

**Australian Government****Department of Health
and Aged Care**

Health Workforce Program Increasing Rural Medical Training Grant Opportunity Guidelines GOXXXX

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

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1. Health Workforce Program: Increasing Rural Medical Training grant opportunity processes

The Health Workforce Program 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: Health Policy, Access and Support, Program 1.4 Health Workforce. 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 maker on the merits of each application.



Grant decisions are made

The decision maker decides 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 Increasing Rural Medical Training grant opportunity.

You must read these guidelines before filling out an application.

This document sets out:

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

2. About the grant program

The Health Workforce Program is an Australian Government initiative administered by the department to deliver health workforce outcomes and support rural outreach health services. The Stronger Rural Health Strategy and Increasing Rural Medical Training measure are part of the Health Workforce program and contribute to the department's Outcome 1: Health Policy, Access and Support.

The Stronger Rural Health Strategy commenced in 2018 to support distribution of the health workforce across Australia, including in regional, rural and remote areas, through increased funding to teaching programs such as the Murray Darling Medical Schools Network (MDMSN) and Rural Health Multidisciplinary Training (RHMT) Program. Supporting high quality rural health training is one way the Australian Government makes a measurable impact on addressing the maldistribution of the rural health workforce.

Delivering quality rural health training requires a viable university presence across rural Australia. This involves academics and other university staff living and working locally, and student and staff engagement with local health professionals and the broader community.

Supporting high quality rural health training is a way for the Australian Government to make a measurable impact on addressing the maldistribution of the rural health workforce. To achieve this, the Australian Government has been investing in the successful RHMT program and its precursors for over 20 years.

The RHMT program supports health students to undertake rural training through a network of rural clinical schools, University Departments of Rural Health, dental faculties offering extended rural placements, and the Northern Territory Medical program. The program also supports regional training hubs tasked with building medical training pathways within a region and guiding students and trainees through these. The aim of the RHMT program is to improve the recruitment and retention of health professionals in rural and remote Australia. There are 21 universities currently participating in the program across Australia.

The objectives of the RHMT program are to:

- deliver effective rural training experiences for medical, nursing, midwifery, dental and allied health students (prior to gaining professional registration);
- ensure rural training experiences are of a high quality;
- undertake student selection and rural student recruitment;
- engage with key partners and the local community to support the delivery of training to students;
- maintain and progress an evidence base and the rural health agenda;
- facilitate improvement of Aboriginal and Torres Strait Islander health through a range of strategies; and
- provide regional leadership in developing innovative training solutions to address rural workforce recruitment and retention.

The intended outcomes of the RHMT program are:

- increased number of appropriately qualified health professionals working in rural, regional and remote Australia, including an increase in Aboriginal and Torres Strait Islander health professionals;
- provision of high quality training across eligible areas of Australia;
- increased regional training capacity; and
- a well-distributed health workforce.

Further detail on the current objectives, parameters and core requirements of the RHMT program is included in the [RHMT Program Framework](#) available on the department's website.

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

2.1 About the grant opportunity

A pressing health workforce issue is the geographic maldistribution of the medical workforce, particularly the shortage of doctors (especially General Practitioners (GPs)) in regional, rural and remote Australia. It is estimated that around 28 percent of Australia's population live in rural and remote areas, however only approximately 21 percent of GPs and 5 percent of non-GP specialist doctors are based in rural and remote areas. Geographic isolation increases the chance of preventable hospitalisations, deaths and chronic disease.

Further expanding the distribution of rural medical school training in tandem with the Commonwealth's investment in postgraduate medical training in regional, rural and remote locations will address rural doctor shortages and build on the work of the National Rural Health Commissioner to retain doctors working in rural areas.

Variances in the number of doctors across geographies has led to unsustainable reliance on international medical graduates and overseas trained doctors. International border closures due to the COVID-19 pandemic have highlighted why Australia needs to move towards a more self-sufficient domestic health workforce.

Exposure to high quality rural experiences early in the medical training pathway is important for when graduates are considering career options and for rural workforce retention over the longer term. Junior doctors and trainees are more likely to practise in

regional, rural or remote areas, once trained, if they come from a rural background or have a positive training experience in these areas.

Increasing the number of medical [Commonwealth Supported Places \(CSPs\)](#) connected to rural medical school campuses is a key step toward this goal.

