan clearly outline of the content of the support that will be provided?

Yes  No

Does the Project include the supply or development of resources?

Yes Click here to briefly describe the resources required

Click here to provide a rationale for why they are essential to the Project

No

**Sustainability**

How will the Project outcomes be sustained once the Project is completed?

Click here to add a response

**Document Requirements**

Required

A Financial Quote has been uploaded and attached to our IS Case on the IS Portal

A copy of our competed Project Plan has been uploaded and attached to our IS Case on the IS Portal

Only required if details have not been provided in your application above

Documentation about the Support Providers skills, experience and qualifications has been

attached to our IS Case on the IS Portal

Documentation about the evidence-based practice approach that will be used/drawn upon to support

the service has been attached to our IS Case on the IS Portal

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