



**Australian Government**

**Department of Health**

## John Flynn Prevocational Doctor Program Grant Opportunity Guidelines GOXXXX

<b>Opening date:</b>	<b>TBA</b>
<b>Closing date and time:</b>	2:00pm (Canberra time) on <b>TBA</b>
<b>Commonwealth policy entity:</b>	Department of Health (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> . Questions should be sent no later than 5:00pm (Canberra time) on <b>TBA</b> .
<b>Type of grant opportunity:</b>	Targeted Competitive

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## 1. Health Workforce Program: John Flynn Prevocational Doctor Program grant opportunity processes

**The John Flynn Prevocational Doctor 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's Outcome 1: Health Policy, Access and Support, 1.4 Health Workforce . The Department of Health 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 John Flynn Prevocational Doctor Program (JFPDP) grant opportunity.

You must read these guidelines before filling out an application.

This document sets out:

- the purpose of 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

Under the 2020-21 Budget, the Australian Government announced the implementation of the new JFPDP to help deliver increased rural primary care rotations for hospital-based eligible prevocational junior doctors in Postgraduate (PGY) years 1-5 in MM 2-7 locations.

In recognition of the Rev. Dr John Flynn's work as an advocate for rural and remote health, his name has been retained for the new JFPDP.

The JFPDP will commence from 1 January 2023 and will consolidate the two funding streams under the Rural Junior Doctor Training Innovation Fund (RJDTIF) core and the expansion of the RJDTIF to support the National Rural Generalist Pathway (RJDTIF RG) to better streamline and coordinate medical training in regions.

The increased investment will allow junior doctors in their prevocational years of medical practice with increased opportunities to remain in rural communities whilst completing their medical training and establish their medical careers.

The JFPDP will allow more junior doctors to experience general practice in positive, supportive rural and remote clinics, improve the way clinical practice in rural and remote areas is viewed and experienced and increase the number and distribution of rural placements. Creating a visible rural career option will offer an alternative to becoming a metropolitan hospital-based doctor.

The JFPDP is intended to build prevocational doctors' confidence, exposure and interest in rural general practice/rural generalism. Models and mentors outside the hospital system will support and encourage them to practice rural general practice or rural generalism as their medical career and enhance their understanding of the role of general practice and of the integration between primary and secondary health care.

The objectives of the JFPDP are:

- expanding the number and rural distribution of rotations delivered under the RJDTIF and RJDTIF RG;
- strengthen rural training pathways to rural training networks funded by the State and Northern Territory Governments within their region and address community needs;

- developing rural training capacity by fostering innovative ways, to provide rurally-based prevocational doctors with a positive experience during their training period in rural primary care settings; and
- supporting the National Rural Generalist Pathway.

The intended outcomes of the JFPDP are:

- increased recruitment and retention of medical graduates and prevocational doctors in rural medical practice;
- greater uptake of rural generalist vocational training;
- increased rural medical training capacity, including rural general practices operating as vertically integrated teaching units for medical students, prevocational doctors, and GP registrars;
- strengthening the rural training pathway for general practice and rural generalism in expanded settings, in particular MM3-7; and
- enhanced rural training networks to increase the supply of doctors in training to address current workforce shortages and meet the changing health needs of Australians.

Priority areas for grant funding include:

- Establishing linkages with regional training and workforce organisations and with local primary care health services (particularly Aboriginal Medical services and /or Aboriginal Community Controlled Health Services) to address medical workforce supply and geographic distribution needs in your region.
- Supporting the training of Aboriginal and Torres Strait Islander prevocational doctors.
- Delivering rotations in high priority and community need areas, with particular emphasis on areas that support an Aboriginal and Torres Strait Islander workforce and service delivery, and northern Australia.
- Supporting 'grow your own' approaches for regional training networks to support local workforce development and community needs.
- Establishing linkages with rural clinical schools and the two GP colleges to encourage greater uptake of rural generalist vocational training.

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

## **2.1 About the grant opportunity**

The JFPDP will incrementally deliver an increased number of rural primary care rotations for hospital-based prevocational doctors in rural areas from 125 FTE (500 rotations) in the 2023 training year to 200 FTE (800 rotations) by the 2025 training year, to enable an additional 360 hospital-based junior doctors to experience rural general practice and complete a clinical training term (rotation) working in a rural primary care setting.

