



**Australian Government**

**Department of Health  
and Aged Care**

## Indigenous Australians' Health Programme Service Maintenance Program Grant Opportunity Guidelines

<b>Opening date:</b>	TBC
<b>Closing date and time:</b>	TBC
<b>Commonwealth policy entity:</b>	Department of Health and Aged Care (Department)
<b>Administering entity:</b>	Community Grants Hub
<b>Enquiries:</b>	If you have any questions, contact the Department via email: <a href="mailto:grant.atm@health.gov.au">grant.atm@health.gov.au</a> .
<b>Type of grant opportunity:</b>	Targeted Competitive

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## 1. Indigenous Australians' Health Programme: Service Maintenance Program grant opportunity processes

**The Indigenous Australians' Health Programme is designed to achieve Australian Government objectives.** This grant opportunity is part of the above grant program which contributes to the Department of Health and Aged Care's Outcome 1.3: Aboriginal and Torres Strait Islander Health. The Department of Health and Aged Care works with stakeholders to plan and design the grant program according to the [Commonwealth Grants Rules and Guidelines](#) (CGRGs).



### **The grant opportunity opens**

We publish the grant opportunity guidelines on [GrantConnect](#).



### **You complete and submit a grant application**

You complete the Application Form and address all of the eligibility and assessment criteria to be considered for a grant.



### **We assess all grant applications**

We assess the applications against eligibility criteria. We assess your eligible application against the assessment criteria including an overall consideration of value with money and compare it to other applications



### **We make grant recommendations**

We provide advice to the decision makers on the merits of each application.



### **Grant decisions are made**

The decision makers decide which applications are successful.



### **We notify you of the outcome**

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



### **We enter into a grant agreement**

We will enter into a grant agreement with you if successful. 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 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.

## 1.1 Introduction

These guidelines contain information for the Service Maintenance Program (SMP) grant opportunity.

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
- responsibilities and expectations in relation to the opportunity

## 2. About the grant program

The Indigenous Australians' Health Programme (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 of Health and Aged Care's (the Department) Portfolio Budget Statement (2022-23).

Under this Program, the Department funds the delivery of culturally appropriate, high quality comprehensive primary health services to Aboriginal and Torres Strait Islander people, supports action to end rheumatic heart disease, avoidable deafness and blindness, and for 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, comprehensive and culturally appropriate primary health care
- 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's website.

We administer the program according to the [Commonwealth Grants Rules and Guidelines](#) (CGRGs).

## 2.1 About the grant opportunity

The SMP activity supports the improvement of health outcomes for Aboriginal and Torres Strait Islander people through the provision of funding to support culturally appropriate, fit-for-purpose health infrastructure for clinics, and accommodation for clinical staff, that delivers comprehensive primary health care services to the Aboriginal and Torres Strait Islander population. The SMP provides funding to eligible organisations to address repairs, maintenance, and minor upgrade issues.

The objective of the grant opportunity is to improve the safety of, and access to primary health care clinics for Aboriginal and Torres Strait Islander people.

The intended outcomes of the grant opportunity are to:

- improve access to primary health services through safe and accessible, fit-for-purpose health infrastructure
- support recruitment and retention of health professionals through access to safe and secure staff housing

Activities undertaken as part of this grant opportunity will be measured against the below Performance Indicator/s (PIs):

**Table 1: Performance Indicators (PIs)**

Performance indicator	Measure
Quality of repairs, maintenance and upgrades	All repairs, maintenance and upgrades to clinics/accommodation completed consistent with national standards.
Alignment with Closing the Gap Priority Reforms – Building the Community Controlled Sector	All successful organisations under this grant opportunity are Aboriginal Community Controlled Health Services.

### 2.1.1 National Agreement on Closing the Gap

This grant opportunity also supports delivery of the [National Agreement on Closing the Gap](#) (the National Agreement) by strengthening the community-controlled sector.

The objective of 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
- 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 One - Strengthen and establish formal partnerships and shared decision-making, this grant opportunity has been co-designed with the National Aboriginal Community Controlled Health Organisation (NACCHO) on behalf of the ACCHS sector.

