



Australian Government

Department of Health and Aged Care

Mental Health Program

Nation Mental Health Carer, Family and Kin Peak Body

Application Form

GOXXXX

| | |
|------------------------------------|--|
| Closing date and time: | 2:00pm (Canberra local time) on [dd mmmm yyyy] |
| Commonwealth policy entity: | Department of Health and Aged Care (department) |
| Administering entity: | Community Grants Hub |
| Enquiries: | If you have any questions, contact the department via email: Grant.ATM@health.gov.au |
| Submitting: | <p>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.</p> <p>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.</p> <p>For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk:</p> <ul style="list-style-type: none">• Phone: 1300 484 145• Email: GrantConnect@finance.gov.au |

* Denotes mandatory fields

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1. Before you begin

1.1 Use of information *

| Requested Information | Applicant Response |
|--|--------------------|
| <p>The department may use the information, other than personal information, provided in this Application Form to assist it to:</p> <ul style="list-style-type: none">• Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website• Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program• Inform future assessments for Applications. <p>All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.</p> <p>You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.</p> | Choose an item. |

1.2 Checklist *

| Requested Information | Applicant Response |
|--|--------------------|
| <p>Ensure you read the entire grant opportunity package on GrantConnect, including:</p> <ul style="list-style-type: none">• Grant Opportunity Guidelines<ul style="list-style-type: none">◦ Appendix A – Consultation Summary• Application Form (this document)• Commonwealth Grant Agreement• Frequently Asked Questions• Attachment Pack | Choose an item. |
| <p>Ensure your organisation meets the eligibility criteria set out in Section 4 of the Grant Opportunity Guidelines.</p> | Choose an item. |
| <p>Ensure all mandatory fields within this document are completed and the Declaration is signed by an authorised representative.</p> | Choose an item. |

2. Applicant Details

2.1 Entity details

| Requested Information | Applicant Response |
|--|--------------------|
| Is the Applicant an existing Grant Recipient? * <i>If 'Yes', provide the Organisation ID as it appears on your Grant Agreement or your Receipt Created Tax Invoice (RCTI) from the department.</i> | Choose an item. |
| Organisation ID <i>The Organisation ID can be located on your Grant Agreement in the top right-hand corner on the grant details page or on any RCTI provided by the department. The RCTI will list a vendor number as FO1-1J3-29. When inputting the organisation ID to your application, please remove the FO reference, just use the ID (e.g. 1-1J3-29).</i> | |
| Applicant's legal/registered entity name * <i>Search using the ABN Lookup.</i> | |
| Applicant's Australian Business Number (ABN) * <i>Search using the ABN Lookup. If not provided, you must provide a reason why.</i> | |
| Applicant's ABN Branch Number <i>This is limited to 3 digits (if applicable).</i> | |
| Applicant's legal entity type * <i>Only select one. If you are unsure, please seek professional advice (e.g. from your lawyer or accountant) or refer to the ABN Lookup. Attach Proof of Entity Type when submitting your application. (Eligibility criteria 4.1 from the Grant Opportunity Guidelines.)</i> | Choose an item. |
| Are you applying as a Trustee on behalf of a Trust? * <i>If 'Yes', attach a copy of the full signed Trust Deed when submitting your application.</i> | Choose an item. |
| Is the Applicant registered as a charity? * | Choose an item. |

| Requested Information | Applicant Response |
|--|--------------------|
| Select 'Yes' if the Applicant is registered as a charity with the ACNC . | |
| Does the Applicant operate as not-for-profit? * <i>For further details about not-for-profit organisations – see the ATO website.</i> | Choose an item. |
| Is the Applicant registered for GST? * <i>Search using the ABN Lookup.</i> | Choose an item. |
| Applicant's financial email address for the receipt of any payment advice * | |

2.2 Main business address

| Requested Information | Applicant Response |
|--|--------------------|
| Floor / Building, Unit, Apartment * | |
| Street number, name and type * | |
| Suburb/Town * | |
| State * | |
| Postcode * | |