This Grant Opportunity is being undertaken through a targeted competitive approach, with applications open only to State and the Northern Territory Departments/Ministries of Health which will be expected to deliver rotations based on community need and workforce shortages in their region.

JFPDP rotations will be funded in accordance with the objectives and outcomes of the program, available funding allocation, underpinned by value with relevant money criteria. To this end, there is no guarantee that all rotations and funding requested by the applicants, will receive funding under this Grant Opportunity.

Grant Agreements will be provided for the 2023 and 2024 training years, and half the 2025 training year (January 2023 to June 2025). This is to allow the Department to undertake a review of the JFPDP in the second half of 2024 to ensure the program is delivering intended outcomes and where needed to refine the program.

Key areas to be considered under the review will be, but not limited to:

- alignment of workforce delivery and structures following the establishment of GP training organisations;
- consideration of including international medical graduates and foreign graduates of Australian Medical Schools;
- alignment with Government priorities, including the National Medical Workforce Strategy, National Rural Generalist Pathway and National Aboriginal and Torres Strait Islander Health Workforce Strategy and Implementation Plan;
- placement numbers, rurality of placements and trend analysis of placement rurality (change over time)
- qualitative data on participant experience; and
- lessons learnt from the first years of implementation.

In line with the findings of the JFPDP review, a further one-to-two-training year extension may be offered to the Ministries of Health funded under this Grant Opportunity, delivering 800 rotations per year from 2025 onwards.

JFPDP rotations will be open to eligible PGY1-5 with priority given to PGY1 and 2s.

A small number of metropolitan based junior doctors (expected to be no more than 10% of participants), will also be eligible for JFPDP rotations in the event a rurally based prevocational doctors is unavailable for a rotation.

As the JFPDP is prioritising the support of domestic doctors with 'grow your own' approaches, international medical graduate and foreign graduates of Australian medical schools are not eligible to participate in the JFPDP.

PGY2s on an Australian General Practice Training (AGPT) pathway may also be eligible to participate in the JFPDP, subject to grantees managing their learning and ensuring that there is no disruption to the duration of their training in the discipline in which they are enrolled. Participation of this cohort will be subject to Departmental delegate approval.

Grantees will be required to confirm that whether prevocational doctors participating in the JFPDP:

- are, or intend to be, on a rural generalist training pathway; or
- are, or intend to be, on a rural GP training pathway.

Of the total rotations delivered by Grantees, at least 40% of participants in each training year (2023 and 2024), or for the half 2025 training year, must be in each pathway. This is to ensure both workforces are adequately supported to meet community need.

Where possible, applicants are encouraged to include back-to-back rotations to lengthen the exposure of prevocational doctors to rural practice.

To support a positive and safe rural training experience for JFPDP participants, placements should be well supported, including:

- reasonable accommodation and support for relocation to the training location;
- academic support;
- appropriate and timely processes to remedy any issues arising through the JFPDP placement;
- psychological/social support to reduce the risk of isolation; and
- community engagement.

Supervisors of JFPDP prevocational doctors will be responsible for providing a safe and positive environment within the training facility that promotes and supports:

- the safety of patients, practice staff and other clinicians;
- the well-being and safety of the prevocational doctor; and
- the delivery of competent medical care.

Grantees will be required to provide a report (template provided with Grant Agreements) after each training year to demonstrate the effectiveness of rotations in achieving the program objectives. The report will include results of surveys conducted to capture participant experiences.

Grantees will be required to provide data in accordance with the agreement for the National Rural Generalist Pathway Minimum Data Set.

Further details are provided in Table 1.

More details regarding *Eligible Grant Activities* is available in Section 5.1.

Activities will be measured against the below Performance Indicator/s (PIs).

**Table 1: Performance Indicator/s (PIs)**

Action	PI & Measure
Greater number of prevocational doctors in rural general practice, and longer length of time prevocational doctors stay in rural practice.	Increased retention of medical graduates and prevocational doctors in rural medical practice.
Partnering with regional hospitals and rural primary care settings, particularly Aboriginal Medical Services and/or Aboriginal Community Controlled Health Services, to deliver primary care rotations. Building relationships with health settings to support rural medical education, training and/or workforce planning.	Improved intersection/coordination/linkages between public hospital-based training, accredited rural primary care practices and prevocational doctors, demonstrated through arrangements such as letters of support, memorandums of understanding, shared pathways and models of care etc.