### 2.1.2 Priority areas

Priority will be given to projects:

- seeking repair, maintenance and/or minor upgrades to facilities based in remote and very remote parts of Australia. This grant opportunity uses the [Modified Monash Model](#) (MMM)<sup>1</sup> to decide whether a location is a city, rural, remote or very remote location
- seeking funding to upgrade the physical safety and security infrastructure of the primary health care clinic and clinical staff accommodation
- that respond to COVID-19 risk – including ventilation systems and infection control<sup>2</sup>

## 3. Grant amount and grant period

### 3.1 Grants available

The Australian Government is providing funding of up to \$10 million (GST exclusive) for this grant opportunity in 2023-24.

It is anticipated that most grants will be between \$10,000 and \$750,000 (GST exclusive). Funding allocations will depend on the scope, demonstrated need and expected impact of the grant activity. This may result in some successful applicants being offered less than the requested amount.

Applications seeking more than \$750,000 for any one site will not be funded except in extraordinary circumstances. This will be determined by the Decision Makers.

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<sup>1</sup> As defined in Section 14 - Glossary

<sup>2</sup> Such projects must support ACCHS to prevent and control transmissible infections and align with relevant standards and guidelines, including the Australian Guidelines for the Prevention and Control of Infections in Healthcare, and the National Safety and Quality Primary and Community Healthcare Standards (Primary and Community Healthcare Standards).

Table 2. Grant Opportunity Funding Available

2023-24 FY \$ M (GST exclusive)	Total \$ M (GST exclusive)	Purpose
10.0	10.0	repairs, maintenance, and minor upgrades, including ventilation systems and infection control

### 3.2 Project period

The maximum grant period is one financial year (2023-24) and you must complete your project by 30 June 2025.

## 4. Eligibility criteria

We cannot consider your application if you do not satisfy all the eligibility criteria.

You can apply for grants under any Commonwealth program, but if your application for the same activity is successful, you must choose either this grant opportunity or the other Commonwealth grant.

### 4.1 Who is eligible to apply for a grant?

To be eligible, Organisations must:

- be an Aboriginal Community Controlled Health Service<sup>3</sup>
- currently deliver primary health care
- 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.

These organisations 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 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.

Commercially rented clinics and clinical staff housing facilities are eligible to receive funding, with eligibility dependent on:

- 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

<sup>3</sup> NB: Applicants do not have to be a member of the National Aboriginal Community Controlled Health Organisation (NACCHO).



- the commercial tenant having acquired the permission of the landlord/agency as required
- 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.

The premises for the proposed works/activities must **not** be owned or operated by a state, territory or local government agency or body (including government business enterprises).

## 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
- not an organisation listed at Appendix A
- an organisation, or your project partner is an 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' ([www.nationalredress.gov.au](http://www.nationalredress.gov.au))

## 4.3 What qualifications, skills or checks are required?

If you are successful, 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 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

To be considered, your grant activity must be for a project(s) that delivers safe, accessible, and fit-for-purpose clinics and/or clinical staff housing.

Eligible activities must directly relate to the grant opportunity and may include:

- repair, maintenance and minor upgrades<sup>4</sup> to improve:
  - the quality of primary health care clinics and clinical staff housing, including the reconfiguration of internal spaces, entrance and reception areas
  - ventilation systems and other infection control measures
  - energy resilience, efficiency and economy<sup>5</sup>
  - maintenance of clinics and/or clinical staff housing to address safety issues or accreditation compliance
  - minor IT and telecommunications upgrades specifically aimed at improving connectivity and supporting increased demand for remote/telehealth consultations

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<sup>4</sup> As defined in Section 14 - Glossary

<sup>5</sup> For example, thermal insulation, high efficiency glazing, solar panels, battery storage, power generators and high efficiency cooling/heating systems

- minor upgrades to clinics to increase the range of primary health care services offered such as creating soundproof/quiet rooms to provide audiology and other primary health care services, or creating dedicated spaces for telehealth
- emergency repairs to clinics and/or clinical staff housing to remedy safety and/or access issues.