2.3 Postal address

| Requested Information | Applicant Response |
|--|--------------------|
| What is the Applicant's postal address details? * <i>If 'Different from above', please complete the below details. If 'Same as above', move to the next section.</i> | Choose an item. |
| Floor / Building, Unit, Apartment | |
| Street number, name and type | |
| Suburb/Town | |
| State | |
| Postcode | |

3. Eligibility Requirements

| Requested Information | Applicant Response |
|--|--------------------|
| Confirm your organisation (or your project partner organisation) is not included on the National Redress Scheme's website on the list | Choose an item. |

| Requested Information | Applicant Response |
|--|---|
| <p>of 'Institutions that have not joined or signified their intent to join the Scheme'. *</p> <p>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.</p> <p>(To be eligible for a grant, you must declare in your application that you comply with this requirement - 10.2 Specific legislation, policies and industry standards from the Grant Opportunity Guidelines).</p> | |
| <p>Confirm the Applicant: *</p> <ul style="list-style-type: none"> • has an ABN; • is registered for the purposes of GST; and • has an account with an Australian financial institution. <p>(Eligibility criteria 4.1 from the Grant Opportunity Guidelines).</p> | Choose an item. |
| <p>Personnel will have and maintain the below accreditations for the duration of the grant *</p> <ul style="list-style-type: none"> • Working with Vulnerable People registration, and • Working with Children check <p>(Eligibility criteria 4.3 from the Grant Opportunity Guidelines).</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Is your organisation compliant with the Commonwealth Child Safe Framework? *</p> <p>(To be eligible for a grant, you must declare in your application that you comply with this requirement - 10.2 Specific legislation, policies and industry standards from the Grant Opportunity Guidelines).</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Are you compliant with the Multicultural Access and Equity Policy?*</p> <p>(To be eligible for a grant, you must declare in your application that you comply with this requirement - 10.2 Specific legislation, policies and industry standards from the Grant Opportunity Guidelines).</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Are you compliant with the Paid Participation Policy (mentalhealthcommission.gov.au)? *</p> | <input type="checkbox"/> Yes |

| Requested Information | Applicant Response |
|---|---|
| <i>(To be eligible for a grant, you must declare in your application that you comply with this requirement - 10.2 Specific legislation, policies and industry standards from the Grant Opportunity Guidelines).</i> | <input type="checkbox"/> No |
| Are you compliant with the Web Content Accessibility Guidelines (WCAG) 2.1? * <i>(To be eligible for a grant, you must declare in your application that you comply with this requirement - 10.2 Specific legislation, policies and industry standards from the Grant Opportunity Guidelines).</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. Governance

| Requested Information | Applicant Response |
|---|--|
| Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years? * <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> | <input type="checkbox"/> Governance Investigation of relevant person(s) <input type="checkbox"/> Any business failure of relevant person(s) including business failure of 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 <input type="checkbox"/> Bankruptcies of relevant person(s) <input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s) <input type="checkbox"/> Litigation against relevant person(s) including judgement debts OR <input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity. |
| Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years. * <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> | <input type="checkbox"/> Governance Investigation of your organisation or related entities <input type="checkbox"/> Litigation or liquidation proceedings <input type="checkbox"/> A contract with your entity terminated by the other party <input type="checkbox"/> Contingent liabilities of a material amount <input type="checkbox"/> Overdue tax liabilities |

| Requested Information | Applicant Response |
|--|--|
| | <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. <input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided. <input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project OR <input type="checkbox"/> None of the above events apply and there is no adverse information on my entity. |
| Does the Applicant have documented organisational and financial policies and procedures? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i> | Choose an item. |
| Does the Applicant have a business plan and/or strategic plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i> | Choose an item. |
| Does the Applicant have a risk management plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i> | Choose an item. |

