



Australian Government

Department of Health and Aged Care

3.3 Aged Care Quality Improving Food in Aged Care through Education and Training Application Form GOXXXX

Closing date and time:	2:00pm (Canberra time) on [dd mmmm yyyy]
GrantConnect:	All documents relating to this grant opportunity (e.g. Grant Opportunity Guidelines) are available on GrantConnect and should be read prior to completing the Application Form.
Enquiries:	If you have any questions relating to the content of this grant opportunity, contact the Department of Health and Aged Care (the department) via email: Grant.ATM@health.gov.au .
National Relay Service (NRS):	The department uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1300 555 727.
Use of Information:	The department may use information provided to comply with the Australian Government requirement to publish details of all grant recipients on the GrantConnect website, inform staff negotiating and establishing agreements and inform future assessments. All information provided may be shared with other Commonwealth and law enforcement agencies for the preventing and detecting fraud.
Submitting:	Submit the completed application form and all necessary attachments by the closing date and time via the red Submit Application button on the left-hand side of GrantConnect. You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au .

1. Application Form Checklist

1.1 Before you Begin

* Denotes mandatory fields

- ☐ Read the entire grant opportunity package:
 - Improving Food in Aged Care through Education and Training Grant Opportunity Guidelines
 - Improving Food in Aged Care through Education and Training Application Form (this document)
 - Improving Food in Aged Care through Education and Training Frequently Asked Questions
 - [Commonwealth Standard/Simple Grant Agreement](#)
- ☐ Ensure your organisation meets the eligibility criteria set out in section 4 of the Grant Opportunity Guidelines.

2. Applicant Details

2.1 Organisation Details

Requested Information	Response	Hints
The legal/registered entity name of the organisation?*		Please search using the ABN Lookup .
The organisation's Australian Business Number (ABN)*		Please search using the ABN Lookup . If not provided, you must provide a reason why.
The ABN Branch Number (if applicable).		This is limited to 3 digits (if applicable).
Legal entity type*	<input type="checkbox"/> Company <input type="checkbox"/> Indigenous Corporation <input type="checkbox"/> Commonwealth Company <input type="checkbox"/> Corporate Commonwealth Entity <input type="checkbox"/> Non-corporate Commonwealth Entity <input type="checkbox"/> Corporate State or Territory Entity <input type="checkbox"/> Non-corporate Commonwealth Statutory Authority <input type="checkbox"/> Non-corporate State or Territory Entity <input type="checkbox"/> Local Government <input type="checkbox"/> Cooperative <input type="checkbox"/> Incorporated Association <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Person <input type="checkbox"/> International Entity <input type="checkbox"/> Statutory Entity	<p>Only select one. If you are unsure please seek professional advice (e.g. from your lawyer or accountant) or refer to the ABN Lookup. If none apply, please select "Statutory Entity".</p> <p>You may be required to supply Proof of Entity Type during the assessment phase of this application.</p>
Are you applying as a Trustee on behalf of a Trust?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", please attach a copy of the full signed Trust Deed when submitting.
Is the organisation registered as a charity?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant is registered as a charity with the ACNC .

Requested Information	Response	Hints
Does the Applicant operate as not-for-profit?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Further details about not-for-profit organisations – see the ATO website .

2.2 Registered Business Address Details - What is the registered business address and main contact details of the Applicant?

Requested Information	Response	Hints
Floor / Building; Unit; Apartment*		e.g. Level 1 Main Building (not a PO Box)
Street number, name and type*		e.g. 220 Business Street
Suburb/Town*		e.g. Canberra
State*		e.g. ACT
Postcode*		e.g. 2601
Main telephone*		e.g. 02 6262 1234
Main email address*		e.g. admin@test.com.au
Web address		e.g. www.test.com.au

2.3 Postal Address Details - What is the postal address of the Applicant?

Requested Information	Response	Hints
Same as registered business address above*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "No", complete below details. If "Yes", go to the next section.
Floor / Building; Unit; Apartment*		e.g. Level 1 Main Building
Street number, name and type*		e.g. GPO Box 123
Suburb/Town*		e.g. Canberra
State*		e.g. ACT
Postcode*		e.g. 2601