Action	PI & Measure
<p>Engage case managers or staff to match and coordinate rotations between the public hospitals and accredited rural primary care settings.</p> <p>Facilitate movement of prevocational doctors during and after their primary care rotation.</p> <p>Establish feedback mechanisms, including maintaining support services, for participating prevocational doctors.</p> <p>Support training of Aboriginal and Torres Strait Islander prevocational doctors</p> <p>Support prevocational doctors to choose rural GP or rural generalist vocational training and careers.</p>	<p>Quality of rural primary care placement experience for eligible prevocational doctors to ensure a positive and safe rural experience. Annual reporting against Actions, including survey of participant experiences.</p>
<p>Processes and systems in place to:</p> <ul style="list-style-type: none"> <li>• identify aspiring or existing rural generalist prevocational doctors and match them with training sites;</li> <li>• provide a single point of contact to support aspiring rural generalist junior doctors; and</li> <li>• facilitate effective promotional and communication activities to attract junior doctors to the rural generalist pathway.</li> </ul>	<p>Quality of rural primary care placement experience for aspiring or existing rural generalist prevocational doctors.</p> <p>Annual reporting against Actions, including results of surveys conducted of participant experiences.</p>
Increasing the Aboriginal and Torres Strait Islander medical workforce.	3% of the rotations to be filled by Aboriginal and Torres Strait Islander prevocational doctors.
Improving health outcomes for Aboriginal and Torres Strait Islander populations in rural Australia.	3% of rotations delivered in Indigenous primary care settings.
Rural generalist and Rural GP workforce is adequately supported.	<ul style="list-style-type: none"> <li>• At least 40% of participants are, or intend to be, on a rural generalist training pathway; and</li> <li>• At least 40% of participants are, or intend to be, on a rural GP training pathway.</li> </ul>
All of the requirements in the Grant Agreement have been met.	Information is provided to an acceptable standard in six monthly (or as agreed) Performance Reports, Activity Work Plans and financial reports, including budgets.

## 2.2 COVID-19

As a result of COVID-19, or any future pandemic that affects the delivery of the program over the life of the grant opportunity, service providers may need to identify alternative methods of delivery, particularly in relation to approved projects and/or approved funding. The Department will support flexibility in the delivery of projects to enable contracted service providers to adapt to the changing environment. The Department will be flexible in reporting requirements under the terms of the Schedule during COVID-19 and/or any future pandemics that may affect service delivery.

## 3. Grant amount and grant period

### 3.1 Grants available

A total of \$75.750 million (GST exclusive) is available over three financial years 2022-2023 to 2024-2025 (2023 and 2024 training years, and half of the 2025 training year) under this Grant Opportunity.

Funding available for each financial year is specified in Table 2.

**Table 2: Grant Opportunity Funding Available**

Financial Year	Funding (ex GST)
2022-23 (half of 2023 training year)	\$12.625 million
2023-24	\$27.775 million
2024-25	\$35.350 million

To implement a nationally consistent funding model, funding will be based on the rotation location. This model is intended to incentivise rotations in more rural and remote locations and is expected to support State/Territory-wide integrated and coordinated training networks based on community needs.

Table 3 provides a breakdown of the maximum base and rural loading funding to be contributed by the Commonwealth. Base funding for each of the rotation locations (MM 2-7) is up to \$40,000 per rotation. Rural loading reflects the higher costs associated with remoteness and is scaled to provide a higher loading to the smaller and more remote training locations.

**Table 3. Commonwealth funding contribution according to rotation location<sup>1</sup>**

Rotation location	Base Funding	Rural Loading for Rotation Locations	Maximum Total Funding
MM 2 - 3	\$40,000	\$6,000	up to \$46,000
MM 4 - 5	\$40,000	\$10,000	up to \$50,000
MM 6 - 7	\$40,000	\$16,500	up to \$56,500

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<sup>1</sup> Funding amounts provided in Grant Agreements will be subject to indexation.

The funding breakdown provided in the Table 3 is only a contribution and is not expected to cover the full cost of each rural primary care rotation. Each rotation is expected to be between 8-12 weeks.

The applicant is required to cover any additional and ongoing financial costs associated with the delivery of rural primary care rotations during the grant agreement period up until 30 June 2025.

Information regarding the rotations and the corresponding location, including the trainees' hospital base is to be provided in the Application Form for this Grant Opportunity – please see Section 3 of the *Application Form in Assessment Criterion 3: Efficient, Effective and Economical Use of Commonwealth Grant Funds*.