5. Project/Activity Details

| Requested Information | Applicant Response |
|---|--------------------|
| Provide a short title of your Application for this Project/Activity * <i>Maximum 50 words</i> | Choose an item. |
| Provide a brief Project/Activity description * <i>Maximum 300 words</i> | |

6. Financial Details

6.1 Funding amount

| 2023/24 FY \$ M | 2024/25 FY \$ M | 2025/26 FY \$ M | Total \$ M |
|--------------------|--------------------|--------------------|---------------|
| 0.971 | 1.38 | 1.404 | 3.755 |

6.2 Bank account details

| Requested Information | Applicant Response |
|--|--------------------|
| BSB number * <i>Must be 6 numbers.</i> | |
| Account number * <i>Must be 2 to 9 numbers.</i> | |
| Account name * <i>As it appears on the bank statement. 60-character limit.</i> | |

7. Assessment Criteria

7.1 Assessment Criterion 1

Requested Information

Alignment with grant opportunity objectives and outcomes *

Describe how the grant activity contributes to the objectives and outcomes of the grant opportunity.

A strong response will demonstrate how your organisation will identify, engage and collaborate with mental health carers, families and kin, and other relevant stakeholders, to ensure the effective delivery of the grant objectives and outcomes. You should also demonstrate how your organisation will identify gaps in knowledge and seek to address these gaps, and demonstrate an understanding of possible challenges in setting up an effective and sustainable consumer peak body and how you might intend to address these challenges.

Along with your response to this criterion you must also complete the activity work plan (template on GrantConnect).

Applicant Response – 1000 word limit

DRAFT

7.2 Assessment Criterion 2

Requested Information

Lived Experience Expertise and Leadership *

Describe how mental health carer, family and kin lived experience expertise and leadership will be prioritised and supported in your organisation and how this will be embedded in the peak body.

You should demonstrate this through identifying:

- Previous effective work specific to improving outcomes for mental health carers, families, and kin,
- Your approach to community engagement and co-design with these groups,
- Specific and unique elements of mental health carer, family and kin lived experiences,
- How young, emerging and diverse members and leaders will be identified and supported to grow skills and leadership capabilities to support the peak body, and
- How your governance structures support and prioritise lived experience expertise and leadership.

Applicant Response – 1000 word limit

DRAFT

7.3 Assessment Criterion 3

Requested Information

Mental Health and Lived Experience Partnerships *

Describe how your organisation will operate with and within the mental health system and build capability and partnerships towards reform of mental health systems and services.

You should demonstrate this through identifying:

- Existing partnerships within the mental health and lived experience systems and how these will be supported and levered to establish the peak body,
- Approaches to building and identifying new partnership opportunities including with other mental health peak bodies, carer/family/kin representative bodies and state-based organisations that support regional approaches to lived experience,
- How the carer/family/kin peak will collaborate and work together with the mental health consumer lived experience peak including advocating on common issues, and
- The ability to deliver the grant opportunity nationally (applications will not be accepted where delivery is targeted to specific regions).

In addition to your response to this criterion, you must also complete a stakeholder management plan using the template available on GrantConnect, outlining how you will engage with sector members and leaders.

Applicant Response – 1000 word limit

7.4 Assessment Criterion 4

Requested Information

Membership Engagement and Advocacy Expertise *

Describe how your organisation will build and engage with membership in an inclusive and representative manner, and conduct effective and targeted advocacy for the specific needs of mental health carers, families, and kin.

You should demonstrate this through identifying:

- Your approach to engaging with and building a cohesive membership of mental health carers, families and kin (including those previously unrepresented),
- Evidence of your organisation's readiness to culturally appropriately engage with First Nations Peoples and communities,
- Mechanisms for how the peak will structure its purpose and activities to be directly reflective of the identified needs of the membership,
- Your experience in leading or supporting systemic advocacy alongside people with lived and/or living experience, and
- Your approach to promoting inclusivity and diverse representation in membership given the importance of carer/family/kin lived experience from diverse backgrounds that considers culture, age (including young carers and sibling carers), gender identity, minority populations, and specific mental health needs.