## 5.2 Eligible expenditure

Grant funding awarded under this grant opportunity may only be used for the activities addressed within these Grant Opportunity Guidelines and otherwise agreed to by the Decision Makers. Funds made available under this grant opportunity must be expended in accordance with the funding agreement.

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.

Not all expenditure on your grant activities may be eligible for grant funding. The Decision Makers make the final decision on what is eligible expenditure and may give additional guidance on eligible expenditure if required. See Section 8.3 for information on decisions by the Decision Makers and who will approve the grants.

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/costs:

- major capital works projects<sup>6</sup> such as the purchase or construction of new clinics and/or clinical staff housing
- works that alone or together (where multiple projects are proposed in one application and/or at a single site) extend beyond minor upgrades
- maintenance or upgrades on buildings or structures which are owned and/or operated by state or territory government
- the purchase of medical and clinical equipment (e.g. dental equipment, dialysis chairs, audiology equipment and instruments); the purchase of office furniture (e.g. office desks), general IT equipment (e.g. portable devices, such as phones, laptops and personal computers) and any software packages that are not part of a telehealth hardware package
- maintenance and upgrade projects on buildings or structures that are specifically funded by state, territory or Commonwealth agencies or organisations
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility for and activities that fall beyond the remit of the IAHP (examples include, but not limited to: Social and Emotional Wellbeing Centres (SEWB), National Disability Insurance Scheme (NDIS), domestic violence shelters, renal services, etc)

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<sup>6</sup> As defined in Section 14 - Glossary

- extensive renovation projects that substantially increase the size or footprint<sup>7</sup> of the current premises
- the demolition (whether or not followed by the replacement) of the majority of existing premises
- the purchase of major equipment or motor vehicles
- routine service delivery
- retrospective costs
- activities undertaken by political organisations
- purchase of land
- costs incurred in the preparation of a grant application or related documentation
- subsidy of general ongoing administration of an organisation such as electricity, phone, rent and other administrative overheads
- travel and accommodation costs incurred by an organisation in the ongoing delivery of services

Commercially rented clinics and clinical staff housing facilities may be eligible to receive funding, subject to meeting the eligibility requirements in Section 4.1. These requirements include that the proposed project falls 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.

## 6. The assessment criteria

You must address all assessment criteria in the application. All criteria have equal weighting. The amount of detail and supporting evidence you provide in your application should be relative to the size and complexity of the project, and grant amount requested.

Only applications that are assessed as having addressed the assessment criteria and ranked "Suitable" will be considered for funding (please see Section 8.1 of these guidelines for the Scoring Matrix).

As noted at 2.1.2, priority will be given to projects:

- seeking repair, maintenance and/or minor upgrades to facilities based in remote and very remote parts of Australia. This grant opportunity uses the [Modified Monash Model](#) (MMM)<sup>8</sup> to decide whether a location is a city, rural, remote or very remote location
- seeking funding to upgrade the physical safety and security infrastructure of the primary health care clinic and clinical staff accommodation
- that respond to COVID-19 risk – including ventilation systems and infection control<sup>9</sup>

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<sup>7</sup> As defined in Section 14 - Glossary

<sup>8</sup> As defined in Section 14 - Glossary

<sup>9</sup> Such projects must support ACCHS to prevent and control transmissible infections and align with relevant standards and guidelines, including the Australian Guidelines for the Prevention and Control of Infections in Healthcare, and the National Safety and Quality Primary and Community Healthcare Standards (Primary and Community Healthcare Standards).

Prioritisation of projects will be jointly determined by the Decision Makers (see Section 8.3 for information on decisions by the Decision Makers and who will approve the grants).

The Application Form includes character limits.

Attachments to the application are not included in the character limits.

**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)

**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)

**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 for details about the requirement for this attachment. The attachment does not count toward the character limit.

**Other required information:**

See section 7.1 for details about other required information and attachments to your application.