Factors including rurality of locations (i.e. MM 2-7 locations defined under [DoctorConnect](#)), national distribution and value for money considerations will form a vital part of the decision making and selection process, in accordance with the *Assessment Criteria Scoring Matrix* provided in Section 8.1, Table 7 of this Grant Opportunity.

The grant funding is to enable applicants to undertake the eligible grant activities and should not replace existing funding streams from State, Northern Territory or local government resources. Any additional Commonwealth funding received for similar activities must be declared in the Application Form.

### **3.2 Grant period**

The maximum grant activity period is from execution of the Grant Agreement until 31 December 2025, with rotations to be delivered by 30 June 2025. The remaining six month period allows sufficient time to address any delays or difficulties with rotations funded in the 2024 training year and ensure any final reporting obligations are met before the end of the 2024-25 financial year.

## **4. Eligibility criteria**

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

The Department requires primary care training settings to have current training accreditation to be eligible for funding to ensure a standard of safety and quality for patients and trainees.

Applicants must demonstrate that rural primary care rotations are accredited for medical training in Modified Monash Model 2019 (MM) 2-7 locations as defined in [DoctorConnect](#) for each training site for the duration of the funding period or have the capacity and means to attain this prior to the commencement of training, if successful. Applicants must provide written evidence (e.g. email, letter etc.) in the application of communication with the training accreditation authority (body accredited by the Australian Medical Council) to confirm:

1. current accreditation status;
2. current application to attain accreditation; or
3. planning for an application to attain accreditation.

Accreditation must be in place and confirmed with the Department prior to the commencement of training and active/current throughout the life of the grant period.

Where not all proposed rotations applied for meet the eligibility criteria, only the eligible rotations will be assessed and considered.

To be eligible for this grant opportunity you must be one of the organisations listed in Section 4.1.

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

Consortia applications are required, with the organisations listed in Table 4 to be the 'lead organisation' in the consortia. Please refer to Section 7.2 for more information.

The organisations listed in Table 4 have been targeted under this Grant Opportunity because of their proven capability to undertake the grant activities. They have, in partnership with the Commonwealth, the responsibility for administering primary care rotations for prevocational doctors in regional and rural general practices, including Aboriginal Medical Centres.

**Table 4: Eligible organisations**

Jurisdiction	Legal name of organisation	ABN
New South Wales	Ministry of Health	92 697 899 630
Victoria	Department of Health	74 410 330 756
Queensland	Department of Health QLD	66 329 169 412
Western Australia	Department of Health of WA	28 684 750 332
South Australia	Department for Health and Wellbeing	97 643 356 590
Northern Territory	Northern Territory of Australia	84 085 734 992
Tasmania	Department of Health	11 255 872 006

#### 4.2 Who is not eligible to apply for a grant?

You are not eligible to apply for this grant if you are:

- any organisation not listed in Section 4.1; or
- an organisation, or any consortia member, 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'.

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

If you are successful, relevant personnel working on the grant activity or project must maintain Working with Vulnerable Persons registration, or equivalent depending on the relevant State or Territory.

In addition, where applicable, the successful applicant must ensure that they comply with relevant Commonwealth Child Safe Framework recommendations (see section 10.2 for more details).

## 5. What the grant money can be used for

### 5.1 Eligible grant activities

Grant money is a contribution and can only be used for the reasonable direct costs for the activities listed below and associated with delivering accredited rurally based primary care rotations for prevocational doctors:

- Prevocational doctor salaries and conditions equivalent to those which exist in public hospitals in the relevant State or Territory, during the primary care rotation.
- Clinical supervision and support costs during the primary care rotation.
- Administration costs and education support and materials linked to training in the primary care setting.
- Reasonable travel and accommodation costs – reasonableness will be considered based on the rotation location as well as the relation between the rotation location and the prevocational doctor's primary base.
- Minor contributions to furnish an office for the prevocational doctor at the rotation location, where necessary.
- Training infrastructure for the primary care settings (limited to minor essential items, i.e., desk space, basic information technology, communications equipment).

The Department makes the final decision on eligible expenditure and, if required, can provide additional guidance.

You must incur the expenditure on the grant activities stipulated in the grant agreement between the start and end date of the grant agreement.

### 5.2 Eligible locations

Your grant can include activities at different locations as long as they are primary care settings in MM 2-7 locations, as defined in [DoctorConnect](#). This is to ensure prevocational doctors funded under the JFPDP undertake rotations in rurally based locations.

