

IN CONFIDENCE



Australian Government
Department of Health and Ageing

Chronic Disease Self-management/ Lifestyle and Risk Modification Grants ITA – 193/0809 APPLICATION FOR FUNDING

Summary

Lead Organisation Name:

Application is for:

Strand 1

Strand 2

Strand 3

(A separate Application for Funding Form is required for **EACH** funding Strand applied for)

Total amount of Funding Sought: \$.....(GST Inclusive)

Duration of Project:.....

Brief Summary of Project: (max 150 words)

Funding is sought for

(For successful applicants the summary of Project will be published on the Department's website)

You must refer to the Application Guidelines when completing this Application Form.
It is your responsibility to ensure that your application fully complies with the Guidelines.

**Applications close:
Thursday 19 March 2009
5pm Local Canberra Time**

TABLE OF CONTENTS

Part One – Organisation/s Details.....	3
1.1 Details of Organisation (or Lead Organisation) making the application ..	3
1.2 Address of Organisation	3
1.3 Authorised Contact Persons	4
1.4 Type of Organisation (you may tick more than one box).....	4
1.5 Brief description of your organisation’s main functions and activities	4
1.6 Joint Applications	5
Part Two – Assessment Criteria.....	6
Assessment Criterion 1 – Meeting program objectives	6
2.1.A. Description Of Project.....	6
2.1.B. Project Objectives.....	7
2.1.C. Meeting Program Priority Areas	8
2.1.D. Project Plan	9
2.1.E. Budget.....	10
Assessment Criterion 2 - Ability	11
2.2.A. Project Management	11
2.2.B. Financial Management	11
2.2.C. Organisational Support/Capacity.....	12
2.2.D. Monitoring And Reporting.....	12
2.2.E. Referee Details.....	13
Assessment Criterion 3 - Sustainability.....	14
2.3.A. Sustainability	14
2.3.B. Additional Comments	14
Part Three Agreements.....	15
Part Four Declaration.....	16
Attachment A Letter of Support	17
Attachment B Completing Your Application	18

Part One – Organisation/s Details

1.1 Details of Organisation (or Lead Organisation) making the application

Legal name	
Short name or trading name (if applicable)	
Australian Business Number (ABN)	
Australian Company Number (ACN) (if applicable)	
Is the organisation registered for GST?	YES / NO
Incorporation Number - <i>(Please attach Certificate of Incorporation to this application)</i>	

1.2 Address of Organisation

Street Address			
Suburb/Town			
State		Postcode	

Postal Address			
Suburb/Town			
State		Postcode	

Registered Office Address			
Suburb/Town			
State		Postcode	

1.3 Authorised Contact Persons

	Preferred Contact	Alternative Contact
Title and Name		
Official Position		
Telephone number		
Facsimile number		
Email address		

1.4 Type of Organisation (you may tick more than one box)

- Tertiary Institution
- Vocational Education and Training Organisation
- Professional Health Care Provider Organisation
- Non-government health care provider
- Government funded health care provider
- Aboriginal or Torres Strait Islander organisation
- Other (please specify)

1.5 Brief description of your organisation's main functions and activities

<type here> (max 200 words)

1.6 Joint Applications

Is this a joint application with other organisations?

YES / NO

If YES, please list all of the organisations involved.

(Please attach to this application, the letters of support from each organisation, see Attachment A)

Name of Organisations:

1.

2.

3.

4.

5.

6.

Part Two – Assessment Criteria

Please ensure you provide a response to each section below.

- Incomplete applications **will not be accepted**.
- If a section is not applicable, please type N/A and explain why.

Assessment Criterion 1 – Meeting program objectives

2.1.A. DESCRIPTION OF PROJECT

Describe the project you propose to undertake with this funding:

Name of the project:

<type here>

Physical address of facility where project will be undertaken: (use Lead Organisation if joint application)

<type here>

Population and/or geographical area the project will cover/service:

<type here>

Project period and expected completion date:

<type here>

Strand 1 & 2 – must end 30 May 2010

Strand 3 – must end 30 May 2010

Will your project require subcontractors to complete any aspect of the project? If so, what activities will they be required to undertake?

<type here>

2.1.B. PROJECT OBJECTIVES

This Section is Strand specific, please review the Application Guidelines:

- Strand 1 (page 10)
- Strand 2 (page 11)
- Strand 3 (pages 12 and 13)

In your answer, you must address the following:

- Aims
- Objectives
- Outcomes

<type here> (max 500 words):

2.1.C. MEETING PROGRAM PRIORITY AREAS

Please describe how your project will meet program priority areas and, if applicable, complement and/or enhance existing programs in relation to chronic disease prevention and management.

<type here> (max 500 words)

2.1.D. PROJECT PLAN

Project objectives	What are the key strategies you intend to undertake in order to meet these objectives	Please outline the activities you will undertake for each strategy	How will you know if you have achieved your objectives	Timeframe
1.	1.a	1.a.i		
		1.a.ii		
	1.b	1.b.i		
		1.b.ii		
2.	2.a			
	2.b			
3.	3.a			
	3.b			
4.	4.a			
	4.b			
5.	5.a			
	5.b			

2.1.E. BUDGET

Resource (itemised)	Year 1	Total
Staffing costs (GST Exclusive)		
Salaries	\$	\$
Other employee costs (please provide detail)	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other costs (GST Exclusive)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL funding costs (GST Exclusive)	\$	\$
+ 10% GST	\$	\$
TOTAL PROJECT COST (GST Inclusive)	\$	\$

Assessment Criterion 2 - Ability

2.2.A. PROJECT MANAGEMENT

Include examples of:

- Other training /activities your organisation has undertaken
- Proven ability to manage program of a similar size
- What risks have you identified that may impact on this project
- How will any risks be mitigated?
- Will you be working with any other organisations?
- How will the project be managed?