## 7. How to apply

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

These documents are found on [GrantConnect](#). Any alterations and addenda<sup>10</sup> 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:

- please read all available documentation about the grant opportunity provided on GrantConnect
- complete the application form available on GrantConnect
- provide all the information requested
- address all eligibility criteria and assessment criteria
- include all necessary attachments
- submit your application/s by the closing date and time as specified on the front cover of these guidelines

We will not provide application forms or accept applications for this grant opportunity by email.

If you need assistance with the application process, submitting an application online, have any technical difficulties or find an error in your application after submission but before the closing date and time, you should contact us via email at [grant.atm@health.gov.au](mailto:grant.atm@health.gov.au).

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.

You cannot change your application after the closing date and time, unless initiated or agreed to by the Department, for the purposes of strengthening value for money (including reducing risk) of a project proposal.

If we find an error or information that is missing we may, at our discretion, ask for clarification or additional information from you that will assist our assessment of your proposal.

You should keep a copy of your application and any supporting documents. You will receive an automated notification acknowledging the receipt of your application.

### 7.1 Attachments to the application

You must attach any required supporting documentation to the Application Form in line with the instructions provided within the form. You should only attach the requested documents. We will not consider information in attachments that we do not request.

The requested attachments are exempt from the word limit of the Application Form.

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<sup>10</sup> 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.

We require the following documents with your application:

**A: All applications for funding of \$100,000 GST exclusive or above *MUST*:**

- complete the Indicative Activity Budget template available on GrantConnect  
Note: If you are applying for funds to undertake activities at more than one location managed by your organisation you will need to identify separately the activity and funding amount requested for each location
- provide photos (where relevant and/or possible)
- provide any quotes or estimates as an attachment to your application

**B: Applications for funding under \$100,000 GST exclusive *MAY*:**

- complete the Indicative Activity Budget template available on GrantConnect  
Note: If you are applying for funds to undertake activity at more than one location managed by your organisation you will need to identify separately the activity and funding amount requested for each location
- provide photos (where relevant and/or possible)
- provide any quotes or estimates as an attachment to your application

**C: Applicants operating from commercially leased premises must also provide:**

- 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

### **7.1.1 Guidance on Quotes and Estimates**

Any application is strengthened by providing sufficient information that gives confidence about the reasonableness of the costs you are asking us to pay.

For applications of \$100,000 GST exclusive or more, we require a minimum of one quote covering at least the largest costs in the budget, unless there are exceptional circumstances – please outline circumstances if this is the case. Applications for less than \$100,000 GST exclusive may provide quotes and estimates, on a voluntary basis.

If you are providing a single quote for multiple locations, you will need to ensure that quotes are clearly itemised for each location. Alternatively, a separate quote for each location site can be provided. Indicative budgets should reflect the quotes or estimates you have obtained.

Quotes should include:

- business details
- total and the breakdown of costs
- information on cost variations and quote revisions
- payment terms and conditions
- preferred payment method
- schedule of work with a quote expiry date

Where a quote cannot be provided, the reasons for this should be explained and a cost estimate provided instead. In the event that a quote or estimate cannot be provided, please notify us as soon as possible via email at [Indigenous.Capitalworks@health.gov.au](mailto:Indigenous.Capitalworks@health.gov.au), and the Department will work with you to agree an alternative. Estimates should be comprehensive and indicate the approximate cost and scope of the work to be undertaken.

[Business Queensland](#) provides useful guidance on what should be included in cost estimates. This guidance provides that estimates should include:

- ABN and business's contact details;
- a total cost
- a breakdown of the job or product components and cost
- a schedule outlining proposed service or delivery dates
- any assumptions on which the estimate is based
- terms and conditions
- preferred terms, means and schedule for payments
- an estimate expiry date

## 7.2 Timing of grant opportunity processes

You must submit an application between the published opening and closing dates.

In the interest of fairness, the Department reserves the right not to accept late applications.

If you are successful, we expect you will be able to commence your grant activity around September 2023.

