



Australian Government

Department of Health

**Indigenous Australians' Health Programme
Closing the Gap - Major Capital Works Program
Draft Grant Opportunity Guidelines**

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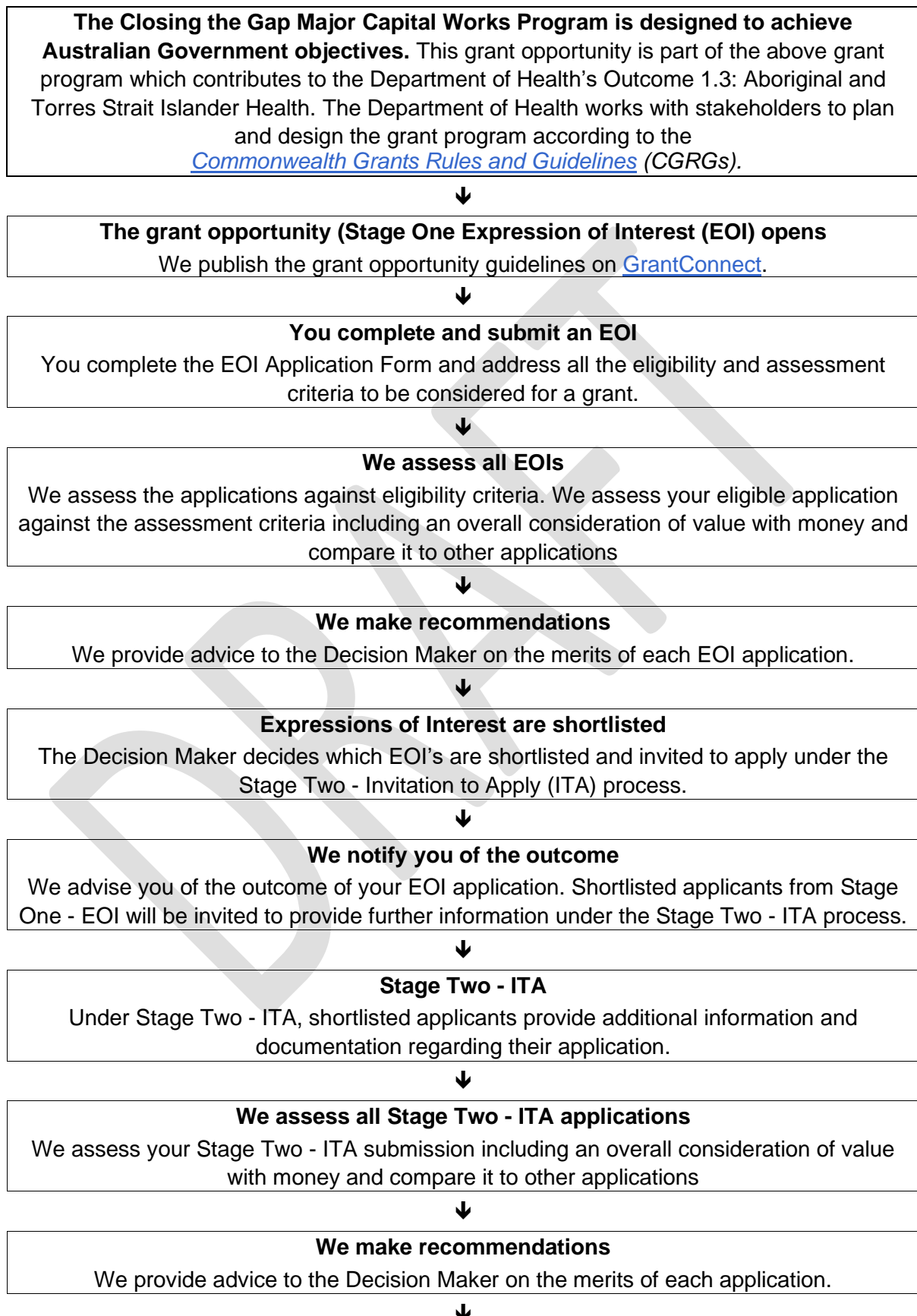
Opening date:	[dd mmmm yyyy]
Closing date and time:	2:00pm (Canberra time) on [dd mmmm yyyy]
Commonwealth policy entity:	Department of Health (Department)
Administering entity:	Community Grants Hub
Enquiries:	<p>If you have any questions, contact the Department via email: grant.atm@health.gov.au.</p> <p>Questions should be sent no later than 5:00pm (Canberra time) on [dd mmmm yyyy].</p>
Type of grant opportunity:	Targeted Competitive

Contents

Closing the Gap Major Capital Works Program grant opportunity processes	4
1. Introduction	6
2. About the grant program.....	6
2.1 About the Closing the Gap Major Capital Works (grant opportunity)	7
2.2 National Agreement on Closing the Gap	8
2.3 Impacts of the Coronavirus (COVID-19).....	8
3. Grant amount and grant period	9
3.1 Grants available	9
3.2 Grant period	9
4. Eligibility criteria	10
4.1 Who is eligible to apply for a grant?.....	10
4.2 Who is not eligible to apply for a grant?.....	10
4.3 What qualifications, skills or checks are required?	10
5. What the grant money can be used for	11
5.1 Eligible grant activities	11
5.2 Eligible expenditure.....	11
5.3 What the grant money cannot be used for.....	12
6. The assessment criteria.....	13
6.1 Stage One - EOI	13
6.2 Stage Two - ITA	14
7. How to apply.....	14
7.1 Stage One – EOI: attachments to the application	15
7.2 Joint (consortia) applications	16
7.3 Stage Two – ITA: attachments to the application	16
7.4 Timing of grant opportunity processes.....	16
7.5 Questions during the application process.....	17
8. The grant selection process	17
8.1 Assessment of grant applications	17
8.2 Who will assess applications?	18
8.3 Who will approve grants?	19
9. Notification of application outcomes.....	19
9.1 Further grant opportunities	19
10. Successful grant applications	19
10.1 The grant agreement	19
10.2 Specific legislation, policies and industry standards.....	20
10.2.1 The Multicultural Access and Equity Policy	20
10.2.2 Commonwealth Child Safe Framework	20
10.3 How we pay the grant	21

10.4	Grants Payments and GST	21
11.	Announcement of grants	21
12.	How we monitor your grant activity	21
12.1	Keeping us informed	21
12.2	Reporting	22
12.3	Financial declaration	22
12.4	Grant agreement variations	22
12.5	Compliance visits	22
12.6	Record keeping	22
12.7	Evaluation	22
12.8	Acknowledgement	22
13.	Probity	23
13.1	Enquiries and feedback	23
13.2	Conflicts of interest	23
13.3	Privacy	24
13.4	Confidential Information	24
13.5	Freedom of information	25
14.	Consultation	25
15.	Glossary	26
16.	Appendix A – List of organisations invited to apply	29

Closing the Gap - Major Capital Works Program grant opportunity processes



Stage Two applications are decided

The Decision Maker decides which Stage Two applications are found suitable for funding.