These guidelines contain information about the Increasing Rural Medical Training grant opportunity. This grant opportunity was announced as part of the expansion of the Stronger Rural Health Strategy Medical Education and Training measure in the 2022-23 Federal Budget.

Supporting rural medical training continues to be a priority of Government, with investment continuing into the RHMT and MDMSN programs. This grant opportunity will provide funding for up to eight new rural campuses for existing medical schools, including capital, establishment, and recurrent funding, to deliver full medical school programs at rural campuses. Proposals to convert existing training sites into rural campuses that can deliver a full medical school program will also be considered.

The grant opportunity also includes the provision of up to 80 new commencing medical CSPs, tied to the newly funded rural campuses. Successful universities who receive additional CSPs from this grant opportunity will be required to redirect an equivalent number of their existing CSPs to the new rural location. The objective of this requirement is to re-allocate existing CSPs from metropolitan areas to regional areas to allow for more medical students to be recruited from and trained in rural communities. However, considerations will be given to universities with small or regionally located medical schools as well, provided that the relocation of rural CSPs will present a net benefit to university and regional training activities.

The objectives of the grant opportunity are to:

- undertake activities that support the objectives of the RHMT program and are in line with the parameters and core requirements of the RHMT program included in the [RHMT Program Framework](#) and the [Assessment Framework](#).
- establish up to eight new rural medical school campuses for existing medical schools (and/or their partner organisations);
- distribute 80 new commencing medical CSPs into rural locations;
- facilitate the transfer of existing CSPs to new rural locations, including obtaining support from the relevant State/Territory Governments for the proposed increase in CSPs (if applicable);
- provide tailored student selection, recruitment strategies and curriculum to maximise opportunities to support school leavers and graduate-entry students with a rural background, particularly Aboriginal and Torres Strait Islanders peoples, and to attract those with an interest, intention and aptitude for practising medicine in rural and regional areas once qualified;
- develop and implement a strategy to increase the capacity and number of appropriate clinical supervisors to ensure high quality rural clinical training placements; and
- provide mentoring and support services for students, including the use of existing student accommodation facilities, and/or providing new accommodation facilities through capital works activities.

The intended outcomes of the grant opportunity are:

- increased number of rural medical school campuses providing medical education and training through an 'end-to-end' training model, with the majority of training to be regionally based and rotations to metropolitan areas for specialist immersions kept to a minimum;
- increased participation rates from students in rural areas in medical school programs, particularly for Aboriginal and Torres Strait Islander peoples;
- increased number of rurally based medical CSP's;
- increased availability of appropriate student accommodation for students undertaking medical training in rural areas;
- improved capacity of clinical supervisors to deliver high quality training in rural areas;
- increased numbers of appropriately qualified medical professionals, particularly Aboriginal and Torres Strait Islanders peoples, working in rural, regional and remote Australia;
- improved participation of Aboriginal and Torres Strait Islander leadership in program strategies, including to support Aboriginal and Torres Strait Islander students and supervisors;
- improved local health outcomes of rural and remote communities, particularly for Aboriginal and Torres Strait Islander peoples;
- increased local employment opportunities for rural and remote communities, particularly for Aboriginal and Torres Strait Islanders; and
- enhanced evidence base for rural medical workforce development, rural training strategies, rural service delivery models and health issues directly impacting rural people.

The Activity will be measured against a set of Performance Indicators (PIs), as exemplified by the table below. PIs for each successful grantee will be negotiated ahead of entering into a grant agreement.

Table 1: Demonstrative Performance Indicators (PIs)

Performance Indicator	Measure
Establishment of an Australian Medical Council accredited medical school program in an Modified Monash Model (MM) 2-7 location	By end 2024
Annual enrolment of students into the rural medical school program	100% of CSP allocation
Annual enrolment of rural origin students	50%
Annual enrolment of students from the local region	25%
Annual enrolment of students identifying as coming from an Aboriginal or Torres Strait Islander background	15%
Training in a location classified as MM2-7	80%

3. Grant amount and grant period

3.1 Grants available

The Department is providing funding of up to \$81.653 million for capital, establishment and recurrent activities over three financial years for this grant opportunity as outlined in Table 2.

Following this grant period, recurring funding will be available for ongoing grant activities providing grant outcomes and agreement requirements have been met.

Submitting a grant application does not guarantee that you will receive a grant. There is no maximum grant amount, but grants cannot exceed the amount of available funds.