Table 3: Expected timing for this grant opportunity

Activity	Expected Timeframe
Open on GrantConnect	6 weeks
Assessment of applications	4 weeks
Approval of outcomes of selection process	2 weeks
Negotiations and award of grant agreements	6 weeks
Notification to unsuccessful applicants	2 weeks
Earliest start date of grant activity	31 August 2023
End date of grant activity or agreement	30 June 2025

## 7.3 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](mailto:grant.atm@health.gov.au). The Department will respond to emailed questions within three working days.



Questions close five full days before the end of the application period. This allows the Department to disseminate information to applicants with sufficient time for the applicant to consider the impact of the response on their application.

Requests for clarification may form the basis of a response that will be posted on the [GrantConnect](#) website in a 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

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. We consider eligible applications through a targeted competitive grant process.

We will rate your application using the Assessment Criteria Scoring Matrix.

Table 4: Assessment Criteria Scoring Matrix

Rating (for individual criterion)	Rank
High/good quality – response against this criterion meets all/most sub-criteria to a higher than average/average standard. Evidence is available and provides support for claims against this criterion.	Suitable
Poor quality – poor claims against this criterion, meets some or none of the sub-criteria. Evidence is unavailable, not relevant or lacking in detail.	Not Suitable

When assessing the extent to which the application represents value for money<sup>11</sup>, we will consider:

- the overall objective/s to be achieved in providing the grant
- the extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives
- the relative value of the grant sought

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 (including meeting priority factors)
- whether your application provides value with relevant money<sup>12</sup>

Priority will be given to projects:

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<sup>11</sup> See Glossary for the definition of 'value for money'.

<sup>12</sup> As defined in Section 14 - Glossary



- seeking repair, maintenance and/or minor upgrades to facilities based in remote and very remote parts of Australia. This grant opportunity uses the [MMM](#) to decide whether a location is a city, rural, remote or very remote location
- seeking funding to upgrade the safety and security of the primary health care clinic and clinical staff accommodation
- that respond to COVID-19 measures – including ventilation systems and infection control

Depending on demand and quality, it is possible that not all suitable applications can be fully funded or funded at all.

In some circumstances, we may seek modifications to a project to better meet the overall policy objectives, or to reduce costs, or mitigate risks. In exceptional circumstances, we might negotiate alternative activities with an applicant to achieve a better outcome.

## **8.2 Who will assess applications?**

An assessment team will assess each application on its merits and compare it to other eligible applications, identifying policy fit (strengths and weaknesses) and any risk issues (such as ability to deliver the project on time and on budget). The assessment team is expected to comprise staff from across the First Nations Health Division and could include contractors/consultants who will undertake training to ensure consistency in assessment.

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 First Nations Health Division of the Department as well as staff from the National Aboriginal Community Controlled Health Organisation and may also 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 Makers on which applications to approve for a grant, and how much to approve. Based on its evaluation, the assessment committee may recommend full funding, partial funding, additional funding, or no funding. The committee may also recommend conditions be attached to a grant (which will be specified in the grant agreement).

## **8.3 Who will approve grants?**

The Decision Makers are the Assistant Secretary, Primary Health Care and Community Control Branch within the First Nations Health Division, and a senior representative from the National Aboriginal Community Controlled Health Organisation. The Decision Makers decide 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 Makers' decision is final in all matters, including:

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

A Departmental delegate will implement the decision under the [Public Governance, Performance and Accountability Act 2013](#) (the PGPA Act) and in accordance with section 4.5 of the [CGRGs](#).

There is no specific appeal mechanism for decisions to approve or not approve a grant (see section 13 for further information).

## 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, you will have an opportunity to receive feedback. A request for individual feedback should be made to the Department, via email to [Indigenous.Capitalworks@health.gov.au](mailto:Indigenous.Capitalworks@health.gov.au) within 30 days of being notified of the outcome. We will provide feedback in writing within one month of your request.

