



Australian Government

Department of Health and Aged Care

Drug and Alcohol Program
Alcohol, Tobacco and Other Drug Research
Application Form
GO6015

Closing date and time:	2:00pm (Canberra time) on [dd mm 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 or phone: 02 6289 5600.
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:
 - Alcohol, Tobacco and Other Drug Research Grant Opportunity Guidelines
 - Alcohol, Tobacco and Other Drug Research Application Form (this document)
 - [Commonwealth Standard/Simple Grant Agreement](#)
 - [National Drug Strategy](#)
- ☐ Complete the Application Templates which include the activity work plan, budget and risk management plan as referenced section 3.3 of this Application Form.
- ☐ 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"/> 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 legal 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 .
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	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant has a RCTI Agreement.

Requested Information	Response	Hints
Tax Invoice (RCTI) Agreement?*		
If “Yes” please provide the RCTI Vendor ID Number.*		<i>The RCTI Vendor ID Number can be located via your organisation’s Commonwealth Department of Health and Aged Care RCTI (Recipient Created Tax Invoice).</i>
Applicant's financial email address for the receipt of any payment advice?*		<i>e.g. admin@test.com.au</i>

2.5 Nominated Bank Account Details for receipt of payment

Requested Information	Response	Hints
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>

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	<i>Select “Yes” if the applicant receives or has applied for funding for the activities that are the subject of this application.</i>
<p>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.</p> <p>If you have selected “No” please move to the next question regarding charity status.</p>		
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:		e.g. \$1000.00
Period of funding:		e.g. 01/01/20 to 03/07/2021

2.7 Preferred Authorised Contact

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

2.8 Alternate Authorised Contact

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

2.9 Governance

Requested Information	Response	Hints
<p>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?*</p>	<p><input type="checkbox"/> Governance Investigation of relevant person(s)</p> <p><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 Creditor 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>	<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></p>
<p>Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.*</p>	<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><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></p>

Requested Information	Response	Hints
	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?*	<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 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
<p>Is your organisation one of the following listed organisations?</p> <ul style="list-style-type: none"> • National Drug and Alcohol Research Centre (NDARC) 41 238 946 526 • National Centre for Education and Training on Addiction (NCETA) 65 542 596 200 • National Centre for Youth Substance Use Research (NCYSUR) 58 512 566 212 • National Drug Research Institute (NDRI) 41 238 946 526 	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p><i>The eligible organisations are invited to apply for this grant opportunity as they have been assessed to have:</i></p> <ul style="list-style-type: none"> • <i>capability to deliver the project activities in Australia;</i> • <i>existing infrastructure and relationships to support the project activities;</i> • <i>knowledge of, and capability to, deliver the project objectives and outcomes; and</i> • <i>demonstrated value for money¹ in delivering outcomes in the current market.</i>
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	<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</i>

Requested Information	Response	Hints
		<i>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>
Will the relevant personnel working on the grant activity obtain and maintain the 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>
Are you compliant with the Commonwealth Child Safe Framework?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>As part of the Commonwealth Child Safe Framework, all Commonwealth entities are required to establish measures to promote the protection of children in services and activities funded by the Australian Government. This means that, from 1 February 2020, organisations funded by the department are required to comply with child safety requirements consistent with the Commonwealth Child Safe Framework.</i>
Will the relevant personnel working on the grant activity obtain and maintain the Australian Skills Quality Authority accreditation (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
Activity Name		
Activity ID		
Schedule ID		
Agreement ID		
Provide a short title of your Application for this Activity*		Maximum 50 words
Provide a brief Activity description*		Maximum 300 words
Provide a brief description of staffing requirements*		Maximum 100 words

3.2 Assessment Criterion *

Please attach the required documents (activity workplan, budget management plan and risk management plan) to this application form, as set out by the assessment criterion.

Criterion 1 - Efficient, effective, economical and ethical use of relevant money

You must demonstrate this by providing the following documents that cover the full funding period:

- An indicative budget; and
- An activity work plan.

Criterion 2: Alignment with Program Objectives and Outcomes

You must demonstrate this by outlining the key activities your organisation will undertake to meet the program objectives outlined in this Grant Opportunity in an updated activity work plan for the full funding period.

The projects identified in the activity work plan should specifically consider:

- Alignment to the National Drug Strategy, and
- Alignment to the Drug and Alcohol Program

Criterion 3: Effective Risk Management Strategies

You must demonstrate this by providing an updated risk management plan, that notes risks, their likelihood, impacts and mitigation strategies to ensure efficient and effective completion of projects for the full funding period.

Criterion 4: Effective Communication and Translation of Research

You must demonstrate this by providing a communication plan, as part of the activity work plan, which outlines how you will translate and communicate your research outcomes to relevant stakeholders within the sector.

3.3 Attachment/s

Attachments to your application*:

- ☐ Completed activity work plan, budget and risk management plan templates. If you do not attach the requested documents using the provided template, your application will not progress further in the process.

3.4 Provide a breakdown of the proposed grant funding

Organisation	2023-24 FY \$ M (GST exclusive)	2024-25 FY \$ M (GST exclusive)	Total \$ M (GST exclusive)
National Centre for Education and Training on Addiction (NCETA)	0.851	0.851	1.702
National Drug and Alcohol Research Centre (NDARC)	4.001	4.001	8.002
National Centre for Youth Substance Use Research (NCYSUR)	1.163	1.163	2.326
National Drug Research Institute (NDRI)	2.146	2.146	4.292
Totals	8.161	8.161	16.322

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>
I declare that: <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. • 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>

Requested Information	Response	Hints
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>

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