Table 2: Grant Opportunity Funding Available

2023-24 FY \$ M (GST exclusive)	2024-25 FY \$ M (GST exclusive)	2025-26 FY \$ M (GST exclusive)	Total \$ M (GST exclusive)
38.032	26.961	16.660	81.653

In addition to the funding in table 2 above, funding for CSPs will be provided by the Department of Education through the [Commonwealth Grant Scheme \(CGS\)](#). The CGS funding is administered through triennial funding agreements, separate to this grant opportunity. The distribution of the separate pool of funding through the Department of Education CGS for the purposes of funding CSPs is shown in table 3 below. The table outlines the distribution of funding across the financial years – these values are not captured in table 2 for the purposes of the grant opportunity owing to CGS agreements being managed through a separate process by the Department of Education.

Table 3: CGS Funding for CSPs

2023-24 FY \$ M (GST exclusive)	2024-25 FY \$ M (GST exclusive)	2025-26 FY \$ M (GST exclusive)	Total \$ M (GST exclusive)
1.2	3.7	6.4	11.3

3.2 Grant period

The grant period for the capital, establishment and recurrent activities will commence in 2023 and allocated funds must be expended by the end of the activity period on 30 June 2026.

4. Eligibility criteria

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

4.1 Who is eligible to apply for a grant?

To be eligible you must:

- have an Australian Business Number (ABN);
- have an account with an Australian financial institution; and
- be located in Australia.

and be one of the following:

- a university with a medical school accredited by the Australian Medical Council with existing medical CSPs under a CGS agreement; or
- a joint (consortia) application with a lead organisation that has a medical school accredited by the Australian Medical Council with existing medical CSPs under a CGS agreement.

4.2 Who is not eligible to apply for a grant?

You are not eligible to apply if you are:

- a Commonwealth, state, territory or local government agency or body (including government business enterprises);
- an individual;
- an unincorporated association;
- an overseas resident/organisation;
- any organisation not included in section 4.1; and/or
- 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)

4.3 What qualifications, skills or checks are required?

If you are successful, all personnel working on the grant activity must maintain the following registration/checks:

- Working with Vulnerable People registration (or equivalent depending on the relevant state or territory); and
- Working with Children check.

Your organisation must maintain the following accreditation:

- [Australian Medical Council Accreditation](#).

The department recognises the Australian Government's response to the Royal Commission into Institutional Responses to Child Sexual Abuse, and the [Commonwealth Child Safe Framework](#).

As such, the department expects that all grant recipients comply with all Australian law relating to employing or engaging people who work or volunteer with children. This includes working with children checks and mandatory reporting; and the department may request an annual statement of compliance with this requirement. If successful, these details will be outlined in the successful organisation's grant agreement.

5. What the grant money can be used for

5.1 Eligible grant activities

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

Establishment and recurrent funding

- Australian Medical Council accreditation costs;
- academic and administrative staff salaries;
- leasing, administration, building maintenance and IT costs;
- interstate travel and accommodation allowances for students;
- leasing of accommodation for students;
- direct teaching payments to rural practitioners who are involved in teaching and mentoring;
- providing rural clinical placements for students in CSPs across medical disciplines;
- working in partnership with community organisations to identify and manage clinical placements; and
- providing supervisor support and training.

Capital funding

- purchasing, building, extending or refurbishing of existing facilities to support the project objectives, including the freehold purchase of vacant land, repairs and maintenance costs, furniture and fittings, and professional fees associated with undertaking the above works. This includes major construction/capital works to establish teaching facilities in rural areas, such as; biomedical sciences/anatomy laboratories, lecture theatres, clinical skills laboratories and tutorial rooms;
- building of student accommodation;
- the payment of statutory charges and costs associated with the connection of essential services, such as power, water and sewerage;
- professional services associated with the project management of Commonwealth funded capital works projects; and
- Infrastructure to support and expand opportunities for inter-professional training learning opportunities.

Commonwealth Supported Places (CSPs)

- Expenditure of CGS funding for allocated CSPs at agreed locations.

Expenditure of CGS funding for additional CSPs must be done in line with the *Higher Education Support Act 2003* and each higher education provider's funding agreement with the Department of Education.

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

Organisations **must not** use grant funding for any activity not agreed upon in their grant agreement.

