**GRANT APPLICATION FORM 2024**

**This application form should be completed in conjunction with the RHIF Grant Guidelines.**

|  |  |  |
| --- | --- | --- |
| **Proposal title:** | |  |
| **Organisation/Group name:** | |  |
| **Postal address:** | |  |
| **Australian Business Number (ABN) Australian Company Number (ACN)** | |  |
| **Primary contact person:** | **Full name:** |  |
|  | **Position:** |  |
|  | **Mobile:** |  |
|  | **Email:** |  |
| **Which of the following describes the type of application:** | | Not for profit organisation  Registered South Australian charities  Community Group |
| **Organisation/Group description:** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Details**  Applicants MUST provide Certificates of Currency with their submission for their application to be considered. | | | |
| Public Liability Insurance | Provider | Coverage | |
|  |  | $ | |
| Professional Indemnity Insurance | Provider | Coverage | |
|  |  | $ | |
| Workers Compensation Insurance | Provider | Registration Number | |
|  |  |  | |
| If your organisation does not employ any workers and are not required to register with Return-to-Work SA please tick this box | | |  |

|  |  |
| --- | --- |
| **Auspicing Arrangements**  If your organisation propose that the Grant is auspiced and administered by another agency, please note the organisation name below, arrange for the Auspicing body to complete the Auspicing agreement in Attachment 2 and submit with your application. | |
| Auspiced | Yes  No |
|  | |
| **Conflict of interests to declare:** | Please ensure you declare any potential or actual conflicts of interest. |
|  |  |
|  | |
| **Please confirm that the project does not request funding for the following:** | * Goods which have been purchased prior to the Grant contract date. * Activities/programs which took place prior to the Grant contract date. * Projects that duplicate existing products or services already available in the community. * Activity in interstate or international locations.   **The project does not request funding for any of the above (please tick)** |
|  |  |