We notify you of the outcome

We advise you of the outcome of your Stage Two application. We may not notify unsuccessful applicants until grant agreements have been executed with successful applicants.



We enter into a grant agreement

If you are successful, we will enter into a grant agreement with you. The type of grant agreement is based on the nature of the grant and will be proportional to the risks involved.



Delivery of grant

You undertake the grant activity as set out in your grant agreement. The Community Grants Hub manage the grant by working with you, monitoring your progress and making payments.



Evaluation of the grant opportunity

We may evaluate your specific grant activity and the grant opportunity as a whole. We base this on information you provide to us and that we collect from various sources.

1. Introduction

These guidelines contain information for the Closing the Gap (CtG) Major Capital Works Program grant opportunity under the Indigenous Australians' Health Programme (IAHP).

You must read these guidelines before filling out an application.

This document sets out:

- the purpose of the grant program/grant opportunity
- the eligibility and assessment criteria
- how grant applications are considered and selected
- how grantees are notified and receive grant payments
- how grantees will be monitored and evaluated, and
- responsibilities and expectations in relation to the opportunity.

Note that grants offered through this grant opportunity are expected to be administered by the Community Grants Hub.

2. About the grant program

The IAHP was established by the Australian Government on 1 July 2014. The IAHP provides funding for a range of activities including those focusing on primary health care, child, maternal and family health, and chronic disease prevention and management. The IAHP is made available under Outcome 1 – Health Policy, Access and Support, Program 1.3 – Aboriginal and Torres Strait Islander Health from the Department's Portfolio Budget Statement (2021-22).

Under this Program, the Department of Health funds the delivery of culturally appropriate, high quality comprehensive primary health care to Aboriginal and Torres Strait Islander people, supports action to end rheumatic heart disease, avoidable deafness and blindness, and the prevention and early intervention of renal disease, prioritises investment in child and family health to support Aboriginal and Torres Strait Islander children having the best start in life, and delivers approaches to reduce the burden of chronic disease among Aboriginal and Torres Strait Islander people.

The objective of the IAHP is to support the delivery of, and access to, high quality, culturally appropriate health care and services to Aboriginal and Torres Strait Islander Australians. The Department monitors progress against this objective using a range of measures, including those set out in Tier One of the Aboriginal and Torres Strait Islander Health Performance Framework 2020.

The intended outcomes of the IAHP include improvements in:

- the health of Aboriginal and Torres Strait Islander people
- access to high quality, and culturally appropriate primary health care, and
- system level support to the Aboriginal and Torres Strait Islander primary health care sector to increase the effectiveness and efficiency of services.

Implementation of the IAHP aligns with the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 (Health Plan), which guides the development of all Aboriginal and

Torres Strait Islander health policies, programs and initiatives. The Health Plan can be found at the Department of Health's [website](#).

We administer the program according to the *Commonwealth Grants Rules and Guidelines 2017* (CGRGs).

2.1 About the Closing the Gap Major Capital Works (grant opportunity)

The Prime Minister announced in his Closing the Gap address on 5 August 2021 that the Australian Government is investing \$254.4 million to address seriously deteriorating or non-existent health infrastructure. This Commonwealth investment will be provided over four years from 2021-22 to 2024-25 to strengthen the Aboriginal Community Controlled Health Service (ACCHS) sector¹ through improved infrastructure. It will deliver both new and renovated health clinics, and associated housing for health professionals.

Two rounds of major capital works funding are expected to be offered under the Closing the Gap infrastructure measure across 2021-22 to 2022-23. This is the first round.

This Grant Opportunity will involve a two-stage process for allocating funding:

- Stage One – Expression of Interest (EOI), and
- Stage Two – Invitation to Apply (ITA).

For more information about the Two Stage Process see Section 7 How to Apply.

The expected outcomes of this Grant Opportunity include improvements in:

- access to primary health care services through safe and accessible, fit-for-purpose health infrastructure
- recruitment and retention of health professionals through access to safe and secure clinical staff housing, and
- system level support to the Aboriginal and Torres Strait Islander primary health care sector to increase the effectiveness and efficiency of services, consistent with Priority Reform Two under the National Agreement on Closing the Gap - *Build the Aboriginal and Torres Strait Islander community-controlled sector*.

The objective of this Grant Opportunity is to address Priority Reform Two of the National Agreement on Closing the Gap and improve access for Aboriginal and Torres Strait Islander peoples to safe and effective essential primary health care services through the provision of culturally appropriate, fit for purpose health infrastructure across Australia.

The Grant Opportunity will aim to achieve this objective through the following:

- addressing the impact that the lack of the proposed capital works is having on the delivery of primary health care
- providing culturally appropriate, fit for purpose health infrastructure that:
 - supports the delivery of primary health care services to Aboriginal and Torres Strait Islander people, and/or

¹ As defined in Section 15 - Glossary

- increases the capacity of organisations to attract and retain a clinical workforce by providing staff accommodation for health professionals, and
- providing project management support to organisations funded for capital works projects and ensuring appropriate use of Commonwealth funds.

The Activities will be measured against the below Performance Indicator (PI).

- Each funded activity to have clear, measurable and meaningful PIs included in the grantee's Capital Works Grant Agreement that are consistent with the objective and intended outcome of the grant opportunity for health infrastructure.

2.2 National Agreement on Closing the Gap

The objective of the National Agreement on Closing the Gap (the National Agreement) is to enable Aboriginal and Torres Strait Islander people and all Australian governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians. For the first time, the National Agreement has been developed in genuine partnership between Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (the Coalition of Peaks).

At the centre of the National Agreement are four Priority Reforms that focus on changing the way governments work with Aboriginal and Torres Strait Islander people.

The Priority Reforms will:

- strengthen and establish formal partnerships and shared decision-making
- build the Aboriginal and Torres Strait Islander community-controlled sector
- transform government organisations so they work better for Aboriginal and Torres Strait Islander people, and
- improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions.

These reforms are central to the National Agreement and will change the way governments work with Aboriginal and Torres Strait Islander people and communities. Consistent with Priority Reform Two - *Strengthen and establish formal partnerships and shared decision-making*, this grant opportunity has been co-designed with the National Aboriginal Community Controlled Organisation (NACCHO) on behalf of the ACCHS sector.

2.3 Impacts of the Coronavirus (COVID-19)

Applicants may need to take into consideration timeframes and constraints on delivery resulting from COVID-19, when preparing their application.

Activities under this grant opportunity are designed to ensure participants' safety and health. If funded projects are impacted by COVID-19, the Department will discuss with grantees whether extensions to the project timeframes are required.

3. Grant amount and grant period

3.1 Grants available

Two rounds of major capital works funding totalling \$210 million will be offered through the Closing the Gap infrastructure measure.

Through this grant opportunity, the Australian Government is providing funding of up to \$140 million (GST exclusive) over 4 years from 2021-22 to 2024-25 for major capital works. Two rounds of funding will be offered. The first round will be offered in 2021-22 (this grant opportunity), and the second in 2022-23. Expected timeframes for the rounds are detailed at Section 7.3.