### 9.1 Further grant opportunities

Where the number of suitable applications is greater than the available funding, applications will be shortlisted against remoteness as defined under the [MMM](#) region definitions<sup>13</sup>, value with relevant money considerations, and the scoring table as outlined in Table 4. In the event that additional funds become available, the Department may offer funding agreements to other applicants who have been shortlisted, at the sole discretion of the Decision Makers.

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 [grant agreement](#) in this program. Each agreement has general terms and conditions that cannot be changed. Sample grant agreements are available on the Department of Finance's [website](#).

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 Makers. We will identify these in the agreement.

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<sup>13</sup> As defined in Section 14 - Glossary

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

## **Standard Grant Agreement**

We will use a Standard Grant Agreement for this grant opportunity.

You will have 20 days from the date of a written offer to execute this grant agreement with the Commonwealth ('execute' means both you and the Commonwealth have signed the agreement). During this time, we will work with you to finalise details.

The offer may lapse if both parties do not sign the grant agreement within this time. Under certain circumstances, we may extend this period. We base the approval of your grant on the information you provide in your application. You may request changes to the grant agreement. However, we will review any required changes to these details to ensure they do not impact the grant as approved by the Decision Makers.

## **10.2 Specific legislation, policies and industry standards**

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:

- [National Construction Code](#)
- [Medical Standards for Ventilation in Specialist Health Care Context \(AS/NZS 1668.2 – 2012 Part 5\)](#)
- [Australian Guidelines for the Prevention and Control of Infections in Healthcare \(Chapter 4.6 – Influence of facility design on healthcare associated infection\)](#)
- [National Safety and Quality Primary and Community Healthcare Standards \(Primary and Community Healthcare Standards\)](#)

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

### **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. To find out more about the Multicultural Access and Equity Policy, visit the [Department of Home Affairs website](#)<sup>14</sup>.

### **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 \(CCSF\)](#).

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<sup>14</sup> Multicultural Access and Equity Policy - <https://www.homeaffairs.gov.au/about-us/our-portfolio/multicultural-affairs/about-multicultural-affairs/access-and-equity>

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
- 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](#).

### **10.2.3 National Redress Scheme**

The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. The National Redress Scheme Grant Connected Policy came into effect on 1 January 2021.

## **10.3 How we pay the grant**

The grant agreement will state the:

- maximum grant amount to be paid; and
- the schedule by which payments will be made.

We will not exceed the maximum grant amount under any circumstances. If you incur extra costs, you must meet them yourself. We will pay 100 per cent of the grant on execution of the grant agreement. You will be required to report how you spent the grant funds at the completion of the grant activity.

## **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](mailto: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.

#### 12.1.1 COVID-19

As a result of COVID-19, service providers may need to identify alternative methods of service delivery. The Department will support flexibility in the delivery of planned services to enable contracted organisations to adapt to the changing environment. The Department will consider its approach to reporting over this time and be flexible in reporting requirements under the terms of the Schedule.

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. Once the impact of COVID-19 has passed, the Department will discuss with grantees whether extensions to the project timeframes are required.

### 12.2 Reporting

We will expect you to report on:

- achievement of agreed grant activity milestones and outcomes
- expenditure of the grant

The amount of detail you provide in your reports should be relative to the size, complexity and grant amount.

#### Final Report

When you complete the project, you must submit a final report.

Final reports must:

- include the agreed evidence of the completion of the project(s) as specified in the grant agreement
- provide evidence of the total eligible expenditure incurred (financial acquittal report)
- be submitted within 30 days of completion
- be in the format provided in the grant agreement

We may conduct site visits or request additional reports to confirm details 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 can request a variation by contacting your Funding Agreement Manager (details will be in the 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.

### **12.8 Acknowledgement**

The program logo should be used on all materials related to grants under the program. Whenever the logo 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 Service Maintenance Program project received grant funding from the Australian Government'.