2.4 Organisation Financial Details

Requested Information	Response	Hints
Is the organisation registered for GST?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant is registered for GST.
Does your organisation have a Receipt Created Tax Invoice (RCTI) Agreement?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant has a RCTI Agreement.
If "Yes" please provide the RCTI Vendor ID Number.*		The RCTI Vendor ID Number can be located via your organisation's Commonwealth Department of Health and Aged Care RCTI (Recipient Created Tax Invoice).
Applicant's financial email address for the receipt of any payment advice?*		e.g. admin@test.com.au

2.5 Nominated Bank Account Details for receipt of payment

Requested Information	Response	Hints
BSB number*		Must be 6 numbers.
Account number*		Must be 2 to 9 numbers.
Account name*		As it appears on the bank statement. 60 character limit.

2.6 Other Sources of Funding

Requested Information	Response	Hints
Does the applicant (or any potential consortium partner) receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant receives or has applied for funding for the activities that are the subject of this application.
If "Yes", please provide the following details below: Funding source name, Description/name of the project, Value of funding received or applied for and Period of funding.		

If you have selected “No” please move to the next question regarding charity status.

Funding source name:		<i>e.g. Department of Health and Aged Care</i>
Description/name of the project:		<i>e.g. Expansion of Health Services</i>
Value of funding received or applied for:		<i>e.g. \$1000.00</i>
Period of funding:		<i>e.g. 01/01/20 to 03/07/2021</i>

2.7 Preferred Authorised Contact

Requested Information	Response	Hints
Title*		<i>e.g. Ms</i>
First name*		<i>e.g. Julia</i>
Last name*		<i>e.g. Roberts</i>
Position*		<i>e.g. CEO</i>
Telephone*		<i>e.g. 02 6289 1234</i>
Mobile		<i>e.g. 0411 222 333</i>
Email address*		<i>e.g. julia@test.com.au</i>

2.8 Alternate Authorised Contact

Requested Information	Response	Hints
Title*		<i>e.g. Mr</i>
First name*		<i>e.g. Jon</i>
Last name*		<i>e.g. Adams</i>
Position*		<i>e.g. Financial Controller</i>
Telephone*		<i>e.g. 02 6289 1235</i>
Mobile		<i>e.g. 0411 222 334</i>
Email address*		<i>e.g. jon@test.com.au</i>

2.9 Governance

Requested Information	Response	Hints
Has any senior official or person to be involved in delivering the Activity been involved in any of the	<input type="checkbox"/> Governance Investigation of relevant person(s) <input type="checkbox"/> Any business failure of relevant person(s) including business failure of	<i>You must select at least one of the boxes below. You may be contacted to provide more information</i>

Requested Information	Response	Hints
following events in the last 5 years?*	<p>entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership</p> <p><input type="checkbox"/> Bankruptcies of relevant person(s)</p> <p><input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s)</p> <p><input type="checkbox"/> Litigation against relevant person(s) including judgement debts</p> <p>OR</p> <p><input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.</p>	<i>and documentation in relation to these events.</i>
Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.*	<p><input type="checkbox"/> Governance Investigation of your organisation or related entities</p> <p><input type="checkbox"/> Litigation or liquidation proceedings</p> <p><input type="checkbox"/> A contract with your entity terminated by the other party</p> <p><input type="checkbox"/> Contingent liabilities of a material amount</p> <p><input type="checkbox"/> Overdue tax liabilities</p> <p><input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.</p> <p><input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided.</p> <p><input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project</p> <p>OR</p> <p><input type="checkbox"/> None of the above events apply and there is no adverse information on my entity.</p>	<i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i>
Does the Applicant have documented organisational	<input type="checkbox"/> No	<i>If "Yes", you may be required to provide a</i>

Requested Information	Response	Hints
and financial policies and procedures?*	<input type="checkbox"/> Yes	<i>copy within 7 days, if requested.</i>
Does the Applicant have a business plan and/or strategic plan?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If “Yes”, you may be required to provide a copy within 7 days, if requested.</i>
Does the Applicant have a risk management plan?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If “Yes”, you may be required to provide a copy within 7 days, if requested.</i>