The anticipated funding split between the rounds is detailed below:

Round	Year offered	Funding available (GST exclusive)
Round 1 (this grant opportunity)	2021-22	\$140 million
Round 2 (expected to be announced in late 2022)	2022-23	\$70 million
Total funding available under Round 1 and 2		\$210 million

There is no maximum grant amount but grants cannot exceed the amount of available funds. Projects in excess of \$15 million are highly unlikely to be funded.

It is anticipated that most grants will be between \$500,000 to \$8 million (GST exclusive). Funding allocations will depend on the demonstrated need, scope, impact, and complexity of the proposed project. This evaluation may result in some applicants being offered less than the requested amount, or not receiving funding under this grant opportunity.

The value of individual grants will vary based on need, as demonstrated by applicants in their responses to the assessment criteria, the specific activities to be undertaken by each Grantee and the expected grant outcomes. Grant funding awarded under this funding round may only be used for the activities addressed in this grant opportunity.

The first payment of funding to successful applicants will occur in accordance with the executed funding agreement. Funds made available under this grant opportunity must be expended in accordance with the funding agreement.

This Grant Opportunity does not constitute an offer of funding and does not bind the Commonwealth to the provision of funds to any applicant.

3.2 Grant period

The maximum grant period is four financial years (2021-22 to 2024-25) and unless the Department approves in writing, you must complete your project by 31 December 2025.

4. Eligibility criteria

Only ACCHSs² delivering primary health care³ are eligible to apply under this Grant Opportunity.

These organisations will have a proven track record of delivering essential and culturally appropriate primary health care to Aboriginal and Torres Strait Islander people across Australia, including in areas of high need. These organisations will also have established community relationships and are considered the most appropriate entities to receive infrastructure funding to expand or improve access to primary health care services in these areas.

Eligible organisations are listed at Appendix A of this grant opportunity.

4.1 Who is eligible to apply for a grant?

To be eligible, Organisations must:

- be an Aboriginal Community Controlled Health Service
- currently deliver primary health care, and
- be listed at Appendix A.

Eligible organisations listed at Appendix A are also able to apply on behalf of a subsidiary and/or auspiced organisation/s, provided the auspiced organisation is an Aboriginal Community Controlled Health Service currently delivering primary health care.

4.2 Who is not eligible to apply for a grant?

You are not eligible to apply if you are:

- not an Aboriginal Community Controlled Health Service delivering primary health care, and
- not an organisation listed at Appendix A.

4.3 What qualifications, skills or checks are required?

Whilst you are required to be compliant with all relevant laws and regulations, you may be requested to demonstrate compliance with the following legislation/policies/industry standards:

- Australian Building Code
- National Construction Code
- Medical Standards for Ventilation in Specialist Health Care Context (AS/NZS 1668.2 – 2012 Part 5)
-

To be eligible for a grant, you must declare in your application that you comply with these requirements. You may need to declare you can meet these requirements in your grant agreement with the Commonwealth.

You must ensure that the work carried out, where appropriate, is undertaken by licensed or properly qualified persons. You must also ensure that works carried out are fit for

² As defined in Section 15 - Glossary

³ As defined in Section 15 - Glossary

purpose and comply with the regulatory requirements of the relevant state and territory and local governments.

5. What the grant money can be used for

5.1 Eligible grant activities

Funded projects must be consistent with the outcomes and objectives of this Grant Opportunity.

The following activities and items are eligible to receive funding under this Grant Opportunity:

- Clinics - purchasing, building (including prefabricated structures), extending or refurbishing of clinics, purchase of freehold vacant land (when required as part of a building activity), repairs and maintenance costs, furniture and fittings, and professional fees associated with undertaking the above works
- Staff accommodation - purchasing, building (including prefabricated structures), extending, or refurbishing of clinical staff accommodation in small rural towns and remote and very remote communities (MMM5-7)⁴, purchase of freehold vacant land (when required as part of a building activity), repairs and maintenance costs, furniture and fittings, and professional fees associated with undertaking the above works
- the payment of statutory charges and costs associated with the connection of essential services, such as power, water and sewerage
- professional services associated with the project management of Commonwealth funded capital works projects (for most projects, the Department will require a suitably qualified construction project manager to be engaged by the Grantee to supervise all construction works for the duration of the project)
- works which complement capital projects currently funded by the Department where significant benefit from the additions can be demonstrated
- the purchase and installation of renewable energy equipment, especially where the electricity supply is unreliable or a significant cost for health service providers, and
- the purchase and installation of telecommunications hardware to improve the ability to support telehealth services.

5.2 Eligible expenditure

Grant funding awarded under this funding round may only be used for activities related to this Grant Opportunity. Funds made available under this grant opportunity must be expended in accordance with the funding agreement and on eligible expenditure you have incurred.

If your application is successful, we may ask you to verify project costs that you provided in your application. You will also be required to provide evidence such as quotes for major costs.

⁴ As defined in Section 15 - Glossary

Not all expenditure on your grant activities may be eligible for grant funding. The Decision Maker makes the final decision on what is eligible expenditure and may give additional guidance on eligible expenditure if required.

You must incur the expenditure on your grant activities between the start date and end or completion date of your grant agreement for it to be eligible.

5.3 What the grant money cannot be used for

You cannot use the grant for the following activities:

- funding for premises owned or operated by a state, territory or local government agency or body (including government business enterprises)⁵
- retrospective funding or reimbursement of items or activities, including an infrastructure project that has been contracted, commenced or completed prior to the execution of a funding agreement
- purchase of buildings or land, or construction of new clinics, where alternatives (such as rental) are available (funding may be provided to undertake refurbishments, renovations, or fit outs of leased premises)
- purchasing or building (including prefabricated structures) clinical staff accommodation in locations where there are viable alternatives
- minor capital works
- projects that do not support essential primary health care services or meet the outcomes and objectives of this grant opportunity
- infrastructure that primarily supports programs or services for which other Commonwealth, state, territory or local government bodies or programs have primary responsibility (examples include, but are not limited to: Alcohol and other drugs (AOD) services/centres, Disability services, Out of Home Care, domestic violence shelters, residential rehabilitation centres, aged care infrastructure)⁶
- construction of large multipurpose hubs that needs significant funds compared to the overall funding available under the grant opportunity
- ongoing operating (recurrent) costs (e.g. rent, utilities, salaries, insurance)
- projects, or elements of projects that will support commercial leasing activities,⁷ (examples include, but are not limited to: cafes, gyms, childcare centres, pharmacies)
- one-off or ongoing fees for use of computer software
- the purchase of consumables (other than a consumables pack that may be supplied with equipment on delivery)

⁵ Unless land or buildings are leased to an eligible organisation by the state or territory government through a long-term lease (usually for a minimum of 10 years).

