



**Australian Government**

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**Department of Health  
and Aged Care**

**Indigenous Australians' Health Programme  
Service Maintenance Program  
Application Form**

DRAFT

# 1 Application Form Checklist

## 1.1 Before you Begin

<b>Closing date and time:</b>	TBC
<b>GrantConnect:</b>	All documents relating to this grant opportunity (e.g. Grant Opportunity Guidelines) are available on <a href="#">GrantConnect</a> and should be read prior to completing the Application Form.
<b>Enquiries:</b>	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: <a href="mailto:Grant.ATM@health.gov.au">Grant.ATM@health.gov.au</a> .
<b>National Relay Service (NRS):</b>	The department uses the <a href="#">NRS</a> to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1300 555 727.
<b>Use of Information:</b>	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.
<b>Submitting:</b>	<p>Via GrantConnect:</p> <p>Complete your application form (word document) found within the red “Grant Opportunity Documents” button on the left-hand side. Submit the application by attaching the application form and all other required attachments via the red “Submit Application” button on the left-hand side.</p> <p>You should keep a copy of your application and any supporting documentation. Registered users will receive an automated notification acknowledging the receipt of your application.</p>

\* Denotes mandatory fields

- ☐ Read the entire grant opportunity package:
  - IAHP Service Maintenance Program - Grant Opportunity Guidelines
  - IAHP Service Maintenance Program - Application Form (this document)
  - IAHP Service Maintenance Program - FAQ
  - IAHP Service Maintenance Program - Indicative Activity Budget Template
  - [Commonwealth Standard/Simple Grant Agreement](#)
  - IAHP Service Maintenance Program – Overview Factsheet
  - IAHP Service Maintenance Program – Ventilation and Infection Control
  - IAHP Service Maintenance Program – Energy Resilience, Efficiency and Economy Factsheet
  - IAHP Service Maintenance Program – ICT Factsheet
- ☐ Ensure your organisation meets the eligibility criteria set out in *Section 4* and Appendix A 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 <a href="#">ABN Lookup</a> .
The organisation's Australian Business Number (ABN)*		Please search using the <a href="#">ABN Lookup</a> . 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"/> 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"/> 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 <a href="#">ABN Lookup</a>. If none apply, please select "Statutory Entity".</p> <p>You may be required to supply Proof of Entity Type during the assessment phase of this application.</p>
Are you applying as a Trustee on behalf of a Trust?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", please attach a copy of the full signed Trust Deed when submitting.
Is the organisation registered as a charity?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant is registered as a charity with the <a href="#">ACNC</a> .
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 <a href="#">ATO website</a> .

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

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

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

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

## 2.4 Organisation Financial Details

Requested Information	Response	Hints
Is the organisation registered for GST?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant is registered for GST.
Does your organisation have a Receipt Created Tax Invoice (RCTI) Agreement?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant has a RCTI Agreement.

Requested Information	Response	Hints
If "Yes" please provide the Organisation ID.*		<i>The Organisation ID 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 <b>receive or has applied for</b> 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>
If "Yes", please provide the following details below: Funding source name, Description/name of the project, Value of funding received or applied for and Period of funding. If you have selected "No" please move to the next question regarding charity status.		
Funding source name:		<i>e.g. Department of Health and Aged Care</i>
Description/name of the project:		<i>e.g. Expansion of Health Services</i>
Value of funding received or applied for:		<i>e.g. \$1000.00</i>
Period of funding:		<i>e.g. 01/01/20 to 03/07/2021</i>