5.2 Eligible locations

Your grant can include activities at different locations, as long as they are all in rural locations defined under the [Modified Monash Model \(MM\) 2-7 classifications](#). The purchase or construction of capital works projects must be for the purposes of the activity in MM 2-7 locations only.

5.3 Eligible expenditure

You can only spend the grant on eligible expenditure you have incurred for eligible grant activities. Eligible expenditure items include:

- academic and administrative salaries directly related to the funded project;
- direct teaching payments to rural health practitioners and Aboriginal or Torres Strait Islander people who are involved in teaching and mentoring;
- program operational costs;
- domestic travel and accommodation allowances for students; and
- leasing costs of student accommodation;
- purchasing, building, extending or refurbishing of existing facilities to support the project objectives, including the freehold purchase of vacant land, repairs and maintenance costs, furniture and fittings, and professional fees associated with undertaking the above works;
- building of student accommodation;
- the payment of statutory charges and costs associated with the connection of essential services, such as power, water and sewerage;
- professional services associated with the project management of Commonwealth funded capital works projects; and
- Infrastructure to support and expand opportunities for inter-professional training learning opportunities (i.e. capital costs, wages/salaries, utilities, etc.).

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

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

5.4 What the grant money cannot be used for

You cannot use the grant for the following activities/costs:

- activities not mentioned in Section 5.1;
- activities conducted in metropolitan (MM 1) areas;
- wages for staff not directly associated with the delivery of grant activities in the new medical school sites;
- training for international students;
- training undertaken in universities that do not offer CSPs;
- CSPs not allocated to the university as per its CGS Funding Agreement with the Department of Education;
- training not undertaken in the eligible locations identified in Section 5.3;
- purchases external to the new medical school location;
- activities that duplicate existing Commonwealth funded activities;
- retrospective costs;
- preparation of a grant application or related documentation;

- subsidy of general ongoing administration of an organisation such as electricity, phone and rent;
- overseas travel; and
- activities for which other Commonwealth, state, territory, or local government bodies have primary responsibility.

6. The assessment criteria

You must address all of the following assessment criteria in the application. We will assess your application based on the weighting given to each criterion.

The amount of detail and supporting evidence you provide in your application should be relative to the size, complexity and grant amount requested.

We will only award funding to applications that score “Average” or higher against all assessment criteria, in the first instance.

Assessment criteria are informed by the Department of Education’s Assessment Framework for Proposals for Medical Schools or Medical Commonwealth Supported Places (CSPs).

Criterion 1: Alignment with Program Objectives and Outcomes (weighting 40%)

Demonstrate how the proposed activities of your organisation, or consortium, will align with the RHMT Program objectives and outcomes as outlined in Section 2 and the grant opportunity objectives and outcomes as outlined in Section 2.1 of these Grant Opportunity Guidelines.

Response is limited to 2000 words.

Your response should include details of:

- a. Evidence clearly demonstrating the current undersupply of medical practitioners in the proposed grant activity area (using evidence bases consistent with national, state, and/or regional medical workforce published data), and an explanation of and why the current medical training arrangements are not addressing the this undersupply
- b. How the proposed model will address the undersupply in distribution and medical specialties and the rationale for the scale of the proposal which outlines the basis for the number of medical places required. If the proposed medical school plans to operate in the same region as an existing medical school include details of:
 - i. medical workforce evidence demonstrating the need for additional medical places and specialties in the region;
 - ii. a sound rationale for the need for an additional provider that takes account of potential duplication and/or displacement of existing teaching provision, clinical placement availability and synergies with existing infrastructure and other resources; and
 - iii. how the new and existing providers will collaborate regarding allocation of clinical placements, accommodation and teaching facilities.
- c. The capacity for, and evidence of, an integrated approach across the medical training pipeline, connecting the medical school program with junior doctor and specialist training in the proposed region.