⁶ Unless applicant is co-contributing funds for these purposes from either self-generated income or funding from state government or philanthropic institutions

⁷ Unless applicant is co-contributing funds for these purposes from either self-generated income or funding from state government or philanthropic institutions

- Medical equipment used in the delivery of clinical services such as MRI machines, dental chairs, audiology equipment, surgical tools etc.
- purchasing or fitting out a mobile medical unit/vehicle
- travel and accommodation
- provision of health services
- scoping studies, and
- purchasing or leasing of motor vehicles.

This is not an exhaustive list and the Department may choose not to fund other activities at the discretion of the Decision Maker.

6. The assessment criteria

6.1 Stage One - EOI

There are three (3) assessment criteria for all applicants.

You will need to address all of the following assessment criteria in your EOI. All criteria are mandatory and equally weighted. We will assess your application based on the answers to each criterion. The amount of detail and supporting evidence you provide in your application should be relative to the project size, complexity and grant amount requested.

The Application Form includes word limits; these may be applied during the assessment process and only text within the word limit will be considered during the assessment process. Attachments to the application are not included in the word limits.

Only Stage One EOI applications that are assessed as having addressed the assessment criteria and score average or higher for each criterion will be considered for shortlisting to proceed to Stage Two ITA (please see Section 8.1 of these guidelines for the Scoring Matrix).

Criterion 1: What is your project purpose? (up to 800 words)

Briefly describe the capital works project that is the subject of your EOI application.

In responding to this criterion, a strong application will provide:

- a description of the proposed works – noting that plans/detailed proposals are **not** required for this Stage One EOI
- the geographic location and a description of the proposed site
- evidence of tenure over the proposed premises/site (where available) or details of the process that will be undertaken to secure tenure
- if funds are sought for replacement infrastructure, provide details of the existing facility, including when it was built, and the reasons for seeking its replacement, and
- a description of the local rental market, and why the proposed project is considered the best option.

Criterion 2: Why is your project needed?

Demonstrate how your Organisation and the proposed project will improve access to essential primary health care services in your community/communities.

In responding to this criterion, a strong application will detail:

- the population of Aboriginal and/or Torres Strait Islander peoples for which services are provided that will benefit from this project
- if seeking funding for clinical staff accommodation, the current infrastructure related issues with attracting and retaining clinical staff
- issues that affect the safety and accessibility of clinics and clinical staff housing facilities, including disaster preparedness
- how a lack of adequate infrastructure is affecting clinical accreditation and work health and safety standards, and
- how the capital works project will contribute to improving overall health outcomes for Aboriginal and Torres Strait Islander peoples in your communities.

Criterion 3: WHO and HOW MUCH – tell us why your organisation is well placed to deliver this project and how much it will cost?

Demonstrate how the proposed project is an efficient use of grant funds in achieving Grant Opportunity outcomes.

In responding to this criterion, a strong application will explain:

- why grant funding is necessary for the project to be delivered
- any co-contributions (from reserves) or other sources of funding (such as government or philanthropic grants) you are bringing to the project
- how your organisation has the capacity to undertake the proposed work and deliver this project, and
- provide an indicative activity budget (as a separate attachment – see Section 7.1) outlining the anticipated costs of the project.

6.2 Stage Two - ITA

Based on your Stage One EOI application, applicants will be considered for progression to the Stage Two - ITA. Applicants invited to provide information for Stage Two will not be required to respond to additional criteria but will be required to provide additional documents to support their proposal including detailed costings, architectural drawings, and quotes.

7. How to apply

Stage One - EOI

Before applying, you must read and understand these guidelines and the Application Form.

These documents are found on [GrantConnect](#). Any alterations and addenda⁸ will be published on GrantConnect and by registering on this website, you will be automatically notified on any changes. GrantConnect is the authoritative source for grants information.

To apply you must:

- complete the Online Application Form on GrantConnect
- provide all the information requested
- address all eligibility criteria and assessment criteria
- include all necessary attachments, and
- submit your application using the Online Application Form Link and do this by the closing date and time as specified on GrantConnect.

You are responsible for ensuring that your application is complete and accurate. Giving false or misleading information is a serious offence under the [Criminal Code 1995](#) and we will investigate any false or misleading information and may exclude your application from further consideration.

If you find an error in your application after submitting it, you should contact us immediately on grant.atm@health.gov.au or call (02) 6289 5600. We do not have to accept any additional information, nor requests from you to correct your application after the closing time.

If we find an error or information that is missing, we may ask for clarification or additional information from you that will not change the nature of your application. However, we can refuse to accept any additional information from you that would change your submission after the application closing time.

You should keep a copy of your application and any supporting documents. We will acknowledge that we have received your application within two working days. If you need further guidance around the application process or if you are unable to submit an application via email, please contact us at grant.atm@health.gov.au or by calling (02) 6289 5600.

Stage Two – ITA

Applicants will be invited to apply under the Stage Two ITA via direct email. Information provided under Stage Two **must** be for the same project, premises/site (address) and applicant entity as proposed in the Stage One EOI response.

7.1 Stage One – EOI: attachments to the application

We require the following documents with your Stage One EOI application:

- an indicative budget.

⁸ Alterations and addenda include but are not limited to: corrections to currently published documents, changes to close times for applications, Questions and Answers (Q&A) documents and Frequently Asked Questions (FAQ) documents

You must attach supporting documentation to the Online Application Form in line with the instructions provided within the form.

7.2 Joint (consortia) applications

Joint (consortia) applications are not accepted under this grant opportunity.

7.3 Stage Two – ITA: attachments to the application

If you are invited to apply for funding under the Stage Two ITA, we will require some or all of the following documents, depending on the type and scale of your project⁹:

- Evidence of tenure over the premises/site (where available) that was the subject of the applicant's response to the EOI process, or details of the proposed site and relevant process for securing tenure
- A detailed costing of the capital works project that was the subject of the applicant's response to the EOI process, including a budget and quotes for the proposed works. The Commonwealth may, at its discretion, seek to verify costings through the use of expertise in infrastructure assessment or project scoping
- A work plan/project plan outlining the activities for the project
- A risk management plan for the project
- A letter from relevant council or land authority providing in-principle support for construction project (if relevant)
- Any scoping documents, architectural plans / floor plans / concept drawings / sketches of the proposed construction, and
- Building approvals (if available).

7.4 Timing of grant opportunity processes

You must submit the EOI between the published opening and closing dates.

If you are assessed as suitable to progress to Stage 2 ITA you must submit the additional information to be assessed for Stage Two by the due date advised by the department.

In the interest of fairness, the department reserves the right not to accept late applications. In considering whether it would be fair to accept a late application, the department will determine if the application was late due to exceptional circumstances beyond the applicant's control that meant that the deadline could not be met.

If you are successful, we expect you will be able to commence your project in September 2022.