All placements must be in the community, in general practices, in Aboriginal Medical Services and or Aboriginal Community Controlled Health Organisations.

Entities (generally a public hospital) releasing prevocational doctors to participate in the JFPDP should also be located in MM 2-7 areas.

The Department will provide access to a limited pool of rural primary care rotations (expected to be no more than 10%) by eligible metropolitan-based prevocational doctors where there is are insufficient rural-based doctors to fill rotations, subject to funded organisation providing evidence to demonstrate how:

- the workforce supply and demand and health service arrangements within the jurisdiction support the proposed approach;
- this approach meets the program outcomes, in particular, improved recruitment and retention of medical graduates and prevocational doctors in rural medical practice and a greater uptake of rural generalist vocational training; and
- agreement by the Department.

Training providers are encouraged to place trainees in general practices where doctors work as rural generalists providing services at the local hospital.

### **5.3 Eligible expenditure**

You can only expend the grant funding on eligible grant activities as per Section 5.1.

Not all expenditure incurred 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.

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

Note: we may update the guidelines on eligible expenditure from time to time. If your application is successful, the version in place when you submitted your application will be the version that applies to your grant activity.

### **5.4 What the grant money cannot be used for**

You cannot use the grant for the following activities:

- any activity not listed in Section 5.1 and Section 5.3 of these guidelines;
- any activity in location not included in Section 5.2 of these guidelines;
- any activity not supporting the grant program objectives and outcomes in Section 2 of these guidelines;
- activities that are not agreed to by the Department prior or after execution of the grant agreement;
- prevocational doctor salaries for non-primary care rotations;
- activities which support political campaigns;
- activities outside of Australia;
- purchase of land;
- major capital expenditure;
- commercial clinical room hiring costs; and
- activities that duplicate existing funded activities.

We cannot provide a grant if you receive funding from another government source for the same purpose.

## **6. The assessment criteria**

The application must provide sufficient information to allow assessment against the following criteria:

You must provide sufficient detail and supporting evidence in your application relative to the size, complexity and grant amount requested.

The Application Form includes word limits for each criterion. Each criterion has equal weighting.

## **Criterion 1 - Alignment with Program Objectives and Outcomes**

In a maximum of 800 words, describe how the proposed activities will contribute to the Program objectives as described under Section 2 of these Guidelines.

Substantiate your response by providing a description of your organisation's proposed approach to achieve the Program Objectives and Outcomes outlined in Section 2 of these Guidelines, including:

- a brief description of your consortia's proposed model, including linkages with GP Colleges, rural clinical schools and workforce organisations for facilitating the rotations in rural primary care settings and the approach for clinical supervision;
- the support provided to prevocational doctors to ensure a positive and safe rural experience;
- your consortia's rural training model to support prevocational doctors through the rural generalist training pathway or rural GP training pathway, and encourage them to pursue careers in rural practice;
- how prevocational junior doctors' skills will be developed in general practice; and
- how flexibility for prevocational doctors will be provided to move between rural primary care settings within or outside the region.

You must also complete the Activity Work Plan (using the template provided on GrantConnect) that includes:

- the key tasks your organisation will undertake to meet the objectives of the grant opportunity within the timeframe;
- the proposed outputs of the activity;
- the performance measures for the activity; and
- timelines for the milestones for each priority.

Please note the Activity Workplan is not included in the word limit.

## **Criterion 2 - Capability and Capacity to Undertake the Program Activity**

In a maximum of 800 words, demonstrate how you will facilitate:

- the delivery of the new rural primary care rotations to support rural generalist AND rural GP prevocational junior doctors to complete their rural primary care rotations, without causing disruption to existing medical education and training activities in the region; and
- partner with rural hospitals to ensure prevocational doctors are released when required to complete primary care rotations and that there will be a sufficient supply of prevocational junior doctors to fill the planned rotations.

Substantiate your response by providing:

- your consortia/s roles and responsibilities in the delivery of training rotations for prevocational rural GP and rural generalist training;
- existing workforce and infrastructure available to support the delivery of prevocational doctor training including rotations into rural primary care settings and ensuring culturally safe placements;

- stakeholder relationships/linkages required to undertake project activities, particularly with GP Colleges, Aboriginal Community Controlled Health Organisations and Rural Clinical Schools;
- organisational and staff capacity to manage this project including information on past experience;
- consortia governance and management structure;
- details of how you will overcome potential or known issues or barriers to delivering the JFPDP.