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| --- | --- |
| **PART A - Project Concept**   1. **Project Summary: please provide a brief, clear and succinct description of your project.** ie; what, how, who, where. | |
| Enter brief summary here: | |
| 1. **Explain how your project aligns to the RHIF purpose, priorities and key focus areas.**  * Include how this proposal will work to build innovation. | |
| Enter response here: up to 500 words maximum | |
| 1. **Target Area:** select all that apply – please see region map in RHIF Grant Guidelines | |
| |  |  |  |  | | --- | --- | --- | --- | | Which region will the project target? | | | | |  | *Barossa Hills Fleurieu* |  | *Riverland Mallee Coorong* | |  | *Flinders and Upper North* |  | *Limestone Coast* | |  | *Eyre and Far North* |  | *Yorke and Northern* | | |
| 1. **Target group, who does the project aim to help?** please specify which groups of people/services and/or systems the project will target.  * How will the project support the target group? * What are the proposed numbers to be addressed by the project? | |
| Enter response here: up to 500 words maximum | |
| **PART B – Evidence of Need**   1. **Research:** please outline the demonstration of need for this project.  * Describe what data/ information you have gathered to determine the level of need for this project. * What evidence have you found to suggest that this proposal is needed? * What community consultation has been conducted? | |
| Enter response here: up to 500 words maximum | |
| **PART C - Project Design**   1. **Project Plan**: please outline your project plan and how your proposal will contribute to improving the health and wellbeing of country South Australians.      * What do you hope to achieve from this proposal? * What strategies, actions and activities will be used? * How will it impact health outcomes? * How will it address community needs? * Is the project community driven? | |
| Enter response here: up to 500 words maximum | |
| 1. **Staffing & Resources:** please provide information about your capacity to deliver the proposed activities, including relevant qualifications, skills, accreditation requirements, staffing and resources. Please describe how you will ensure the necessary protocols and procedures are in place to ensure the project is delivered in a culturally appropriate way. | |
| Enter response here: up to 500 words maximum | |
| 1. **Time Frames:** please outline the specific timeframes of the project and provide a detailed description of how you will achieve your activity/project in the timeframe given? | |
| Enter response here: up to 500 words maximum | |
| 1. **Collaboration, additional partners and in-kind support:**  * What collaboration, networking or lived experience has been involved in developing this project and what were their roles and responsibilities? * Please specify if partners have been identified, who they are, why they have been chosen and what are their roles and responsibilities. * Attach supporting evidence of agreement to partner on this project and the nature of the role/contribution to the project. | |
| Enter response here: up to 500 words maximum | |
| **PART D – Marketing and Promotion**   1. **Marketing and Promotional Plan:** please describe your marketing and promotional plan for your project as well as any cross promotional opportunities for RHIF. | |
| Enter response here: up to 500 words maximum | |
| **PART E – Governance and Evaluation**   1. Risk Management: what are the key risks and mitigation strategies? **Please attach a separate risk assessment.** 2. **Governance:** please describe the proposed governance model of the project as well as organisational governance. If relevant for your project include clinical risk and governance . | |
| Enter response here: up to 500 words maximum | |
| 1. **Evaluation:** how will the reach and impact be measured?  * How will the improvement to health outcomes be measured? * What number of people/groups will benefit from the project? * How will information/data to measure reach and impact be collected? * Detail any considerations associated with this data collection (i.e. ownerships, access, ethics etc) | |
| Enter response here: up to 500 words maximum | |
| **PART F - Finance and Sustainability**   1. **Sustainability:** please describe the plan for embedding the project after the Grant funding has ceased, detail how will the outcomes/outputs deliver longer term benefit? | |
| Enter response here: up to 500 words maximum | |
| 1. **Budget: p**lease provide an outline of anticipated budget spend and rationale.   Examples of expenditure may include training; venue hire; transport; promotion/printing; catering etc.  You are encouraged to supply quotes where relevant. | |
| Income | |
| Funding amount requested from RHIF $ (GST exclusive) | $ Enter total (GST exclusive) |
| Please outline any details of contributions or in kind support from other sources | $ Enter Amount |
| **Total Income** | **$ Enter Amount** |
| Expenditure | |
| Expense Line Description – e.g. Salaries & on-costs. | $ Enter Amount |
| Expense Line Description – e.g. Training. | $ Enter Amount |
| Expense Line Description – e.g. Resources. | $ Enter Amount |
| Expense Line Description – e.g. Travel & Accommodation. | $ Enter Amount |
| Expense Line Description – e.g. Other. | $ Enter Amount |
| Expense Line Description – e.g. Other. | $ Enter Amount |
| **Total Budgeted Expenditure** (GST exclusive) | **$ Enter total expenditure.** |

**Applicant Checklist**

Your application will not be processed unless all relevant questions are answered and supporting documentation attached.

| Item click to select | |
| --- | --- |
| * Have you downloaded, read and understood all of the documents provided as part of this request? | Yes  No |
| * Have you used the correct application form and completed the budget section? | Yes  No |
| * Have you attached a separate risk assessment? | Yes  No |
| * Have you attached any supporting documentation ?   Please note only insurance certificates of currency, agreements to partner and letters of support are accepted. | Yes  No |
| * Will the proposed program/activities be delivered within the geographical target areas as outlined in Question Part A 3. | Yes  No |
| * If successful, the Applicant will be able to commence and conclude service by the dates specified. | Yes  No |
| * Have you provided evidence of insurances as listed and maintain these insurance levels.   Insurance Certificates of Currency must be in the name of the entity submitting the Application.   * + Public Liability Insurance $10m   + Professional Indemnity $10m   + Workers’ Compensation Insurance | Yes  No |
| * If successful, the Applicant agrees to comply with our RHIF Standard Terms and Conditions. | Yes  No |
| * If successful the Applicant agrees to provide RHIF and CSAPHN authority to publish outcomes (including progress, consumer feedback, etc.) and access data sets pertaining to the delivery of the contracted services. | Yes  No |
| * Is this an auspiced Grant application? * If so, has the Auspicing body completed and signed a notice of intent to auspice | Yes  No  Yes  No |
| * Any potential or actual conflicts of interest have been declared? | Yes  No |
| * The Applicant understands and acknowledges that if successful, the Grant will provide one-off funding, which is required to be fully expended by June 30, 2024. | Yes  No |