⁹ More detail on these requirements will be provided to those applicants shortlisted for Stage Two ITA following the assessment of Stage One EOI

Table 2: Expected timing for this grant opportunity

Activity	Expected Timeframe
Stage 1 - EOI	
EOI opens	February 2022 for 6 weeks
Assessment of Stage One EOI	4 weeks
Approval of outcomes of selection process	4 weeks
Notification to unsuccessful applicants	2 weeks
Stage 2 - ITA	
ITA sent to shortlisted EOI applicants (Stage Two)	June 2022 for 6 weeks
Assessment of Stage Two applications	4 weeks
Approval of outcomes of selection process	4 weeks
Earliest start date of grant activity	September 2022
End date of grant activity or agreement	31 December 2025

7.5 Questions during the application process

If you have questions relating to clarification of information of the available grant, technical issues or process during the application period, please contact grant.atm@health.gov.au. The Department will respond to emailed questions within three working days.

Requests for clarification may form the basis of a response that will be posted on the [GrantConnect](#) website in Frequently Asked Questions document relating to this grant opportunity. Any questions will be de-identified. Registered applicants will be notified of updates to the documents via email from the [GrantConnect](#) website.

The Department cannot assist you to address assessment criteria, determine eligibility or complete your application.

8. The grant selection process

8.1 Assessment of grant applications

Stage One - EOI

For Stage One EOI we review your application against the eligibility criteria as outlined in Section 4 of these guidelines. Only eligible applications will move to the next stage of assessment. We consider eligible applications through a targeted competitive grant process.

We will then assess eligible applications against the assessment criteria (Section 6) using a 5-Point numerical scoring scale (Table 3 below). We consider your application on its merits and comparatively against other applications, based on:

- how well your application meets the criteria
- how it compares to other applications, and

- whether your application provides value with relevant money.

A score out of 5 will be applied to each of the three assessment criteria. 15 is the highest score any application can receive.

Table 3: Assessment Criteria Scoring Matrix

Rating (for individual criterion)	Score
Excellent – response to this criterion, including all sub-criteria, exceeds expectations.	5
Good – response to this criterion addresses all or most sub-criteria to a higher-than-average standard.	4
Average – response against this criterion meets most sub-criteria to an average and acceptable level.	3
Poor – poor claims against this criterion but may meet some sub-criteria.	2
Does not meet criterion at all – response to this criterion does not meet expectations or insufficient or no information to assess this criterion.	1

Stage Two ITA

For Stage Two ITA, we will assess the extent to which your project represents value with relevant money, appropriateness of scale and scope, technical feasibility and organisational capacity and score it as either suitable or unsuitable for funding.

For both stages, when assessing the extent to which the application represents value with relevant money, we will consider:

- the extent to which the geographic location of the application matches the identified priorities
- the overall objective/s to be achieved in providing the grant
- the relative value of the grant sought when compared to the scale and complexities of the project(s), and
- the extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/ objectives.

8.2 Who will assess applications?

For both stages, assessment teams will assess each application on its merits and compare it to other eligible applications before providing a score. The assessment team is expected to comprise staff from across the Indigenous Health Division and can include contractors/consultants..

After applications are assessed, they will be quality assured and referred to an assessment committee for further consideration, including value for money. The

assessment committee will be made up of staff within the Indigenous Health Division of the Department and may include representatives from other areas of the Department and from outside of the Department, as appropriate.

We may ask external experts/advisors to inform the assessment process. Any expert/advisor, who is not a Commonwealth Official, will be required/expected to perform their duties in accordance with the [CGRGs](#).

The assessment committee may seek additional information about you or your application. They may do this from within the Commonwealth, even if the sources are not nominated by you, as referees. The assessment committee may also consider information about you that is available through the normal course of business.

The assessment committee makes recommendations to the Decision Maker on which applications to approve for a grant.

8.3 Who will approve grants?

For both stages, the Decision Maker is a First Assistant Secretary (or equivalent) within the Indigenous Health Division. The Decision Maker decides which grants to approve considering the recommendations of the assessment committee and the availability of grant funds for the purposes of the grant program.

The Decision Maker's decision is final in all matters, including:

- the approval of the grant
- the grant funding amount to be awarded, and
- the terms and conditions of the grant.

There is no appeal mechanism for decisions to approve or not approve a grant.

9. Notification of application outcomes

We will advise you in writing of the outcome of your application. If you are successful, we will advise you of any specific conditions attached to the grant.

If you are unsuccessful, we will give you an opportunity to receive feedback. A request for individual feedback should be made to the Department within 30 days of being notified of the outcome. We will provide feedback within one month of your request.

9.1 Further grant opportunities

A second grant opportunity is expected in late 2022.

If there are not enough suitable applications to meet the program's objectives, we may seek to fill any gaps through subsequent or additional funding rounds, including targeting particular regions or previous applicants where applicable.

10. Successful grant applications

10.1 The grant agreement

You must enter into a legally binding grant agreement with the Commonwealth. We use the whole of government capital works [grant agreement](#) templates in this program and will select the most appropriate depending on the size and complexity of your grant activities.

Each agreement has general terms and conditions that cannot be changed. We will use a schedule to outline the specific grant requirements.

You must not start any major capital grant activities until a grant agreement is executed. We must execute a grant agreement with you before we can make any payments. We are not responsible for any of your expenditure until a grant agreement is executed. If you choose to start your grant activities before you have an executed grant agreement, you do so at your own risk.

Your grant agreement may have specific conditions determined by the assessment process or other considerations made by the Decision Maker. We will identify these in the agreement.

The Commonwealth may recover grant funds if there is a breach of the grant agreement.

10.2 Specific legislation, policies and industry standards

10.2.1 The Multicultural Access and Equity Policy

The [Multicultural Access and Equity Policy](#) obliges Australian Government agencies to ensure that cultural and linguistic diversity is not a barrier for people engaging with government and accessing services to which they are entitled. For example, providing access to language services where appropriate.

10.2.2 Commonwealth Child Safe Framework

The Royal Commission into Institutional Responses to Child Sexual Abuse highlighted the need for organisations to adopt child safe practices including appropriate screening of staff, mandatory reporting and adoption of the National Principles for Child Safe Organisations. The Australian Government committed to a new Commonwealth-wide framework to protect children and young people it is responsible for – [the Commonwealth Child Safe Framework \(CCSF\)](#).

The Australian Government is considering appropriate ways to apply the requirements of the CCSF to grant recipients. A child safety clause is likely to be included in a grant agreement where the Commonwealth considers the grant is for:

- services directly to children, or
- activities that involve contact with children that is a usual part of, and more than incidental to, the grant activity.

A child safety clause may also be included in the grant agreement if the Commonwealth considers the grant activity involves children more broadly.

The successful applicant will be required to comply with all child safety obligations included in the grant agreement published with this grant opportunity or notified to the successful applicant prior to execution of the grant agreement.

Irrespective of the child safety obligations in the grant agreement, you must always comply with your state and territory legislative requirements for working with children and mandatory reporting.

The Australian Government has commissioned the Australian Human Rights Commission to develop a series of tools and resources to assist organisations to implement the [National Principles for Child Safe Organisations](#).

10.3 How we pay the grant

The grant agreement will state the:

- maximum grant amount to be paid
- any financial contributions you will make, and
- any financial contribution provided by a third party.

We will not exceed the maximum grant amount under any circumstances. If you incur extra costs, you must meet them yourself.