<type here> (max 500 words)

2.2.B. FINANCIAL MANAGEMENT

Provide examples of how similar projects have been effectively managed.

<type here> (max 300 words)

2.2.C. ORGANISATIONAL SUPPORT/CAPACITY

Are there any potential or actual competing interests; and how will they be managed?

<type here> (max 300 words)

- Including key staff roles and responsibilities.

2.2.D. MONITORING AND REPORTING

Please advise:

- **How the project will be managed?**
- **Who will be responsible for reporting?**
- **How will the project be evaluated? Is there an evaluation plan?**

<type here> (max 300 words)

2.2.E. REFEREE DETAILS

Name and contact details of 2 referees' involved in similar projects. Please include brief details of the projects.

<type here> (max 200 words)

Assessment Criterion 3 - Sustainability

2.3.A. SUSTAINABILITY

Please describe how your project outcomes could/will be sustained after the funding for this project has been expended.

<type here> (max 500 words)

2.3.B. ADDITIONAL COMMENTS

Any other relevant information relating to your project proposal

<type here> (max 500 words)

Part Three - Agreements

- 3.1 If this application is successful I agree that a description of the project and amount of funding may be:
- used in media releases and other publications;
 - provided to organisations or individuals with a view to them contacting me for further information; and
 - used to compile a consolidated report.

YES / NO

- 3.2 I understand that in the event that this application for funding is successful, I will be required to produce proof that the organisation/s making this application has/have sufficient insurance cover. Public liability for Strands 1 and 2 for an amount of not less than \$10 million and for Strand 3 for an amount not less than \$20 million; professional indemnity insurance of \$10,000,000 and workers compensation to the amount required by law.

YES / NO

- 3.3 I understand that by submitting this application, the organisation/s making the application is/are agreeing to abide by the terms of the Department of Health and Ageing's Standard Funding Agreement.

YES / NO

If NO:

You MUST provide details about what clauses you organisation will want to negotiate and provide the Department with the proposed alternative wording for consideration. This invitation does NOT imply that any proposed amendments to the Funding Agreement will be accepted.

- 3.4 I agree to work with an independent evaluator if required.

YES / NO

Part Four - Declaration

Please note that this Declaration should be signed by a representative of the Lead Organisation specified at Question 1.1 of this Application Form. Note that:

- A person who is legally empowered to give assurances and enter into contracts and commitments on behalf of your organisation should sign this application.
- Any application that does not provide all required information or contains false or misleading information will be excluded from consideration.

I hereby apply for funding under the Inter-Professional Chronic Disease Self Management / Lifestyle and Risk Modification Grants Project for a total amount of:

\$ _____ (GST inclusive).

I certify that the information given in this application is complete and correct.

Signature:

Name (BLOCK LETTERS):

Position in organisation:

Date:

Letter of Support

ATTACHMENT A

Name:

Position:

Organisation:

Relationship to lead organisation:

Length of time of relationship to lead organisation:

Phone:

Fax:

Email:

Mobile:

Are you available to be contacted for further information? YES / NO

1 Please provide an overview of how the organisation will work with the lead organisation and any other organisation/s to support the successful completion of the project;

2 Provide an outline of the relevant experience and/or expertise the organisation will bring to the project team;

3 What roles and responsibilities will the organisation undertake, and the resources it will contribute (if any).

4 Provide the details of a nominated management level contact officer.

Additional Comments (if any):

*Signature: _____

Name (BLOCK LETTERS): _____

Position in Organisation: _____

Date: _____

*Only a person who is legally empowered to give assurances and enter into contracts and commitments on behalf of your Organisation should sign this letter.

APPLICATION CHECKLIST

COMPLETING YOUR APPLICATION

- An application checklist is provided below for your convenience.
- Your proposal must be signed as appropriate by the delegate who will be the signatory for the Funding Agreement, should your proposal be selected as successful.

Please complete this checklist before submitting your Application.

Before you begin

- Read all information in the Guidelines.
- Ensure you understand the assessment criteria.
- Read the Department of Health and Ageing's Standard Funding Agreement and understand that by submitting an application, your organisation is agreeing to abide by the terms of this Agreement should your proposal be successful.

See section 3.3 page 16.

Completing your application

Ensure that in completing your proposal that:

- You **MUST** clearly identify the Strand of funding you are applying for. If you are applying for more than one strand of funding you need to complete a separate application for EACH strand.
- You have named the organisation applying for funding, provided the ABN, registered address and legal entity description.
- You have nominated a contact officer in this organisation.
- The proposal **MUST** be signed by an officer within your organisation with the appropriate delegation.

Submitting your application

For ALL organisations -

You **MUST** include the following information:

- The Project Plan (page 9) which identifies objectives, strategies, activities and timeframes;
- A fully itemised Budget (page 10 or page 11);
- Identify two (2) Referees' (page 14)
- Include one (1) copy of an audited financial statement for the previous financial year OR an audited profit/loss statement for the previous financial year.
- Certificate of Incorporation.

For organisations submitting a joint proposal

- All of the items outlined above for 'ALL' organisations **AND** Letters of Support (Attachment A, page 18) form.