## 2.7 Preferred Authorised Contact

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

## 2.8 Alternate Authorised Contact

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

## Eligibility Requirements

Requested Information	Response	Hints
Is your organisation (or your project partner organisation) included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme'?*	<input type="checkbox"/> No <input type="checkbox"/> Yes See	<p>The <a href="#">National Redress Scheme</a> for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. The National Redress Scheme Grant Connected Policy will come into effect on 1 January 2021.</p>
Confirm your organisation is an Aboriginal Community Controlled Health Service that delivers primary health care and is listed at Appendix A of the Grant Opportunity Guidelines*	<input type="checkbox"/> I confirm	<p>Primary health care includes a broad range of activities and services that are delivered outside the hospital setting—from health promotion and prevention to treatment and management of acute and chronic conditions.</p> <p>It involves face-to-face delivery of the following activities:</p> <ul style="list-style-type: none"> <li>• Clinical Services;</li> <li>• Population health activities; and</li> <li>• Activities that support the delivery of primary health care.</li> </ul> <p>Eligible organisations are listed at Appendix A of the Grant Opportunity Guidelines.</p> <p>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.</p>
Confirm the premises where the activity is to be undertaken for the proposed project/s are NOT owned or operated by a state, territory or local government agency or body (including government business enterprises)?*	<input type="checkbox"/> I confirm	<p>This grant opportunity will not fund maintenance or upgrade projects for buildings or structures which are owned or operated by a state, territory or local government agency or body (including government business enterprises).</p>
Confirm your application does NOT include any major capital works*	<input type="checkbox"/> I confirm	<p>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</p>

		<p>premises, and extensive renovation projects as determined by the Assessment Committee.</p> <p>Projects classified as 'major capital' are NOT eligible for funding under the grant opportunity.</p> <p>Note: Ineligible projects also include works that alone or together (where multiple projects are proposed in one application and/or at a single site) extend beyond minor upgrades.</p>
Confirm your application does NOT include any projects for which other Commonwealth, state, territory or local government bodies have primary responsibility for*	<input type="checkbox"/> I confirm	<p>Note: This grant opportunity will not fund activities for which other Commonwealth, state, territory or local government bodies have primary responsibility for and falls beyond the remit of the IAHP. Examples include but not limited to: Social and Emotional Wellbeing Centres (SEWB), domestic violence shelters, renal services etc.</p>

### 3 Application Details

#### 3.1 Project/Activity Details

Requested Information	Response	Hints
Provide a short title of your Application for this Project/Activity*		Maximum 50 words
Provide a brief description of your project or the services to be delivered*		Maximum 300 words
In which service area/s is the Applicant proposing to deliver the Project/Activity?*		Please specify the state or territory in which you are proposing to deliver the Project/Activity.
What is the MMM classification of the project location(s)?*	<input type="checkbox"/> MM1 – Metropolitan <input type="checkbox"/> MM2 – Regional centres <input type="checkbox"/> MM3 – Large rural towns <input type="checkbox"/> MM4 – Medium rural towns <input type="checkbox"/> MM5 – Small rural towns <input type="checkbox"/> MM6 – Remote communities <input type="checkbox"/> MM7 – Very remote communities	<p>The Modified Monash Model defines whether a location is city, rural, remote or very remote. Priority will be given to those projects/activities that fall into remote and very remote parts of Australia (MM6 and MM7).*</p> <p>Please refer to section 2.1.2 of the Grant Opportunity Guidelines (available on</p>



Requested Information	Response	Hints
		<i>GrantConnect) for more information on the MMM.</i>
Does your application include COVID-19 measures including ventilation systems and infection control?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p><i>Note: Effective infection prevention and control is central to providing safe and accessible health care environments.</i></p> <p><i>Improvements to ventilation are a cost-effective public health measure that can decrease COVID-19 transmission: because COVID-19 spreads through the air, indoor ventilation is an important factor in controlling transmission in these settings.</i></p> <p><i>If yes, a separate quote from an appropriate professional (see SMP Ventilation and Infection Control Fact Sheet) outlining the scope of works is recommended.</i></p>
Does your application include activities to upgrade the physical safety and security infrastructure of the primary health care clinic and clinical staff accommodation?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p><i>Note: Ensuring the safety and security of the primary health care clinic and clinical staff accommodation helps to support the recruitment and retention of staff and increases the effectiveness and efficiency of services.</i></p>
Does your application include minor IT and telecommunications upgrades specifically aimed at improving connectivity and supporting increased demand for remote/telehealth consultations?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p><i>Note: Funding can be used for minor information and communication technology upgrades specifically aimed at improving connectivity and supporting increased demand for remote/telehealth consultations.</i></p> <p><i>You cannot use the grant for the purchase of medical and clinical equipment (e.g. dental equipment, dialysis chairs, audiology equipment and instruments), general IT equipment (e.g. portable devices, such as laptops,</i></p>