Progress payments

We will make payments according to an agreed schedule set out in the grant agreement. Payments are subject to satisfactory progress on the grant activities.

10.4 Grants Payments and GST

Payments will be GST Exclusive. If you are registered for the [Goods and Services Tax \(GST\)](#), where applicable, we will add GST to your grant payment and issue you with a [Recipient Created Tax Invoice](#).

Grants are assessable income for taxation purposes, unless exempted by a taxation law. We recommend you seek independent professional advice on your taxation obligations or seek assistance from the [Australian Taxation Office](#). We do not provide advice on your particular taxation circumstances.

11. Announcement of grants

If successful, your grant will be listed on the GrantConnect website 21 calendar days after the date of effect as required by Section 5.3 of the [CGRGs](#).

12. How we monitor your grant activity

12.1 Keeping us informed

You should let us know if anything is likely to affect your grant activity or organisation.

We need to know of any key changes to your organisation or its business activities, particularly if they affect your ability to complete your grant, carry on business and pay debts due.

You must also inform us of any changes to your:

- name
- addresses
- nominated contact details
- bank account details.

If you become aware of a breach of terms and conditions under the grant agreement, you must contact us immediately via grant.atm@health.gov.au

You must notify us of events relating to your grant and provide an opportunity for the Minister or their representative to attend.

12.2 Reporting

You must submit reports in line with the grant agreement. You will need to report progress against agreed grant activity milestones and outcomes.

We will monitor progress by assessing reports you submit and may conduct site visits or request records to confirm details of your reports if necessary. Occasionally we may need to re-examine claims, seek further information or request an independent audit of claims and payments.

12.3 Financial declaration

We may ask you to provide a declaration that the grant money was spent in accordance with the grant agreement and to report on any underspends of the grant money.

12.4 Grant agreement variations

We recognise that unexpected events may affect your progress. In these circumstances, you can request a variation to your grant agreement.

You should not assume that a variation request will be successful. We will consider your request based on provisions in the grant agreement and the likely impact on achieving outcomes.

12.5 Compliance visits

We may visit you during or at the completion of your grant activity to review your compliance with the grant agreement. We will provide you with reasonable notice of any compliance visit.

12.6 Record keeping

We may also inspect the records you are required to keep under the grant agreement.

12.7 Evaluation

We may evaluate the grant opportunity to measure how well the outcomes and objectives have been achieved. We may use information from your application and reports for this purpose. We may also interview you or ask you for more information to help us understand how the grant impacted you and to evaluate how effective the program was in achieving its outcomes.

We may contact you up to one year after you finish your grant for more information to assist with this evaluation.

12.8 Acknowledgement

The Commonwealth crest should be used on all materials related to grants under the program. Whenever the crest is used, the publication must also acknowledge the Commonwealth as follows:

If you make a public statement about a grant activity funded under the program, we require you to acknowledge the grant by using the following:

‘This clinic/housing was funded by the Australian Government Department of Health’.

13. Probity

The Australian Government will make sure that the grant opportunity process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities and other inappropriate conduct, and is consistent with the CGRGs.

These guidelines may be amended periodically by the Department. When this happens, the revised guidelines will be published on GrantConnect.

13.1 Enquiries and feedback

The Department's [Complaint Handling Process](#) applies to complaints about this grant opportunity. All complaints about a grant process must be provided in writing.

Any questions you have about grant decisions for this grant opportunity should be sent to grant.atm@health.gov.au.

If you do not agree with the way the Department has handled your complaint, you may complain to the [Commonwealth Ombudsman](#). The Ombudsman will not usually look into a complaint unless the matter has first been raised directly with the relevant Commonwealth entity.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072

Email: ombudsman@ombudsman.gov.au

Website: [Commonwealth Ombudsman](#)

13.2 Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or program. There may be a conflict of interest, or perceived conflict of interest, if the Department's staff, any member of a committee, an advisor, and/or you or any of your personnel:

- has a professional, commercial or personal relationship with a party who is able to influence the application selection process, such as an Australian Government officer
- has a relationship with or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently, or
- has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/ grant opportunity.

You will be asked to declare, as part of your application, any perceived or existing conflicts of interests or that, to the best of your knowledge, there is no conflict of interest.

If you later identify an actual, apparent, or perceived conflict of interest, you must inform the Department in writing immediately.

Conflicts of interest for Australian Government staff will be handled as set out in the Australian [Public Service Code of Conduct \(Section 13\(7\)\)](#) of the [Public Service Act 1999](#). Committee members and other officials including the decision maker must also declare any conflicts of interest.

We publish our conflict-of-interest policy on the [Australian Public Service Commission's website](#).

13.3 Privacy

We treat your personal information according to the [Privacy Act 1988](#) and the [Australian Privacy Principles](#). This includes letting you know:

- what personal information we collect
- why we collect your personal information, and
- who we give your personal information to.

Your personal information can only be disclosed to someone else for the primary purpose for which it was collected, unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant opportunity in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

We may share the information you give us with other Commonwealth entities for purposes including government administration, research or service delivery, according to Australian laws.

As part of your application, you declare your ability to comply with the *Privacy Act 1988* and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents and subcontractors that you engage to assist with the activity, in respect of personal information you collect, use, store, or disclose in connection with the activity. Accordingly, you must not do anything, which if done by the Department would breach an Australian Privacy Principle as defined in the Act.

13.4 Confidential Information

Other than information available in the public domain, you agree not to disclose to any person, other than us, any confidential information relating to the grant application and/or agreement, without our prior written approval. The obligation will not be breached where you are required by law, Parliament or a stock exchange to disclose the relevant information or where the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation).

We may at any time require you to arrange for you, your employees, agents or subcontractors to give a written undertaking relating to nondisclosure of our confidential information in a form we consider acceptable.

We will keep any information in connection with the grant agreement confidential to the extent that it meets all of the three conditions below:

1. you clearly identify the information as confidential and explain why we should treat it as confidential
2. the information is commercially sensitive, and
3. revealing the information would cause unreasonable harm to you or someone else.

We will not be in breach of any confidentiality agreement if the information is disclosed to:

- the committee and other Commonwealth employees and contractors to help us manage the program effectively

- employees and contractors of our Department so we can research, assess, monitor and analyse our programs and activities
- employees and contractors of other Commonwealth agencies for any purposes, including government administration, research or service delivery
- other Commonwealth, State, Territory or local government agencies in program reports and consultations
- the Auditor-General, Ombudsman or Privacy Commissioner
- the responsible Minister or Parliamentary Secretary, and
- a House or a Committee of the Australian Parliament.

The grant agreement may also include any specific requirements about special categories of information collected, created or held under the grant agreement.

13.5 Freedom of information

All documents in the possession of the Australian Government, including those about this grant opportunity, are subject to the [Freedom of Information Act 1982](#) (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to documents held by Australian Government entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. Access may be refused if a document contains “exempt” material, such as commercially valuable information or the personal or business information of a third party.