Applicant Response – 1000 word limit

7.5 Assessment Criterion 5

Requested Information

Value for Money and Risk Management *

Describe how you will efficiently, effectively, economically and ethically use and manage grant funds to ensure value for money when delivering the described outcomes, objectives and activities.

A strong response will identify how the project/activities will achieve high-quality outcomes in a cost-effective way. In addition to your response to this criterion, you must also complete the Indicative Activity Budget template on GrantConnect outlining how funding will be allocated.

Using the Risk Management Plan template on GrantConnect you must outline key risks and issues that may be encountered in undertaking your organisation's proposal and identify strategies or measures to mitigate the impact of the risks. The submission of the completed Risk Management Plan will be used for the assessment and considered a response to the Risk Management component of this criterion.

Applicant Response – 1000 word limit

DRAFT

8. Additional Information

8.1 Other sources of funding

| Requested Information | Applicant Response |
|--|--------------------|
| Does the Applicant (or any potential consortium member/s) receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department? * <i>If 'Yes', provide the details below. If 'No' move to the next section.</i> | Choose an item. |
| 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> | |
| Amount of funding received or applied for | |
| Period of funding | |

8.2 Fraud/Non-compliance

| Requested Information | Applicant Response |
|--|--------------------|
| Has the Applicant ever been engaged in proceedings associated with fraud or non-compliance in relation to a Grant Agreement entered into with the Department of Health and Aged Care? * <i>The department has advanced controls in place to find fraud and non-compliance and is committed to making sure public funds reach those who really need it. You may be contacted for further information regarding any proceedings associated with fraud or non-compliance.</i> | Choose an item. |

8.3 Joint (consortium) application

| Requested Information | Applicant Response |
|---|--------------------|
| <p>Does the Applicant plan to deliver the Project/Activity as the lead agency as part of a consortium? *</p> <p><i>If 'Yes' list the legal names and ABNs of all members of the consortium below. If 'No' move to the next section. Add more rows to the below as necessary.</i></p> <p>Note: If your application is successful, you must have a formal arrangement in place with all parties prior to execution of the agreement in the form of a letter of support.</p> | Choose an item. |
| Legal name of consortium member | ABN |
| | |
| | |
| | |
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| | |

9. Attachments

| Requested Information | Applicant Response |
|--|--|
| <p>Attachment/s to the Application: *</p> <p><i>If you do not attach the requested documents, your application may not progress further in the process.</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> proof of entity type <input type="checkbox"/> an activity work plan <input type="checkbox"/> an indicative budget <input type="checkbox"/> a risk management plan <input type="checkbox"/> a stakeholder management plan <input type="checkbox"/> evidence of organisational readiness to work with First Nations peoples <input type="checkbox"/> evidence of support from your organisation's board, CEO or equivalent. |

10. Applicant Contacts

10.1 Preferred authorised contact

| Requested Information | Applicant Response |
|-----------------------|--------------------|
| Title * | |
| First name * | |
| Last name * | |
| Position * | |
| Telephone * | |
| Mobile | |
| Email address * | |

10.2 Alternate authorised contact

| Requested Information | Applicant Response |
|-----------------------|--------------------|
| Title * | |
| First name * | |
| Last name * | |
| Position * | |
| Telephone * | |
| Mobile | |
| Email address * | |

11. Declaration

| Requested Information | Applicant Response |
|--|--------------------|
| Does the Applicant have any conflicts of interest that may occur related to or from submitting this application? * <i>If 'Yes', please provide details in the next response.</i> | Choose an item. |
| Detail conflict of interest | |
| <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 be 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. <p>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.</p> | |
| Requested Information | Applicant Response |
| I understand and agree to the declaration above * | Choose an item. |
| 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). * | Choose an item. |
| Signature of Authorised Representative * <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 * | |
| Position of Authorised Officer * | |
| Date * | |