You must also detail the rural primary care rotations you are applying for, including the MM 2-7 as defined in DoctorConnect for each prevocational junior doctor cohort, by completing the EXCEL spreadsheet *Attachment A – JFPDP – Rotation Placement Information – GOxxxx*.

### **Criterion 3 - Efficient, Effective and Economical Use of Commonwealth Grant Funds**

In a maximum of 300 words, describe how you will ensure the efficient and economical use of grant funds when delivering your activities. The response should identify how the activities will achieve high quality outcomes in a cost-effective way, as well as confirming co-funding where JFPDP funding is not sufficient to cover the full costs of training placements. Your budget should include assumptions for each line item and detailed in the section below.

You must submit a detailed cost breakdown of the project costs for the rural primary care rotations you are proposing by completing the Indicative Activity Budget of the Application Form. Please note this table is not included in the word limit.

### **Criterion 4: Community and stakeholder engagement**

Describe how you will co-design a solution with stakeholders to address the JFPDP Outcomes and Objectives specified in Section 2, including local health service providers. Your response should be limited to 300 words. A good response would include but not limited to :

- the arrangements your consortia will use to work with the community, Aboriginal and Torres Strait Islander peoples/leaders/elders, health professionals and other service providers in the region to develop a training network that has community support and addresses community workforce needs; and
- your consortia's existing services within the jurisdiction/region.

### **Criterion 5 - Identification and Management of Risk**

In a maximum of 300 words, describe the consortia's approach to risk management for the JFPDP, including information on risk governance and management processes.

You must also complete the Risk Management Plan of the Application Form. Please note this table is not included in the word limit.

## **7. How to apply**

Before applying, you must read and understand these guidelines, the Application Form, and *Attachment A – JFPDP – Rotation Placement Information – GOxxxx*.



These documents may be found at [GrantConnect](#). Any alterations and addenda<sup>2</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 you must:

- complete the Application Form, including Attachment A on GrantConnect;
- provide all the information requested;
- address all eligibility criteria and assessment criteria;
- include all necessary attachments and supporting documentation; and
- submit your application to [grant.atm@health.gov.au](mailto:grant.atm@health.gov.au) with the email subject line “GOXXXX Application” followed by your organisation name and do this by the closing date and time, as specified on the front cover of these guidelines.

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.

The Department will not accept applications after the application period has closed.

If you find an error in your application after submitting it, you should contact us immediately on [grant.atm@health.gov.au](mailto:grant.atm@health.gov.au) or call (02) 6289 5600.

You cannot change your application after the closing date and time.

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

You should keep a copy of your application and any supporting documents. We will acknowledge that we have received your application within two working days.

If you need further guidance around the application process or if you are unable to submit an application via email, please contact us at [grant.atm@health.gov.au](mailto:grant.atm@health.gov.au) or by calling (02) 6289 5600.

## **7.1 Attachments to the application**

We require the following documents attached to your application:

- evidence of support from the prevocational doctor employer that they agree to release doctors to complete their rural primary care rotation(s) (unless the applicant);
- evidence of support from the provider of the primary care rotation that they support this application and funding request;
- evidence of medical training accreditation of the rural primary care facility for all proposed rotations (see Section 4); and

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<sup>2</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

- completed EXCEL spreadsheet entitled: *Attachment A – JFPDP – Rotation Placement Information – GOxxxx*.

Applications should also provide letters of support from consortia members, and key stakeholders such as GP workforce/training organisations.

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

## 7.2 Joint (consortium) applications

Organisations specified in Table 4 will be the 'lead organisation' for consortia.

Applications must include the organisations currently funded to deliver the RJDTIF and RJDTIF RG programs, specified in Table 5, as consortia members.

This Grant Opportunity aims to expand the number and geographic distribution of RJDTIF and RJDTIF RG rotations. The mandatory consortia arrangement are intended to leverage the experience and expertise of these organisations already delivering primary care rotations and will encourage shared responsibility to deliver JFPDP in a more coordinated and integrated way to meet local community needs.