All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
FOI Unit
Department of Health
GPO Box 9848
CANBERRA ACT 2601

By email: foi@health.gov.au

14. Consultation

This program and grant opportunity has been co-designed with NACCHO (see Section 2.2). Targeted communications to the Aboriginal Community Controlled Health Services sector have been developed with, and distributed through, NACCHO.

15. Glossary

Term	Definition
Aboriginal Community Controlled Health Service (ACCHS)	An ACCHS is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community, which controls it, through a locally elected Board of Management.
assessment criteria	are the specified principles or standards, against which applications will be judged. These criteria are also used to assess the merits of proposals and, in the case of a competitive grant opportunity, to determine application rankings.
clinical services	Clinical services include the diagnosis, treatment of acute illness, emergency primary health care, management of chronic conditions, specific interventions such as eyes, ears and oral health activities, health crisis intervention and referral. See FAQs for more detail.
commencement date	the expected start date for the grant activity
Commonwealth entity	a Department of State, or a Parliamentary Department, or a listed entity or a body corporate established by a law of the Commonwealth. See subsections 10(1) and (2) of the PGPA Act
<i>Commonwealth Grants Rules and Guidelines 2017</i> (CGRGs)	establish the Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. The CGRGs contain the key legislative and policy requirements and explain the better practice principles of grants administration
completion date	the expected date that the grant activity must be completed, and the grant spent by
date of effect	can be the date on which a grant agreement is signed or a specified starting date. Where there is no grant agreement, entities must publish information on individual grants as soon as practicable.
decision maker	the person who makes a decision to award a grant
eligibility criteria	refer to the mandatory criteria which must be met to qualify for a grant. Assessment criteria may apply in addition to eligibility criteria.

Term	Definition
grant	<p>for the purposes of the CGRGs, a 'grant' is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth:</p> <ol style="list-style-type: none"> under which relevant money¹⁰ or other Consolidated Revenue Fund (CRF) money¹¹ is to be paid to a grantee other than the Commonwealth, and which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.
grant activity/activities	refers to the project/tasks/services that the grantee is required to undertake
grant agreement	sets out the relationship between the parties to the agreement, and specifies the details of the grant
GrantConnect	is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs
grant opportunity	refers to the specific grant round or process where a Commonwealth grant is made available to potential grantees. Grant opportunities may be open or targeted and will reflect the relevant grant selection process.
grant program	a 'program' carries its natural meaning and is intended to cover a potentially wide range of related activities aimed at achieving government policy outcomes. A grant program is a group of one or more grant opportunities under a single Portfolio Budget Statement Program.
grantee	the individual/organisation which has been selected to receive a grant
major capital works	major capital works consist of the purchase or construction of new clinics and/or clinical staff housing, the demolition (whether or not followed by the replacement) of the majority of existing premises, and extensive renovation projects, and works that extend beyond the existing footprint of the current premises.

¹⁰ Relevant money is defined in the PGPA Act. See section 8, Dictionary.

¹¹ Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.

Term	Definition
minor capital works	minor capital works consists of minor/general repair, maintenance and/or upgrade projects that contribute to improving clinic and clinical staff facilities, and/or emergency works that will assist with the safety and accessibility of the primary health care clinic. These works must not change the footprint of current premises. Projects classified as 'minor capital' are not eligible for funding under the grant opportunity.
Modified Monash Model	<p>This grant opportunity uses the Modified Monash Model (MMM) to decide whether a location is a city, rural, remote or very remote location.</p> <p>The model measures remoteness and population size on a scale of Modified Monash Model (MMM) category MMM 1 to MMM 7. MMM 1 is a major city and MMM 7 is very remote.</p>
Primary Health Care	<p>Involves face-to-face delivery of the following activities:</p> <ul style="list-style-type: none"> • Clinical Services (see definition above) • Population health activities, and • Activities that support the delivery of primary health care.
<i>Public Governance, Performance and Accountability Act 2013</i> (PGPA Act)	the PGPA Act establishes a system of governance and accountability for public resources with an emphasis on planning, performance and reporting. It applies to all Commonwealth entities and Commonwealth companies.
relevant money	<p>a. money standing to the credit of any bank account of the Commonwealth or a corporate Commonwealth entity, or</p> <p>b. money that is held by the Commonwealth of a corporate Commonwealth entity.</p>
selection criteria	comprise eligibility criteria and assessment criteria.
selection process	the method used to select potential grantees. This process may involve comparative assessment of applications or the assessment of applications against the eligibility criteria and/or the assessment criteria.
value with (relevant) money	Value with relevant money is the principle by which grants are considered to be a proper use of public resources. To determine value with relevant money, an overall assessment will be undertaken to determine the best applications or proposals and the best combinations of applications/proposals to recommend for funding that will deliver the intended outcome of a grant opportunity. This includes matters such as risk.

16. Appendix A – List of organisations invited to apply

The table below list the organisations that are eligible to apply under this grant opportunity.

Table 1 – ACCHSs funded for Primary Health Care services

Organisation Name	ABN
Aboriginal & Torres Strait Islanders Community Health Service Mackay Ltd	81 625 886 573
Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited	40 084 136 508
Aboriginal Medical Service Co-Operative Limited	44 263 743 151
Access Services for Koories Ltd. (First Peoples' Health and Wellbeing)	44 141 403 634
Albury Wodonga Aboriginal Health Service Incorporated	84 286 953 178
Ampilatwatja Health Centre Aboriginal Corp	61 426 053 586
Anyinginyi Health Aboriginal Corporation	97 329 483 372
Apunipima Cape York Health Council Limited	26 089 437 717
Armajun Health Service Aboriginal Corporation	98 587 746 234
Awabakal Ltd	93 865 911 384
Ballarat & District Aboriginal Cooperative	33 266 090 956
Bega Garribirringu Health Services Incorporated	47 976 288 533
Bendigo and District Aboriginal Co-operative	62 135 239 366
Bidgerdii Aboriginal & Torres Strait Islanders Corp Com Service Central Qld	47 739 918 372
Biripi Aboriginal Corporation Medical Centre	11 142 285 716
Bourke Aboriginal Health	46 003 392 667
Broome Regional Aboriginal Medical Service	23 750 533 168
Budja Budja Aboriginal Co-operative	49 923 294 600
Bulgarr Ngaru Medical Aboriginal Corporation	67 006 943 078
Bullinah Aboriginal Health Service Aboriginal Corporation	32 309 494 532
Cape Barren Island Aboriginal Association Inc	73 328 550 841
Carbal Aboriginal and Torres Strait Islander Health Services Ltd	50 275 271 535
Central Australian Aboriginal Congress Aboriginal Corporation	76 210 591 710
Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	84 826 588 748
Cherbourg Regional Aboriginal and Islander Community Controlled Health Services	26 601 820 535
Circular Head Aboriginal Corporation	77 644 522 576
Condobolin Aboriginal Health Service Inc	23 381 720 566
Coomealla Health Aboriginal Corporation	45 574 712 734
Coonamble Aboriginal Health Service Limited	26 826 765 257
Cummeragunja Housing & Development Aboriginal Corp	17 122 066 339
Cunnamulla Aboriginal Corporation for Health	70 286 536 824
Dandenong & District Aborigines Co-Operative Limited	34 256 073 685
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation	57 024 747 460
Derbarl Yerrigan Health Service Aboriginal Corporation	60 824 221 416