- d. How the organisation will build on Commonwealth initiatives, such as the Integrated Rural Training Pipeline and Rural Workforce Agency Program, which aim to help retain medical graduates in rural areas by better coordinating the different stages of medical training.
- e. The state/territory programs in place to ensure sufficient continuity of medical education and training in the region(s) of identified workforce need for doctors in training, following completion of the medical degree and provides evidence of support from relevant jurisdiction(s) and their regional health services.
- f. How the organisation will expand opportunities for students from disadvantaged backgrounds including details of:
 - i. a demographic profile indicating socio-economic disadvantage of the region in which the medical school will operate (including low socio-economic status students, Aboriginal and Torres Strait Islander students, students with a disability, first in family and other disadvantaged groups);
 - ii. a recruitment strategy, including data, for enrolling students from disadvantaged backgrounds and increasing their participation levels over time; and
 - iii. support structures that will be in place to assist disadvantaged students to complete their medical course.
- g. How the student recruitment strategy, training arrangements, and curriculum are tailored to address the region(s) of identified medical workforce need including details of:
 - i. a student recruitment strategy that is targeted to addressing the identified maldistribution of the medical workforce in the proposed region;
 - ii. a targeted clinical training strategy, including the duration and setting of clinical placements, to address the identified maldistribution of the medical workforce in the proposed region; and
 - iii. how the course curriculum will prepare students to work in the proposed region(s) of identified medical workforce need once their course is completed and, if the curriculum is modelled on that of another institution, the rationale and local versioning and appropriateness of the curriculum.

You will be required to submit the following document in your response to this criterion:

- An activity work plan (see template on [GrantConnect](#)).

Criterion 2: Organisational capacity (weighting 25%)

Demonstrate the capacity of your organisation, or consortium, to deliver the proposed activities to ensure grant outcomes will be met within the grant timeframe.

Response is limited to 1500 words.

Your response should include details of:

- a. Your organisation's governance processes, including the ability to effectively coordinate staff and students across multiple campuses and training facilities to maintain consistency in the delivery of the medical program.

- b. Your organisation's approach to leveraging existing investment in capital infrastructure within the region to support medical student programs including any temporary arrangements, if necessary, for the use of alternative facilities for training while permanent rural campus facilities to enable end-to-end rural training are being established.
- c. Your organisation's collaborative arrangements and partnerships that build on existing primary and postgraduate medical education training initiatives in the proposed region. If your organisation is partnering with an existing medical school, demonstrates how the partnership will leverage off the established capacity and experience of already accredited providers/programs (i.e. their curriculum, medical educators, infrastructure and rural clinical training experience).
- d. Your organisation's recruitment plan for clinical academic leadership within the proposed medical program including:
 - i. the formal appointment of an in-situ senior medical leadership position in keeping with university structures (e.g., Medical School Dean or Director) well in advance of the establishment of the medical program to lead all planning, development, recruitment and transition processes,
 - ii. retention strategies to maintain the required academic workforce across the proposed regions.
 - iii. strategies to recruit, train and support clinical teachers/ preceptors.
 - iv. how a central university hub will adjust its processes and function to serve the proposed medical program.

You will be required to submit the following document in your response to this criterion:

- An organisational chart;
- Letters of support from relevant consortium partners, if applicable (see Section 7.2 of the grant opportunity guidelines); and
- A risk management plan (see template on [GrantConnect](#)).

Criterion 3 Community Engagement (weighting 25%)

Demonstrate how your organisation, or consortium, will engage with key partners and the local community.

Response is limited to 1500 words.

Your response should include details of:

- a. The available supervisory capacity for clinical training placements and details how the additional CSPs will not exacerbate supervisory shortages across all stages of medical training.
- b. An in-principle agreement with health providers to provide clinical training places required to enable medical students to complete the course requirements, which will not displace training placements already provided for medical students and doctors in training.
- c. How the proposed medical program is likely to meet the Australian Medical Council (AMC) accreditation requirements concerning the provision of adequate clinical training teaching, places and supervision.

- d. Evidence of support for the medical school proposal from community stakeholders in the jurisdiction/s where the medical school will be located, including State/Territory governments.

You will be required to submit the following document in your response to this criterion:

- Letters of support from health providers confirming their support for the clinical training places and an assurance that agreeing to provide the clinical placements will not displace training placements already provided for medical students and doctors in training.
- Evidence of the AMC's preliminary views of the proposed medical program.
- Letters of support from community stakeholders.
- At least one letter of support from a State/Territory government guaranteeing to provide ongoing funding for the required clinical training and supervision, two-year transition to practice-ships and specialist training places required to enable the students to become medical practitioners.
- At least one letter of support from a State/Territory government guaranteeing to provide a funding contribution towards establishing the proposed medical program (this could involve a capital or transitional funding contribution or a commitment to provide land for the medical school site).

Criterion 4: Efficient and effective use of grant funds (weighting 10%)

Demonstrate how the proposed activities and budget will provide value for money.