**Table 5: Organisations currently delivering RJDTIF (fifteen) and RJDTIF RG (seven) rotations**

	RJDTIF Organisations	RJDTIF RG Organisations
1	Bairnsdale Regional Health Service (VIC)	Northern Territory of Australia (NT)
2	South West Healthcare (VIC)	New South Wales Ministry of Health (NSW)
3	Barossa Hills Fleurieu Local Health Network Incorporated (SA)	Darling Downs Hospital and Health Service (QLD)
4	ACT Health Directorate (ACT)	Barossa Hills Fleurieu Local Health Network (SA)
5	Central Australia Health Service (NT)	Tasmania Department of Health (TAS)
6	Northern Territory of Australia (Top End Health Service) (NT)	Victoria Department of Health (VIC)
7	Mid North Coast Local Health District (NSW)	Western Australia Country Health Service (WA)
8	Murrumbidgee Local Health District (NSW)	
9	Western NSW Local Health District (Bathurst & Orange Base Hospitals) (NSW)	
10	Eastern Victoria GP Training Limited (VIC)	
11	Ingham Family Medical Practice Pty Ltd (QLD)	
12	Darling Downs Hospital and Health Service (QLD)	

	<b>RJDTIF Organisations</b>	<b>RJDTIF RG Organisations</b>
13	Royal Flying Doctor Service of Australia (Queensland Section) Limited (QLD)	
14	Ochre Health Pty Ltd (TAS)	
15	Pioneer Health Albany (Torch Bearer Pty Ltd) (WA)	

Applicants are encouraged to include other organisations in consortia arrangements GP workforce/training organisations, such as:

- Regional Training Hubs;
- the National Aboriginal Community Controlled Health Organisation;
- the Royal Australian College of General Practitioners (RACGP);
- the Australian College of Rural and Remote Medicine (ACRRM); and
- GP Workforce Planning and Prioritisation Organisations (once established).

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 consortia 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, prior to the execution of the Grant Agreement.

Each letter of support should include:

- details of each consortia member;
- a statement that authorises the Lead entity to list the Consortia member in any funding agreement with the Department; and
- details of the agreement with each consortia member specifically, how the partner organisation will work with the lead organisation and any other partner organisations in the group to successfully complete the grant activity.

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 identify any, and all members of the party that are 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)).

### 7.3 Timing of grant opportunity processes

If you are successful, we expect you will be able to commence your grant activity on execution of your Agreement or the agreed date.

**Table 6: Expected timing for grant opportunity**

Activity	Expected Timeframe
Assessment of applications	2 weeks
Approval of outcomes of selection process	2 weeks
Negotiations and award of grant agreements	1-3 weeks
Notification to unsuccessful applicants	2 weeks
Earliest start date of grant activity	1 July 2022
End date of grant activity or agreement	30 June 2025

### 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](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 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 and applications that meet other specified requirements, including compliance, 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. Although this is a targeted approach, applicants should be aware that in the event the total funding applied for (ie. across all eligible applications received by the Department) exceeds the total funding available under this grant opportunity, the Department will assess

applications against each other to determine which applicants will be funded OR to determine the most appropriate mix of funding after consideration of geographical priorities.

When assessing the merits of your application against the assessment criteria, the Committee will use the following ten-point scale (10 highest, 1 lowest).

**Table 7: Assessment Criteria Scoring Matrix**

Score	Rating Scale
10	Excellent Quality – response to this criterion significantly exceeds expectations. Evidence confirms consistent superior performance against this criterion in all areas. Claims are fully substantiated.
9	Outstanding Quality - response to this criterion exceeds expectations in most key areas and addressed to a very high standard in others. Most claims are fully substantiated with others very well substantiated.
8	Very Good Quality - response to this criterion meets expectations to a very high standard in all areas. All claims are well substantiated.
7	Good Quality – response to this criterion meets expectations to a high standard in all areas. Claims are well substantiated in key areas.
6	Fair Quality – response to this criterion addresses all areas well. Claims are well substantiated in most areas. Some minor shortcomings.
5	Acceptable Quality – response addresses most key areas to a consistent acceptable standard with no major shortcomings. Most claims are adequately substantiated. Some proposals may be questionable.
4	Marginal Quality – response is marginal and does not fully meet expectations. Some claims unsubstantiated; others only adequately substantiated or lack sufficient detail. Some proposals may be unworkable.
3	Poor Quality – response poorly addresses some areas or fails to address some areas. Claims largely unsubstantiated. A number of proposals may be unworkable.
2	Very Poor Quality – response inadequately deals with most or all areas. Claims almost totally unsubstantiated. A number of proposals may be unworkable.
1	Unacceptable Quality – response does not meet expectations. Criteria not addressed or insufficient or no information to assess the criterion. Claims unsubstantiated, no evidence and unworkable.