Derby Aboriginal Health Service Council Aboriginal Corporation	57 511 340 580
Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc	98 906 379 843
Durri Aboriginal Corporation Medical Service	52 730 046 875
Flinders Island Aboriginal Assoc Inc	22 604 123 914
Galambila Aboriginal Health Service Incorporated	23 584 198 987
Galangoor Duwalami Aboriginal health Service	12 624 369 560
Gandangara Health Services Ltd	31 144 486 975
Geraldton Regional Aboriginal Medical Service (GRAMS)	98 653 603 543
Gippsland and East Gippsland Aboriginal Cooperative Ltd	56 690 276 207
Girudala Community Co-operative Society Limited	24 731 933 099
Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd (Nhulundu)	69 912 120 016
Goolburri Aboriginal Health Advancement Company Limited	33 139 659 331
Goolum Goolum Aboriginal Co-operative Limited	28 010 581 385
Goondir Aboriginal & Torres Strait Islander Corporation for Health Services	28 532 578 379
Griffith Aboriginal Medical Service Aboriginal Corporation	98 484 570 405
Gunditjmarra Aboriginal Co-Operative Limited	81 365 607 437
Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation	31 210 982 991
Illawarra Aboriginal Medical Service Aboriginal Corporation	23 886 179 327
Indigenous Wellbeing Centre Ltd	96 356 361 867
Institute For Urban Indigenous Health Ltd	32 140 019 290
Kalwun Development Corporation Limited	15 065 676 717
Kambu Aboriginal and Torres Strait Islander Corporation for Health	83 155 632 836
Katherine West Health Board Aboriginal Corporation	23 351 866 925
Katungul Aboriginal Corporation Community & Medical Services	35 679 076 545
Kimberley Aboriginal Medical Services Limited	67 169 851 861
Kirrae Health Services Inc	98 641 022 731
Lake Tyers Health & Childrens Services Association Inc.	48 209 560 427
Lakes Entrance Aboriginal Health Association	12 169 986 182
Laynhapuy Homelands Aboriginal Corporation	86 695 642 473
Maari Ma Health Aboriginal Corporation	39 056 645 930
Mala'la Health Service Aboriginal Corporation	89 357 836 457
Mallee District Aboriginal Services Limited	54 334 685 198
Mamu Health Service Limited	68 011 074 347
Marthakal Homelands & Resource Centre Aboriginal Corporation	17 397 988 374
Mawarnkarra Health Service	68 139 453 348
Miwatj Health Aboriginal Corporation	96 843 428 729
Moogji Aboriginal Council East Gippsland Inc	40 573 268 875
Moorundi Aboriginal Community Controlled Health Service Incorporated	51 885 775 376
Mount Isa Aboriginal Community Controlled Health Services Limited (Gidgee)	96 130 300 355

Mulungu Aboriginal Corporation Primary Health Care Service	83 709 684 565
Murray Valley Aboriginal Co-operative	52 318 962 889
Ngaanyatjarra Health Service (Aboriginal Corporation)	69 635 513 283
Nganampa Health Council Inc	25 284 162 604
Ngangganawili Aboriginal Community Controlled Health and Medical Services	85 650 098 620
Njernda Aboriginal Corporation	17 334 858 388
North Coast Aboriginal Corporation For Community Health	53 413 469 595
NPA Family and Community Services Aboriginal & Torres Strait Islander Corporation	71 688 394 380
Nunkuwarrin Yunti of South Australia Incorporated	59 643 754 108
Nunyarra Aboriginal Health Service Inc	52 368 663 383
Oak Valley (Maralinga) Aboriginal Corporation	19 598 209 330
Orange Aboriginal Corporation Health Service	13 725 675 136
Ord Valley Aboriginal Health Services Aboriginal Corporation	62 910 270 592
Pangula Mannamurna Aboriginal Corporation	73 627 520 658
Paupiyala Tjarutja Aboriginal Corporation (Spinifex Health Service)	20 304 504 408
Pika Wiya Health Service Aboriginal Corporation	81 986 001 126
Pintupi Homelands Health Service (Aboriginal Corporation)	56 005 261 226
Pius X Aboriginal Corporation	47 446 676 205
Port Lincoln Aboriginal Health Service Inc	79 159 053 254
Puntuturnu Aboriginal Medical Service	49 134 881 272
Ramahyuck District Aboriginal Corporation	61 710 932 590
Riverina Medical & Dental Aboriginal Corp	86 609 212 206
Rumbalara Aboriginal Co-operative Limited	84 530 647 942
South Coast Medical Service Aboriginal Corporation	46 897 866 758
South Coast Women's Health and Welfare Aboriginal Corporation	97 639 372 729
South East Tasmanian Aboriginal Corporation	92 219 498 784
South-West Aboriginal Medical Service Aboriginal Corporation	98 241 772 591
Sunrise Health Service Aboriginal Corporation	26 778 213 582
Tamworth Aboriginal Medical Service Inc	59 485 533 822
Tasmanian Aboriginal Corporation	48 212 321 102
Tharawal Aboriginal Corporation	34 539 456 306
Tobwabba Aboriginal Medical Service Incorporated	32 875 039 858
Townsville Aboriginal and Torres Strait Islander Corporation for Health Services	66 010 113 603
Tullawon Health Service Incorporated	97 478 220 756
Umoona Tjutagku Health Service Aboriginal Corporation	91 015 295 247
Ungooroo Aboriginal Corp	64 020 872 467
Urapuntja Health Service Aboriginal Corporation	45 449 518 275
Victorian Aboriginal Health Service Co Operative Ltd	51 825 578 859
Walgett Aboriginal Medical Service Ltd	78 014 990 451
Walhallow Aboriginal Corporation Inc	16 209 174 798
Wathaurong Aboriginal Co-operative Ltd	26 564 626 453
Weigelli Centre Aboriginal Corporation Inc	73 334 256 826

Wellington Aboriginal Corporation Health Service	21 471 474 869
Werin Aboriginal Corporation	78 640 247 930
Winda Mara Aboriginal Corporation	71 636 105 116
Winnunga Nimmityjah Aboriginal Health and Community Services Ltd	52 618 179 061
Wirraka Maya Health Service Aboriginal Corporation	65 321 646 985
Wuchopperen Health Service Limited	15 010 112 580
Wurli-Wurlinjang Aboriginal Corporation	96 997 270 879
Yadu Health Aboriginal Corporation	92 498 922 417
Yerin Aboriginal Health Services Inc	20 919 038 891
Yoorana Gunya Family Healing Centre Aboriginal Corporation	42 192 707 097
Yulu-Burri-Ba Aboriginal Corporation for Community Health	68 372 421 952
Yura Yungi Medical Service Aboriginal Corporation	77 043 932 146