Rural Health Innovation Fund would like to acknowledge the Traditional Custodians of the lands across Australia and pay respects to the Elders past present and future. We recognise and respect the unique cultural and spiritual relationships to the land, waters and seas, which continue to be important to Aboriginal and Torres Strait Islander people living today.

**Declaration:**

**Please read and sign the following declaration:**

* I have read and understood all documents prepared by Rural Health Innovation Fund (RHIF) relating to this Grant opportunity and confirm that the Applicant is eligible to apply.
* I declare that the organisation is financially viable and able to manage the project within the timeframe.
* I declare that all information provided in this Application is true and correct.
* I understand that this Application does not create a legal or binding commitment, arrangement or understanding between RHIF and the Applicant. Any such commitment, arrangement or understanding will be the subject of further negotiation and documentation, including a Contract. Additional specific conditions may be included in this agreement.
* I understand that incomplete or ineligible Applications may not be considered.
* If and where any personal details of a third party are included, the third party has been made aware of and has given their permission for those details to appear in this Application.
* I am aware that action may be taken to recover any payment made where information provided in this Application is subsequently found to be false or misleading, or where the monies received by the Applicant is not used entirely for the purpose(s) for which it was approved.
* I understand and accept that information provided in this Application will be stored by RHIF in various formats including hard copy and/or electronic storage.
* The Applicant has not been named by the Director of the Workplace Gender Equality Agency as an employer currently not complying with the Workplace Gender Equality Act (2012).
* The Applicant is not aware of any potential or actual conflict of interest in submitting the application.
* The Applicant has not engaged in improper assistance and collusive tendering and has provided a list of any individuals or organisations who have informed the preparation of the Application.

Signed by authorised organisation representative:

|  |  |
| --- | --- |
| Name: | *(by electronic signature or `I accept`)* |
| Position: |  |
| Signed: |  |
| Date: |  |

**How to submit:** Please email your signed completed application along with insurance documentation, risk assessment and any supporting documents to: [rhif@countrysaphn.com.au](mailto:rhif@countrysaphn.com.au)

# Attachment 2

If you (or your organisation) propose that the Grant is auspiced and administered by another agency the following form must be completed by the Auspicing body and submitted with your application.

# Auspicing Agreement

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| We, |  | | | | | | |
| *(please fill in the auspicing Organisation name)* | | | | | | |
| of (address) | |  | | | | | |
| operating under ABN/ACN | | | | ABN |  | ACN |  |
| *(please fill in the auspicing Organisation’s ABN/ACN)* | | | |
| agree to Auspice | | |  | | | | |
| *(please fill in the applicant Organisation’s name)* | | | | |
| for their community project | | | |  | | | |

We understand that we will be responsible for the following compulsory obligations:

* agree to RHIF Standard Terms and Conditions;
* if the Grant application is successful, agree to enter into a Grant agreement with RHIF;
* receipt of Grant funds on behalf of the auspicing party and to pass on 100% of funds to implement the Project;
* monitor the project and ensure timely completion;
* complete the financial acquittal and ensure funding is acquitted on time; and
* provide the auspiced party adequate insurance coverage as follows:
* Public Liability $10,000,000
* Professional Indemnity $10,000,00
* Workers Compensation as required by legislation

**Bank Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bank: |  | | |
| Bank Account Name: |  | | |
| Branch No. (BSB) |  | Account Number: |  |

|  |  |
| --- | --- |
| Name of Auspicing Body Contact Person (print): |  |
| Email address of Auspicing Body Contact Person: |  |
| Signature of Authorised Officer of Auspicing Body: |  |
| Date: |  |