Requested Information	Response	Hints
		phones and personal computers), and software packages that are not aimed at improving connectivity and supporting telehealth.
Does your application include any projects at commercially rented clinics and/or clinical staff housing facilities, and meet the requirements as outlined in the Grant Opportunity Guidelines (available on GrantConnect)? *	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p>Note: Commercially rented clinics and clinical staff housing facilities are eligible to receive funding, with eligibility dependent on:</p> <ul style="list-style-type: none"> <li>- the proposed project falling outside of the landlord/agency's maintenance, repair and Occupational Health and Safety obligations, as per the property agreement and all applicable state and territory laws</li> <li>- the commercial tenant having acquired the permission of the landlord/agency as required</li> <li>- the applicant having at least 24 months remaining on the commercial lease OR if less than 24 months, evidence is provided that an extension to the lease is being negotiated.</li> </ul>
Is your organisation applying for funding at multiple locations?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<p>Multiple repair and maintenance jobs with buildings/clinics at different locations can be applied for in a single Application Form. Organisations with buildings/clinics at multiple locations will need to submit separate project budgets for each location.</p> <p>Please ensure this is reflected in the Indicative Activity Budget template (available on GrantConnect) and submitted as an Attachment to this application.</p>

Requested Information	Response	Hints
		<i>You will also need to ensure that quotes/estimates are clearly itemised for each site and must match the funding requested within the application. A separate quote for each site can be combined into one document and attached with this application.</i>

### 3.2 Assessment Criterion 1\*

#### **Criterion 1 – Impact on organisational capacity and performance - *Why is the project needed?***

Outline how the need for repairs, maintenance or minor upgrades is hampering your organisations' ability to deliver health services that improve health outcomes for Aboriginal and Torres Strait Islander people in your community.

Your response must include:

- aspects of service delivery you expect will improve as a result of the project (up to 300 words)
- differences the activities will make to your staff and your community (up to 300 words).

#### **Aspects of service delivery you expect will improve as a result of the project - Applicant's Response (approx. 300 words total)**

**Differences the activities will make to your staff and your community - Applicant's Response (approx. 300 words total)**

**3.3 Assessment Criterion 2\***

**Criterion 2 – Alignment with grant opportunity objectives - *What is your project?***

Outline the need for repairs, maintenance, and/or minor upgrades to your clinic or clinical staff accommodation.

Your response must include:

- a description of the proposed works (up to 300 words)
- the specific issues that these works will address (up to 300 words)
- if the project is part of a broader strategy of planned improvements (up to 300 words)

**Description of proposed works - Applicant's Response (approx. up to 300 words total)**

**Specific issues these works will address - Applicant's Response (approx. up to 300 words total)**

**If the project is part of a broader strategy of planned improvements - Applicant's Response (approx. up to 300 words total)**

### 3.4 Assessment Criterion 3\*

#### **Criterion 3 – Effective and efficient use of grant funds - *How much will it cost?***

Demonstrate how the proposed activities are an efficient use of grant funds in achieving the grant opportunity outcomes.

Your response must include:

- the overall project costs, and how much funding you are seeking in your application
- any co-contributions your organisation is making to the project (including volunteer labour), and/or other financial contributions to the project
- an indicative timetable to complete the project (noting the project end date must be no later than 30 June 2025)
- any risks you identify in completing the project on time and on budget (up to 300 words).