2.10 Eligibility Requirements

Requested Information	Response	Hints
Is your organisation (or your project partner organisation) included on the National Redress Scheme’s website on the list of ‘Institutions that have not joined or signified their intent to join the Scheme’?*	<input type="checkbox"/> No <input type="checkbox"/> Yes See	<i>The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. The National Redress Scheme Grant Connected Policy will come into effect on 1 January 2021.</i>
Does your organisation obtain a Working with Vulnerable People registration (or equivalent depending on the relevant state or territory)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>You must select the option that applies to your organisation.</i>

3. Application Details

3.1 Project/Activity Details

Requested Information	Response	Hints
Provide a short title of your Application for this Project/Activity*		Maximum 50 words
Provide a brief Project description*		Maximum 300 words

3.2 Assessment Criterion 1*

Criterion 1 – Alignment with the grant opportunity objectives and outcomes

You must demonstrate this by outlining your approach and key activities and tasks your organisation will undertake to meet the objectives and achieve the outcomes of the grant opportunity outlined in Sections 1 and 2.

The Department will assess your response in the Application Form and supporting Activity Work Plan (template provided on GrantConnect). The Department must be satisfied that this addresses each of the aims and objectives of the grant opportunity to a high level.

Applicant's Response (750 word limit)

DRAFT

3.3 Assessment Criterion 2*

Criterion 2 – Efficient and Economical use of Grant Funds

You must demonstrate this by providing a short response in the Application Form and an Indicative Budget (template provided on GrantConnect) which identifies:

- all costs associated with the activity;
- all sub-activity costs associated with your activity; and
- clear costings for essential budget items outlined (including the source/basis of estimates).

Applicant's Response (350 word limit)

DRAFT

3.4 Assessment Criterion 3*

Criterion 3 – Effective Risk Management Strategies

You must demonstrate this by providing a short response in the Application Form and Risk Management Plan (template provided on GrantConnect) that includes but not limited to:

- all identified risks, including in particular to the delivery of services;
- the likelihood of any identified risk occurring;
- the impact on activity should any identified risk occur; and
- the mitigation strategies to respond to all risks.

In addition, the department will consider the performance of your organisation from previously funded activities, past value for money, compliance with previous procurement agreements, progress towards meeting grant activity milestones, including any history of unspent funds or under delivery, complaints, quality and performance concerns.

Applicant's Response (350 word limit)

DRAFT

3.5 Attachment/s

Attachments to your application*:

- ☐ Risk Management Plan
- ☐ Activity Work Plan (AWP)
- ☐ Indicative Activity Budget

If you do not attach the requested documents, your application will not progress further in the process.

3.6 Provide a breakdown of the proposed grant funding

Financial Year	2022-23 FY \$ M (GST exclusive)	2023-24 FY \$ M (GST exclusive)	2024-25 FY \$ M (GST exclusive)	Total \$ M (GST exclusive)
Funding Amount				

4. Declaration

Requested Information	Response	Hints
Do you have any conflicts of interest that may occur related to or from submitting this application?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If “Yes”, please provide details in the next response.</i>
If “Yes”, describe any conflicts of interest		<i>Only respond if you answered “Yes” to the previous question.</i>
I am applying for a grant in the amount of*		<i>Total amount (GST exclusive)</i>
Over the following financial years*		<i>e.g. 2020-21 to 2022-23</i>
<p>I declare that:</p> <ul style="list-style-type: none">• The information contained in this form is true and correct.• I have read, understood and agree to abide by the Grant Opportunity Guidelines.• 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 applicable, should this Application is successful.• I have read, understood and agree to information provided in this Application as detailed in the Use of Information.• If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.		

Requested Information	Response	Hints
<ul style="list-style-type: none"> I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful. 		
I understand and agree to the declaration above*	<input type="checkbox"/> Yes	<i>Mandatory</i>
I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth).*	<input type="checkbox"/> Yes	<i>Mandatory</i>
Signature of Authorised Officer*		<i>This Declaration must be signed by an authorised representative of the Applicant who is legally empowered to enter into contracts and commitments on behalf of the Applicant.</i>
Full name of Authorised Officer*		<i>e.g. Julie Mary Roberts</i>
Position of Authorised Officer*		<i>e.g. Manager</i>
Date*		<i>e.g. 15 Jan 2021</i>