A weighted score out of 10 will be applied to each of the five assessment criterion. Each criterion has equal weighting.

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

- overall objective/s to be achieved in providing the grant;
- relative value of the grant sought;
- extent to which the outlined community need and geographic location of the proposed grant activities within the application matches identified priorities; and
- extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives.

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

An assessment committee will assess your suitability to receive a grant by reviewing the information and documents listed in Section 7. The assessment committee will be made up of staff within the Health Training Branch of the Department.

We may ask external experts/advisers to inform the assessment process. Any expert/adviser, 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. 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 recommends to the Decision Maker which organisations are suitable to receive a grant.

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

The Assistant Secretary, Health Training Branch (the Decision Maker) decides which grants to approve taking into account the recommendations of the assessment committee and the availability of grant funds for the purposes of the grant opportunity.

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

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

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

## **9. Notification of application outcomes**

We will advise you 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 [Postgraduate.Training@health.gov.au](mailto:Postgraduate.Training@health.gov.au). We will respond to your request for feedback within 20 days.

You can submit a new application for the same grant (or a similar grant) in any future grant opportunities under the program. You should include new or more information to address any weaknesses that may have prevented your previous application from being successful.

## 10. Successful grant applications

### 10.1 The grant agreement

You must enter into a legally binding grant agreement with the Commonwealth. We use the standard 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 Maker. We will identify these in the agreement.

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.

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 assessed.

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 Maker.

#### **10.1.1 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)<sup>3</sup>.

#### **10.1.2 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

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<sup>3</sup> Multicultural Access and Equity Policy - <https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/about-multicultural-affairs/access-and-equity>



staff, mandatory reporting and adoption of the National Principles for Child Safe Organisations. The Australian Government committed to a new Commonwealth-wide framework to protect children and young people it is responsible for – [the Commonwealth Child Safe Framework \(CCSF\)](#).

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

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

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

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

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

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

### **10.1.3 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.

## **10.2 How we pay the grant**

The grant agreement will state the:

- maximum grant amount to be paid
- any financial contributions you must make
- any in-kind contributions you will make and

any financial contribution provided by a third party. We will not exceed the maximum grant amount under any circumstances. If you incur extra costs, you must meet them yourself.

## **10.3 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; 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
- include evidence of expenditure and

- be submitted by the report due date (you can submit reports ahead of time if you have completed relevant activities).

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 within 60 days of completion in the format provided in the grant agreement.

### **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 the Postgraduate Training Section via [postgraduate.training@health.gov.au](mailto:postgraduate.training@health.gov.au).

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.

## 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 project received grant funding under the Australian Government’s Flexible Approach to Training in Expanded Settings Program’.

## 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 changed from time-to-time 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](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 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  
                      GPO Box 9848  
                      CANBERRA ACT 2601

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

## 14. Glossary

Term	Definition
accountable authority	see subsection 12(2) of the <a href="#">Public Governance, Performance and Accountability Act 2013</a>
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 <a href="#">Commonwealth Child Safe Framework</a> , 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
<a href="#">Commonwealth Grants Rules and Guidelines (CGRGs)</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.
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
Commonwealth Child Safe Framework	In response to the Royal Commission into Institutional Responses to Child Sex Abuse, the Australian Government has introduced the <a href="#">Commonwealth Child Safe Framework</a> , a whole-of-government policy that sets minimum standards for creating and embedding a child safe culture and practice in Commonwealth entities.

Term	Definition
co-sponsoring entity	when two or more entities are responsible for the policy and the appropriation for outcomes associated with it
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	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: <ul style="list-style-type: none"> <li>a. under which relevant money<sup>4</sup> or other <a href="#">Consolidated Revenue Fund</a> (CRF) money<sup>5</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.

<sup>4</sup> Relevant money is defined in the PGPA Act. See section 8, Dictionary.

<sup>5</sup> Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.



Term	Definition
grant program	a 'program' carries its natural meaning and is intended to cover a potentially wide range of related activities aimed at achieving government policy outcomes. A grant program is a group of one or more grant opportunities under a single Portfolio Budget Statement Program.
Grantee	the individual/organisation which has been selected to receive a grant
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.
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; and</li> <li>• the potential grantee's relevant experience and performance history.</li> </ul>