Response is limited to 750 words.

Your response should include details of:

- a. Whole of project costs including, co-investment from local /state governments, the private sector, charitable organisations or the university.
- b. Partnership arrangements with existing institutions (co-located facilities with other education/health providers, partnering with research institutes).
- c. Where the Commonwealth has already invested capital funding in the region identified, provide details of:
 - i. how previous Commonwealth investments will be leveraged to minimise the request for additional funding;
 - ii. how any additional funding sought will deliver improved medical workforce outcomes; and
 - iii. how Commonwealth investment provides flow-on financial benefits to the local community in which the medical school will operate.

You will be required to submit the following document in your response to this criterion:

- An indicative budget (see template on [GrantConnect](#))

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 addenda¹ 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.

You may submit more than one application form. Ensure you title your applications differently to clearly distinguish them during assessment. If more than one application is submitted for the same grant activity, the application submitted latest, and within closing time and date, will progress to the next stage.

To apply you must:

- complete the Application Form;
- provide all the information requested;
- address all eligibility criteria and assessment criteria;
- download and complete the templates and include all necessary attachments; and
- submit your application by the closing date and time using the red **Submit Application** button on GrantConnect.

If you need assistance with the application process or find an error in your application after submission but before the closing date and time, you should contact us via email Grant.ATM@health.gov.au. For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk:

- Phone: 1300 484 145
- Email: GrantConnect@finance.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.

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

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

7.1 Attachments to the application

We require the following documents with your application:

- an activity work plan
- an indicative budget;
- an organisational chart;
- a risk management plan;
- evidence of consultation with the Australian Medical Council (AMC): The AMC must be consulted prior to submission of any proposal due to the lengthy

¹ 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

timeframe needed for AMC accreditation of new medical programs. Proposals should include information about the AMC's preliminary views.

- evidence of consultation and support from state and territory governments: This is to demonstrate that future training pathways for graduates are guaranteed and there are supported career pathways available;
- evidence of consultation and support from relevant local health district representatives;
- evidence of consultation and support from key training partners: For example, general practices, hospitals, and Aboriginal Community Controlled Health Organisations;
- letters of support from the relevant consortia partners, if applicable (see Section 7.2);
- evidence of support from your organisation's board, CEO or equivalent; and
- evidence of support from your state or territory health department for the additional graduate training places required in the region.

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

7.2 Joint (consortium) applications

We recognise that some organisations may want to join as a group to deliver a grant activity. In these circumstances, you must appoint a 'lead organisation'.

Only the lead organisation will enter into a grant agreement with the department and will be responsible for submitting an application on behalf of the Consortium, the lead organisation must have the authority to do so on behalf of the consortium members.

The application must identify all other members of the proposed group and a formal agreement must be in place between all consortium members and provided to the department in the form of a letter of support, during the application submission period.

Each letter of support should include:

- details of the partner organisation
- an overview of how the partner organisation will work with the lead organisation and any other partner organisations in the group to successfully complete the grant activity.
- an outline of the relevant experience and/or expertise the partner organisation will bring to the group
- the roles/responsibilities of the partner organisation and the resources they will contribute including number of CSPs proposed to transfer to the lead organisation to meet application eligibility (if any)
- outline how partners will ensure compliance with the Commonwealth Child Safe Framework
- details of a nominated management level contact officer.

It is the responsibility of the lead organisation to ensure that all parties and subcontractors comply with the relevant aspects of the written agreement.

Lead Organisations must also ensure all members of the party are not 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)

A formal agreement must be in place between all consortium members and provided to the department if requested, prior to the execution of the grant agreement.

7.3 Timing of grant opportunity processes

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

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

Table 4: Expected timing for this grant opportunity

Activity	Expected Timeframe
Assessment of applications	4 weeks
Approval of outcomes of selection process	2 weeks
Negotiations and award of grant agreements	6-8 weeks
Notification to unsuccessful applicants	2 weeks
Earliest start date of grant activity	09/2023
End date of grant activity or agreement	30/06/2026

7.4 Questions during the application process

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

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

The department cannot assist you to address assessment criteria/determine eligibility or complete your application.

8. The grant selection process

8.1 Assessment of grant applications

We first review your application against the eligibility criteria in Section 4.

Only eligible applications will move to the next stage. We consider eligible applications through a targeted competitive grant process.

