Activity Work Plan (AWP)

National Mental Health Lived Experience Carer, Family and Kin Peak Body - GOXXXX

Guidance: Complete the name and ABN of your organisation along with the name you have chosen for the grant activity to be funded under this application process if successful.

<Insert Organisation name & ABN here>	<Insert the name of your grant activity here>

GOVERNANCE, LEADERSHIP AND MANAGEMENT

Guidance: Identify the key objectives that you are trying to achieve to meet your deliverable/s as they relate to governance, leadership, and management. Complete/add as many rows as you require.
Consider here: Senior Management and Board expertise; workforce development, strategic planning, accreditation, quality assurance and lived experience governance; financial, IT, communication, reporting and information systems; infrastructure; business risks and mitigation; health needs and service planning.

Objective(s) *What are you trying to achieve (outcome focused)?*	**Strategy(ies)/Activity(ies)** *How will you do this?*	**Performance Indicator(s)** *How will you measure performance?*	**Target(s)** *What are your targets?*	**Timeframe(s)** *When will this be delivered?*
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>

WORKING IN PARTNERSHIP WITH HEALTH AND COMMUNITY ORGANISATIONS, OTHER PEAK BODIES AND GOVERNMENT AGENCIES

Guidance: Identify the key objectives that you are trying to achieve to meet your deliverables as they relate to working in partnership with health, community and carer organisations, other peak bodies and government agencies. Complete/add as many rows as you require.
Consider here: Interaction with governments, other health, community and carer service providers, including Primary Health Networks (PHNs); hospitals; mental health and suicide prevention service providers; other service providers; and other national and jurisdictional peak bodies. Advise how the organisation will ensure that the proposal does not duplicate other services.

Objective(s) *What are you trying to achieve (outcome focused)?*	**Strategy(ies)/Activity(ies)** *How will you do this?*	**Performance Indicator(s)** *How will you measure performance?*	**Target(s)** *What are your targets?*	**Timeframe(s)** *When will this be delivered?*
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>

WORKING IN PARTNERSHIP WITH THE COMMUNITY, PARTICULARLY PEOPLE WITH LIVED EXPERIENCE AS CARERS, FAMILY AND KIN

Guidance: Identify the key objectives that you are trying to achieve to meet your deliverables as they relate to working in partnership with the community. Please specify how you intend to work with and empower people with lived experience as a carer/family and/or kin and organisations that represent them. Complete/add as many rows as you require.
Consider here: Mechanisms to consult with community members and people with lived experience on planning, design and implementation of activities; community feedback and complaint processes; the breadth and diversity of mental health and suicide prevention lived experience; information dissemination to community and membership.

Objective(s) *What are you trying to achieve (outcome focused)?*	**Strategy(ies)/Activity(ies)** *How will you do this?*	**Performance Indicator(s)** *How will you measure performance?*	**Target(s)** *What are your targets?*	**Timeframe(s)** *When will this be delivered?*
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>
<Insert Objective>	<Insert strategy/activity>	<Insert Performance Indicator>	<Insert target>	<Insert timeline date>

Indicative Activity Budget

National Mental Health Lived Experience Carer, Family and Kin Peak Body - GOXXXX

<Enter Organisation Name & ABN here>	<Enter the name of your grant activity here>

Guidance: Include a detailed budget *per activity* by providing clear costings (include the source/basis of the estimates) for essential budget items outlined below. Complete/add more rows as needed.
Please ensure all figures are *GST Exclusive*.

Activity Item	Notes/basis of estimate/breakdown of items *(e.g. 2 full time staff members, Software updates for system, etc.)*	2023/24 (GST Exclusive)	2024/25 (GST Exclusive)	2025/26 (GST Exclusive)	Total $ (GST Exclusive)
INCOME					
Department of Health and Aged Care Grant Funding	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
EXPENDITURE					
Administration • Rent • Utilities • Office Equipment/Supplies	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
FTE • Salaries of key personnel	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
Travel • Number of trips to each destination	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
IT Systems/Maintenance	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
Resources • Training Material	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
<Enter item description here>	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
<Enter item description here>	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
<Enter item description here>	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
<Enter item description here>	<Enter any additional information here>	<Enter allocation here>	<Enter allocation here>	<Enter allocation here>	<Enter total allocation here>
TOTAL EXPENDITURE	<Enter any additional information here>	$0.00	$0.00	$0.00	$0.00
BALANCE *(income minus expenditure)*	<Enter any additional information here>	#VALUE!	#VALUE!	#VALUE!	#VALUE!

*** insert additional expenditure rows as required ***

Stakeholder Management Plan

National Mental Health Lived Experience Carer, Family and Kin Peak Body- GOXXXX

Guidance: Complete the name and ABN of your organisation along with the name you have chosen for the grant activity to be funded under this application process if successful.

<Insert Organisation name & ABN here>	<Insert the name of your grant activity here>

Guidance: In addition to your response to assessment criterion 3, you must also complete a stakeholder management plan outlining how you will engage with sector members and leaders.