## 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.

### 13.1 Enquiries and feedback

The Department's [Complaint Handling Process](#) apply 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](mailto: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](mailto: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 or 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
- 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 Makers 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
- 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; or 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
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
- 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 and Aged Care*  
                     *GPO Box 9848*  
                     *CANBERRA ACT 2601*

By email:      [foi@health.gov.au](mailto:foi@health.gov.au)

## 14. 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.
administering entity	when an entity that is not responsible for the policy, is responsible for the administration of part or all of the grant administration processes.
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.
clinics and clinical staff housing	buildings and premises that are: managed and operated by an eligible organisation delivering comprehensive primary health care in a clinical setting; non-government owned and operated; and used to house primary health care service delivery and/or housing for clinical staff and resources.
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 FAQ for more detail.
commencement date	the expected start date for the grant activity.
Commonwealth Child Safe Framework	In response to the Royal Commission into Institutional Responses to Child Sex Abuse, the Australian Government has introduced the Commonwealth Child Safe Framework, a whole-of-government policy that sets minimum standards for creating and embedding a child safe culture and practice in Commonwealth entities.
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.
<a href="#"><u>Commonwealth Grants Rules and Guidelines (CGRGs)</u></a>	establish the overarching Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. Under this overarching framework, non-corporate Commonwealth entities undertake grants administration based on the

	mandatory requirements and key 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	person who decides 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.
footprint	The footprint is the outline of the exterior walls of a building or portion of a building on the lot or site, exclusive of courtyards.
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> <ul style="list-style-type: none"> <li>a. under which relevant money<sup>15</sup> or other <a href="#">Consolidated Revenue Fund</a> (CRF) money<sup>16</sup> is to be paid to a grantee other than the Commonwealth; and</li> <li>b. which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.</li> </ul>
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.
<a href="#">GrantConnect</a>	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

<sup>15</sup> Relevant money is defined in the PGPA Act. See section 8, Dictionary.

<sup>16</sup> Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.

	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 as determined by the Assessment Committee. Projects classified as 'major capital' are not eligible for funding under the grant opportunity.
minor upgrades (minor capital works)	minor upgrades (minor capital works) consists of minor/general repair, maintenance and/or upgrade projects that contribute to improving clinic and clinical staff facilities, including reconfiguring internal spaces, entrance and reception areas, outdoor shaded areas/shelters, and/or emergency works that will assist with the safety and accessibility of the primary health care clinic. These works must not substantially change the footprint of current premises.
Modified Monash Model	<p>priority will be given to projects seeking urgent repair, maintenance and/or minor upgrades to facilities based in remote and very remote parts of Australia. This grant opportunity uses the <a href="#">Modified Monash Model (MMM)</a> 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>
PBS Program	described within the entity's <a href="#">Portfolio Budget Statement</a> , PBS programs each link to a single outcome and provide transparency for funding decisions. These high-level PBS programs often comprise a number of lower level, more publicly recognised programs, some of which will be Grant Programs. A PBS Program may have more than one Grant Program associated with it, and each of these may have one or more grant opportunities.
Primary Health Care	<p>describes entry level to the health system and usually a person's first encounter with the health system. It 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>Involves face-to-face delivery of all the following activities:</p> <ul style="list-style-type: none"> <li>• Clinical Services (see definition above)</li> </ul>

	<ul style="list-style-type: none"> <li>• Population health activities</li> <li>• Activities that support the delivery of primary health care</li> </ul>
<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</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 money	<p>value with money in this document refers to 'value with relevant money' which is a judgement based on the grant proposal representing an efficient, effective, economical and ethical use of public resources and determined from a variety of considerations.</p> <p>When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to:</p> <ul style="list-style-type: none"> <li>• the quality of the project proposal and activities</li> <li>• fitness for purpose of the proposal in contributing to government objectives</li> <li>• that the absence of a grant is likely to prevent the grantee and government's outcomes being achieved</li> </ul> <p>the potential grantee's relevant experience and performance history.</p>

## 15. 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 that currently deliver Primary Health Care services**

Organisation Name	ABN No
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 Binnlutlum 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
Karadi Aboriginal Corporation	40 776 871 469
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
Nunkuwarni Yunti of South Australia Incorporated	59 643 754 108
Nunyara 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
Palm Island Community Company	14 640 793 728
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
Red Lily Health Board	45 827 246 402
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