We will then assess your application against the assessment criteria (see Section 6). We consider your application on its merits and against other applications, based on:

- how well it meets the criteria; and
- whether it provides value with relevant money.

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

Table 5: Assessment Criteria Scoring Matrix

Rating (for individual criterion)	Score
Excellent – response to this criterion, including all sub-criteria, exceeds expectations.	5
Very Good - response to this criterion addresses all or most sub-criteria to a high standard.	4
Good – response to this criterion addresses all or most sub-criteria to a higher than average standard.	3
Average – response against this criterion meets most sub-criteria to an average but acceptable level.	2
Poor – poor claims against this criterion, but may meet some sub-criteria.	1
Does not meet criterion at all – response to this criterion does not meet expectations or insufficient or no information to assess this criterion.	0

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

Only applications that score Average or above against each of the assessment criteria, (based on the Rating Scale at 8.1) will be considered for funding, in the first instance.

When assessing the extent to which the application represents value with relevant money, we will have regard to:

- the relative value of the grant sought;
- extent to which the geographic location of the application matches identified priorities;
- the extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives;
- the extent to which the evidence in the application demonstrates the viability of the proposed program between the requested funding/CSPs and the available funding/CSPs; and
- how the grant activities will target groups or individuals.

8.2 Who will assess applications?

The department will establish assessment team(s) to assess eligible and compliant applications.

The assessment team may comprise of staff from across the department 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 panel for further consideration, including value for money.

An expert panel of senior staff established by the Department of Education and the Department of Health and Aged Care will assess all submitted applications. Panel

members will have access to external expert advice when necessary. Representatives of the sector may be asked to participate as members of the expert panel.

The assessment panel 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 expert panel will make recommendations to the Minister for Health and Aged Care and the Minister for Education for a decision.

All parties involved in the assessment process, including external experts and advisors will be required to perform their duties in accordance with the CGRGs.

8.3 Who will approve grants?

The Minister for Health and Aged Care and the Minister for Education (the Decision Makers) decide which grant(s) to approve taking into account the recommendations of the expert panel and the availability of grant funds for the purposes of the grant opportunity. The Minister for Health and Aged Care will make a determination regarding the granting of funds, and the Minister for Education will make a determination regarding the granting of CSPs.

The Decision Maker's decisions are final in all matters, including:

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

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

9. Notification of application outcomes

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

If you are unsuccessful, we will give you an opportunity to receive feedback. A request for individual feedback should be made to the department within 20 days of being notified of the outcome by emailing RHMTpolicy@health.gov.au. We will respond to your request for feedback in writing within 10 business days.

10. Successful grant applications

10.1 The grant agreement

You must enter into a legally binding grant agreement with the Commonwealth. Our selection of grant agreement will depend on the size and complexity of your grant activities.

Each agreement has general terms and conditions that cannot be changed. Sample grant agreements are available on the Department of Finance's [website](#). We will use a schedule to outline the specific grant requirements.

We must execute a grant agreement with you before we can make any payments. We are not responsible for any of your expenditure until a grant agreement is executed. If you

choose to start your grant activities before you have an executed grant agreement, you do so at your own risk.

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

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

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.

10.2 Specific legislation, policies and industry standards

10.2.1 The Multicultural Access and Equity Policy

The Multicultural Access and Equity Policy obliges Australian Government agencies to ensure that cultural and linguistic diversity is not a barrier for people engaging with government and accessing services to which they are entitled. For example, providing access to language services where appropriate. To find out more about the Multicultural Access and Equity Policy, visit the [Department of Home Affairs website](https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/about-multicultural-affairs/access-and-equity)².

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 \(CCSF\)](https://www.homeaffairs.gov.au/about-us/our-portfolios/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; or
- activities that involve contact with children that is a usual part of, and more than incidental to, the grant activity.

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

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

² Multicultural Access and Equity Policy - <https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/about-multicultural-affairs/access-and-equity>

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 will come 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;
- any financial contributions you may make;
- any in-kind contributions you may make; and
- any financial contribution provided by a third party.

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

We will make payments according to an agreed schedule set out in the grant agreement. Payments are subject to satisfactory progress on 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; and
- bank account details.

If you become aware of a breach of terms and conditions under the grant agreement, you must contact us immediately.

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

12.2 Reporting

You must submit reports in line with the grant agreement. We will provide sample templates for these reports as appendices in the grant agreement.