OVERVIEW OF INTENDED STAKEHOLDER ENGAGEMENT

List key stakeholders you will engage with on this activity to ensure a nationally representative approach to establishing and operating the peak body	<Enter any information here>
Purpose and expected outcomes of engagement with stakeholders	<Enter any information here>
Intended frequency of engagement throughout grant period	<Enter any information here>
Indication of whether you have an existing relationship with stakeholder/s or how you plan to build new relationships	<Enter any information here>

Risk Management Plan

National Mental Health Lived Experience Carer, Family and Kin Peak Body - GO**XXXX**

<Insert Organisation name & ABN here>	<Enter the name of your grant activity here>

Guidance: Complete the following table for risk associated with the activities you are applying for under this grant opportunity. Please use the "Risk Information & Help" tab (next tab) for further guidance and examples. Complete/add more rows as needed.

Risk Reference	Risk Identification *What event(s) can happen and how it can happen?*	Risk Impact *What are the effects if it does happen?*	Risk Controls *What controls are currently in place?*	Likelihood	Consequence	Current risk rating	Acceptable/ unacceptable?	Mitigation Strategy
1	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
2	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
3	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
4	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
5	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
6	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
7	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
8	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
9	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
10	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
11	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>
12	<insert>	<insert>	<insert>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	<insert>

Risk Information & Help

RISKS

A risk is defined as the effect of uncertainty on objectives[1]. A risk is often expressed in terms of a combination of the consequences of an event (including changes in circumstances or knowledge) and the associated likelihood of occurrence.

Where possible, try to combine similar risks to consolidate the number of potential risks.

RISK IDENTIFICATION (SOURCE)

The purpose of risk identification is to find, recognise and describe risks that might prevent an organisation achieving its objectives. When identifying risks the following questions should be considered;

• What event(s) can happen that will have an adverse effect on the activity?

• How can it happen?

RISK IMPACT

The impact identifies the consequence of each risk (i.e. what are the effects to your organisation if it risk does happen?).

RISK CONTROL

A control is a current process, policy, device, practice or any other action designed to modify risk. Examples of controls include, checklists, meetings, procedures manual, contingency plans, audits and agreements in place.

RISK TREATMENT

A risk treatment is an additional activity being developed to manage and/or reduce the risk. Examples of risk treatments include the creation of new guidelines, the introduction of a review process etc. Once the proposed treatment has been implemented it becomes a control.

EFFECTIVENESS OF RISK IDENTIFICATION

An adequate control implies that the risk is well managed and no further treatments are required.

A marginally effective control implies that a treatment is not necessary however this may depend on the level of risk.

An inadequate control implies that treatments are necessary.

LIKELIHOOD

Likelihood is the chance that something might happen. Likelihood can be defined, determined, or measured objectively or subjectively and can be expressed either qualitatively or quantitatively (using mathematics).

Rate the likelihood of the identified risk occurring with the controls in place.

Ratings are: Almost certain, Likely, Possible, Unlikely or Rare.

CONSEQUENCE

A consequence is the outcome of an event and has an effect on objectives.

Rate the consequence to the Project outcomes of the identified risk occurring with the controls in place.

Ratings are: Insignificant, Minor, Moderate, Major or Catastrophic.

[1]Further information at: Risk Management - Principles and Guidelines 2018

CURRENT RISK RATINGS

Likelihood	Insignificant Consequences	Minor Consequences	Moderate Consequences	Major Consequences	Catastrophic Consequences
Almost Certain	Low	Medium	High	Extreme	Extreme
Likely	Low	Medium	High	High	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	Medium

EXAMPLES OF RISK

Risk	Likelihood Low/Medium/High (comments)	Impact Low/Medium/High	Mitigation Strategies
Delays in receiving funding	e.g. Low	High/Med/Low	Ensure project deliverables are achieved in line with project plan and reported to the department in a timely fashion.
Delays in recruitment of staff	May depend on nature, complexity and size of project.	High/Med/Low	Realistic understanding of what can be achieved within a limited timeframe and budget and awareness of what staff are likely to be available.
Budget shortfalls	Project has been appropriately scoped to cover all known contingencies. Project will be fully funded by Grant.	High/Med/Low	Develop budgets to fully plan for known likelihoods and factor in relevant contingencies. Take a competitive approach to the market.
Budget underspends	Where project is not rolled out in a timely fashion or has been inappropriately scoped in relation to expenditure.	High/Med/Low	Ensure a realistic project plan, timeline and budget are in place.
Operational demands lead to delays to the timely delivery of project	May depend on scope of project; availability of appropriate staff; unforeseen circumstances; inadequate planning; unrealistic goals.	High/Med/Low	Ensure project manager/coordinator is fully capable and is working to a realistic project plan, timeline and budget can be enshrined in the Funding Agreement.
Communication with staff and/or target population	Inadequate or inappropriate methods of communication leads to breakdown in roll out of project.	High/Med/Low	Communication with staff is incorporated into management plan along with a stakeholder engagement plan.
Target populations do not response to project	Low uptake of project by target population.	High/Med/Low	Thorough needs assessment and response is part of the project proposal and evidence of both need and adequacy of response is identified in project plan. Ongoing marketing and flexible project delivery.