In addition to the above criterion, you may be required to submit the Indicative Activity Budget template (available on GrantConnect), outlining the costs associated with completing the project. The requirement for this attachment is dependent on the size and complexity of the proposed project. See section 7.1 of the Grant Opportunity Guidelines for details about the requirement for this attachment. The attachment does not count toward the character limit.

**Overall project costs, funding you are seeking, co-contributions /financial contributions, and an indicative timetable to complete the project - Applicant's Response (approx. 300 words total)**

**Any risks you identify in completing the project on time and on budget - Applicant's Response (approx. 300 words total)**

### 3.5 Additional Information

Requested Information	Response	Hints
Do you have photographic evidence of the repairs being undertaken as part of your project?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Where relevant and/or possible provide photos of the repair/maintenance/noise reduction/upgrades required and related descriptions of what issues are being shown. Combine photographs into one word/pdf document and attach as a single file.</i>
Has your organisation ever been engaged in proceedings associated with fraud or non-compliance in relation to a grant agreement entered into with the Department	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>The department has advanced controls in place to find fraud and non-compliance and is committed to making sure public funding reaches those who really need it. Your organisation</i>

Requested Information	Response	Hints
of Health and Aged Care or any other Commonwealth department or agency?		<i>may be contacted for further information.</i>

### 3.6 Attachment/s

Attachments to your application:

If applying for funding of \$100,000 GST exclusive or more:

- ☐ Indicative Activity Budget\*
- ☐ Photos (where relevant and/or possible)
- ☐ Quotes or estimates\*

Note:

#### **Indicative Activity Budget**

*Complete and upload the Indicative Activity Budget with the template provided on GrantConnect.*

*Include a detailed budget per Activity by providing clear and itemised costings. Also, identify funding requests associated with IT and telecommunications upgrades in clearly identified line item(s) separately. Organisations with buildings/clinics at multiple locations will need to submit separate project budgets for each location.*

*Note: Indicative Activity Budget template(s) that are unclear, not correctly itemised and do not match the requested amount within the application cannot be accurately assessed for value for money and can adversely affect scoring.*

#### **Provision of Quotes**

*Provide quotes for the proposed work.*

*Minimum of one quote is required unless there are exceptional circumstances - please outline circumstances and upload exceptional circumstance information here in place of quotes.*

*Funding amounts sought within the application must match the attached quotes. Quotes that are unclear, not correctly itemised and do not match the requested amount within the application cannot be accurately assessed for value for money and can adversely affect scoring. Quote/s attached to your application should contain the provider's ABN, itemised costs and indicates GST inclusive and exclusive amounts, including GST exempt items if applicable.*

If applying for funding under \$100,000 GST exclusive:

- ☐ Indicative Activity Budget (optional)
- ☐ Photos (optional)
- ☐ Quotes or estimates (optional)

If operating from a commercially-leased premises:



- ☐ Evidence of Landlord's Approval of the Proposed Activity/ies\*
- ☐ Evidence that a minimum of 24 months is remaining on lease OR if lease period is less than 24 months, evidence that an extension to the lease is being negotiated\*
- ☐ Evidence that the projects fall outside of the landlord/agency's maintenance, repair and Occupational Health and Safety obligations, as per the property agreement and all applicable state and territory laws.\*

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

### 3.7 Provide the total amount of proposed grant funding

Financial Year	2023/24 \$ (GST Excl)	Total Funding
Funding Amount*	\$0.00	\$0.00

## 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	If "Yes", please provide details in the next response.
If "Yes", describe any conflicts of interest		Only respond if you answered "Yes" to the previous question.
I am applying for a grant in the amount of*		Total amount (GST exclusive)
Over the following financial years*		e.g. 2023-24

I declare that:

- 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.

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