We will remind you of your reporting obligations before a report is due. We will expect you to report on:

- progress against agreed grant activity milestones and outcomes;
- contributions of participants directly related to the grant activity; and
- expenditure of the grant.

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

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

Progress reports

Progress reports must:

- include evidence of your progress towards completion of agreed activities and outcomes;
- show the total eligible expenditure incurred to date; and
- be submitted by the report due date (you can submit reports ahead of time if you have completed relevant activities).

We will only make grant payments when we receive satisfactory progress reports.

You must discuss any reporting delays with us as soon as you become aware of them.

Ad-hoc reports

We may ask you for ad-hoc reports on your grant. This may be to provide an update on progress, or any significant delays or difficulties in completing the grant activity.

Final report

When you complete the grant activity, you must submit a final report.

Final reports must:

- identify if and how outcomes have been achieved;
- include the agreed evidence as specified in the grant agreement;
- identify the total eligible expenditure incurred; and
- be submitted in the format provided in the grant agreement.

12.3 Audited financial acquittal report

We may ask you to provide an independently audited financial acquittal report. A financial acquittal report will verify that you spent the grant in accordance with the grant agreement. The financial acquittal report template is attached to the sample grant agreement.

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 at the Community Grants Hub.

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

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

12.8 Acknowledgement

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 [name of grant activity] 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.

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

13.1 Enquiries and feedback

The department's [Complaint Handling Process](#) 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.

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

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072

Email: ombudsman@ombudsman.gov.au

Website: [Commonwealth Ombudsman](#)

13.2 Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or program. There may be a conflict of interest, or perceived conflict of interest, if the department's staff, any member of a committee 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; or
- has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/ grant opportunity.

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

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

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

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

13.3 Privacy

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

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

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

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

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

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

13.4 Confidential Information

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

We may at any time, require you to arrange for you; 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; and
3. revealing the information would cause unreasonable harm to you or someone else.

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

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

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

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

13.5 Freedom of information

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

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

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

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

By email: foi@health.gov.au

14. Glossary

Term	Definition
accommodation unit	Can be a house, townhouse, prebuilt modular building, apartment, or group of apartments in one building/site.
accountable authority	see subsection 12(2) of the Public Governance, Performance and Accountability Act 2013
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.
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.
commencement date	the expected start date for the grant activity
Commonwealth entity	a Department of State, or a Parliamentary Department, or a listed entity or a body corporate established by a law of the Commonwealth. See subsections 10(1) and (2) of the PGPA Act
Commonwealth Grants Rules and Guidelines (CGRGs)	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.
commencement date	the expected start date for the grant activity
completion date	the expected date that the grant activity must be completed and the grant spent by
co-sponsoring entity	when two or more entities are responsible for the policy and the appropriation for outcomes associated with it

Term	Definition
date of effect	can be the date on which a grant agreement is signed or a specified starting date. Where there is no grant agreement, entities must publish information on individual grants as soon as practicable.
decision maker	the person who makes a decision to award a grant
eligibility criteria	refer to the mandatory criteria which must be met to qualify for a grant. Assessment criteria may apply in addition to eligibility criteria.
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"> a. under which relevant money³ or other Consolidated Revenue Fund (CRF) money⁴ is to be paid to a grantee other than the Commonwealth; and b. which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.
grant activity/activities	refers to the project/tasks/services that the grantee is required to undertake
grant agreement	sets out the relationship between the parties to the agreement, and specifies the details of the grant
GrantConnect	is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs
grant opportunity	refers to the specific grant round or process where a Commonwealth grant is made available to potential grantees. Grant opportunities may be open or targeted, and will reflect the relevant grant selection process.
grant program	a 'program' carries its natural meaning and is intended to cover a potentially wide range of related activities aimed at achieving government policy outcomes. A grant program is a group of one or more grant opportunities under a single Portfolio Budget Statement Program.

³ Relevant money is defined in the PGPA Act. See section 8, Dictionary.

⁴ Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.

Term	Definition
grantee	the individual/organisation which has been selected to receive a grant
PBS Program	described within the entity's Portfolio Budget Statement , 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.
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"> • the quality of the project proposal and activities; • fitness for purpose of the proposal in contributing to government objectives; • that the absence of a grant is likely to prevent the grantee and government's outcomes being achieved; and • the potential grantee's relevant experience and performance history.