

Community Support Coordination Program (CSCP) – Mid Year Report

Preface

The Defence Member and Family Support (DMFS) recognises the important role evaluation plays in helping to meet our requirements as a Commonwealth entity for high standards of performance and accountability. It aims to ensure evaluation of the Community Support Coordination Program (CSCP) is robust, targeted to inform decision making and supports continuous improvement.

The Department of Defence continues to be a proud supporter of Defence community groups and the centres that they operate out of.

This report must be completed and returned by email by **09 February 2025**.

For further information please contact the Community Support Programs team by email to: defence.communitygrants@defence.gov.au.

Mid-Year Reporting

This report is designed to evaluate the effectiveness of the Community Support Coordination Program within your organisation, and ensure Program objectives are being met

The information contained in this report is not intended to audit your organisations compliance practices. It is the committee's responsibility for managing the affairs of your association in accordance with your constitution and the requirements of relevant Federal and state-based legislation. This could include:

- Adhering to Fair Work employment conditions for your paid coordinator, as set out in the National Employment Standards
- fair work requirements
- Abide by relevant state workplace health and safety laws and have appropriate insurances in place
- Maintain good governance by accurate record keeping, this includes the control of financial records and awareness of where all administrative records are located
- Meeting all reporting obligations as outlined in state/territory legislation and regulations for the not-for-profit sector

This report is to be completed by a member of the committee not the paid coordinator under CSCP.

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Section 1 - Employer Details

Name of Organisation	
Name of Supervisor	
Contact Details of Supervisor (please use organisational contact details where possible)	Email:
	Phone:

Section 2 - Employee Details

Name of Coordinator	
Date Commenced in Role	
Contact Details of Coordinator (please use organisational contact details where possible)	Email:
	Phone:
Name of previous coordinator/s if employed during this period. Also include period of employment.	

Section 3 – Funded Coordinator

Can you please provide an overview of your coordinators role? Please ensure to include key deliverables, key functions of the role and the coordinator’s major responsibilities.	
Please detail your approved weekly funded hours (e.g. 10hrs, 15hrs, 20hrs, 25hrs)	

Please provide a detailed response on how the committee believes the allocated funding has positively impacted the local Defence community:

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Does the committee believe the CSCP funded hours are sufficient for the coordinator to successfully fulfil their role? For example, does your coordinator have adequate time to plan and coordinate events, maintain stakeholder engagement and complete associated administration?

Yes No

If No, please provide further detail:

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If you answered **NO** above and would like to be considered for an increase to allocated hours (up to a maximum of 25hrs per week), please send a written justification for consideration to the [Defence Community Grants team](#). Your justification should include reasoning for the increase and a plan on how the additional hours would be allocated across your coordinator's working week.

Does the committee believe the funding supports the sustainability of Defence Community Groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
<input type="checkbox"/> To ensure calculation of funding spent is determined correctly please ensure to attach a copy of payroll summary for payments made YTD (01 Jul 24 – current).	

Section 4 - Program Aims – Coordinator

Please ensure to answer the below questions honestly and truthfully

Is your paid coordinator connected and interested in local community happenings and events? Do they represent your Defence community group by actively engaging local stakeholders? For example, networking with local community groups community based services and members to share ideas, information and innovation which benefit the Defence community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	

Does the coordinator administer the operations of the centre efficiently and support the treasurer to ensure financial accountability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide details:

Does the coordinator foster an inclusive and engaging environment for community members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide details:

Does the coordinator ensure that all planned events are open and available to all financial members of the community group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide details:

Does the coordinator maintain regular and meaningful engagement with local DMFS staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
Does the coordinator promote and support local DMFS programs and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
Does the coordinator provide a consistent presence at the community centre and/or maintain regular hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
Does the coordinator engage with families through events and activities and provide a familiar and friendly face?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	

Section 5 - Program Aims – Committee

Please ensure to answer the below questions honestly and truthfully

Has the committee established a skilled team of volunteers to function as an essential support for the centre’s operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
Has the committee established a skilled team of volunteers to function as an essential support for the paid coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
Are the committee meeting all regulatory requirements (For example, adhering to Fair Work employment conditions, meeting necessary reporting requirements for the not-for-profit sector, work place health and safety, good record keeping practices, maintaining pay roll, etc..)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No please contact your relevant regulatory body for advice and guidance.</i>

Section 6 - Organisational Structure

Please provide the details of your committee members and what term of office year is applicable.

Committee Position	Name	Term of Office	Different Since Last Notified
President			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vice-President			<input type="checkbox"/> Yes <input type="checkbox"/> No
Secretary			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Officer			<input type="checkbox"/> Yes <input type="checkbox"/> No
Treasurer			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other <i>(please specify e.g. general member)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7 - Other

Is there anything else you would like to share about your organisation, CSCP funding or any details that have not been covered in this report?

Section 8 - Declaration

We declare that:

- The information given on this form is true and accurate;
- We have attached all required supporting documents;
- We have read and acknowledge the CSCP Guidelines, noting that the form must be returned to DMFS by the specified date, and may affect further funding;
- We have attached a copy of requested payroll summary; and
- All financial records associated with CSCP funding must be maintained and made available when requested by the Program.

Name of Approving Authority:	Signature:
Position:	
Name of Witness:	Signature:
Position of Witness:	

Please return this signed form via email as soon as possible. January to June funds cannot be released without this completed document.

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Privacy Notice

The Community Support Programs Team, on behalf of the Department of Defence, collects personal information for the purposes of the administration of the Community Support Coordination Program. Your personal information will be used and stored in accordance with the Australian Privacy Principles (APPs). For further information about the collection and handling of your personal information see our detailed privacy notice. For information about how to access or correct your personal information or make a complaint, see our [Defence privacy policy](#).