



Australian Government

Department of Health and Aged Care

National Centre of Excellence in Intellectual Disability Health Grant opportunity Application Form GOXXXX

Closing date and time:	2:00pm (Canberra time) on [XX March 2023]
GrantConnect:	All documents relating to this grant opportunity (e.g. Grant Opportunity Guidelines) are available on GrantConnect and should be read prior to completing the Application Form.
Enquiries:	If you have any questions relating to the content of this grant opportunity, contact the Department of Health and Aged Care (the department) via email: Grant.ATM@health.gov.au or phone: 02 6289 5600.
National Relay Service (NRS):	The department uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1300 555 727.
Use of Information:	The department may use information provided to comply with the Australian Government requirement to publish details of all grant recipients on the GrantConnect website, inform staff negotiating and establishing agreements and inform future assessments. All information provided may be shared with other Commonwealth and law enforcement agencies for the preventing and detecting fraud.
Submitting:	<p>Please submit the completed Application Form with all requested attachments via the application form link in GrantConnect.</p> <p>Accepted file types are .doc, .docx, .pdf, .xls, or .xlsx. Compressed files such as .zip or .rar are not accepted. If your email exceeds 20MB, please email attachments separately.</p> <p>Receipt of applications will be automatically acknowledged by email. If you do not receive an automatic email acknowledging receipt of your application within three (3) business days please call (02) 6289 5600.</p>

1. Application Form Checklist

* Denotes mandatory fields

1.1 Before you Begin

- ☐ Read the entire grant opportunity package:
 - Grant Opportunity Guidelines - GOXXXX
 - Application Form - GOXXXX (this document)
 - Frequently Asked Questions - GOXXXX
 - [Commonwealth Standard Grant Agreement](#)
- ☐ Ensure that your application meets the eligibility criteria set out in section 4 of the Grant Opportunity Guidelines.
- ☐ Ensure that you understand the assessment criteria set out in section 6 of the Grant Opportunity Guidelines.

1.2 Completing the Application

- ☐ *Ensure that all applicant details are correct.
- ☐ *Complete all questions in the applicant form.
- ☐ *Ensure that you have declared, 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.

1.3 Attachments to your Application

* Denotes mandatory fields

- ☐ *Complete all of the required attachments to your application:
 - Activity Work Plan;
 - Budget Plan;
 - Risk Management Plan;
 - Evidence of support from your organisation's board, CEO or equivalent; and
 - Letters of support from the proposed consortium members.

1.4 Submitting your Application

* Denotes mandatory fields

- ☐ *Ensure that each part of the application form is complete.
- ☐ *Submit all of the required attachments with your application.

2. Applicant Details

2.1 Lead Applicant Organisation Details

Requested Information	Response	Hints
The legal/registered entity name of the organisation?*		Please search using the ABN Lookup .
The organisation's Australian Business Number (ABN)*		Please search using the ABN Lookup . If not provided, you must provide a reason why.
The ABN Branch Number (if applicable).		This is limited to 3 digits (if applicable).
Legal entity type*	<input type="checkbox"/> Company <input type="checkbox"/> Corporate State or Territory Entity <input type="checkbox"/> Non-corporate State or Territory Entity <input type="checkbox"/> Non-corporate State or Territory Statutory Authority <input type="checkbox"/> Cooperative <input type="checkbox"/> Incorporated Association <input type="checkbox"/> Statutory Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Indigenous Corporation	<p>Only select one. If you are unsure please seek professional advice (e.g. from your lawyer or accountant) or refer to the ABN Lookup. If none apply, please select "Statutory Entity".</p> <p>You may be required to supply Proof of Entity Type during the assessment phase of this application.</p>
Are you applying as a Trustee on behalf of a Trust?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", please attach a copy of the full signed Trust Deed when submitting.
Is the organisation registered as a charity?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant is registered as a charity with the ACNC .
Does the Applicant operate as not-for-profit?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Further details about not-for-profit organisations – see the ATO website .

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

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

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

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

2.4 Lead Applicant Organisation Financial Details

Requested Information	Response	Hints
Is the organisation registered for GST?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant is registered for GST.
Does your organisation have a Receipt Created Tax Invoice (RCTI) Agreement?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant has a RCTI Agreement.
If "Yes" please provide the RCTI Vendor ID Number.*		The RCTI Vendor ID Number can be located via your organisation's Commonwealth Department of Health and Aged Care RCTI (Recipient Created Tax Invoice).
Applicant's financial email address for the receipt of any payment advice?*		e.g. admin@test.com.au

2.5 Lead Applicant Nominated Bank Account Details for receipt of payment

Requested Information	Response	Hints
BSB number*		Must be 6 numbers.
Account number*		Must be 2 to 9 numbers.
Account name*		As it appears on the bank statement. 60 character limit.

2.6 Other Sources of Funding

Requested Information	Response	Hints
Has the lead applicant (or any potential consortium partner) applied for or received funding for the activities that are the subject of this application from any other organisation or government department?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select "Yes" if the applicant receives or has applied for funding for the activities that are the subject of this application.

If “Yes”, please provide the following details below: Funding source name, Description/name of the project, Value of funding received or applied for and Period of funding.

If you have selected “No” please move to the next question regarding charity status.

Funding source name:		<i>e.g. Department of Health and Aged Care</i>
Description/name of the project:		<i>e.g. Expansion of Health Services</i>
Value of funding received or applied for:		<i>e.g. \$1000.00</i>
Period of funding:		<i>e.g. 01/01/20 to 03/07/2021</i>

2.7 Preferred Authorised Contact at the Lead Applicant Organisation

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

2.8 Alternate Authorised Contact at the Lead Applicant Organisation

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

2.9 Consortium Arrangements

Requested Information	Response	Hints			
Confirm that the Applicant plans to deliver the Project/Activity as part of the lead agency of a consortium*	<input type="checkbox"/> Yes	<p><i>If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage. The Applicant must obtain agreement from each consortium member prior to submitting this Application. You must provide letters of support from the proposed consortium members with your application.</i></p> <p>Note: It is a requirement of the Grant Opportunity Guidelines that the applicant must apply as part of a consortium to be eligible to receive funding for this grant.</p>			
List the legal names, ABN and legal entity type of all members of the consortium and provide a brief description of each member's role in the delivery of the services.*	Organisation legal name	ABN	Legal Entity Type	Role in Consortium	Letter of Support
	1)			Lead agency and contract signatory	<input type="checkbox"/>
	2)				<input type="checkbox"/>
	3)				<input type="checkbox"/>
	4)				<input type="checkbox"/>
	5)				<input type="checkbox"/>

2.10 Governance

Requested Information	Response	Hints
Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?*	<input type="checkbox"/> Governance Investigation of relevant person(s) <input type="checkbox"/> Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditor Voluntary Administration Liquidation, External Administration, or Receivership <input type="checkbox"/> Bankruptcies of relevant person(s) <input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s) <input type="checkbox"/> Litigation against relevant person(s) including judgement debts OR <input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.	<i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i>
Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.*	<input type="checkbox"/> Governance Investigation of your organisation or related entities <input type="checkbox"/> Litigation or liquidation proceedings <input type="checkbox"/> A contract with your entity terminated by the other party <input type="checkbox"/> Contingent liabilities of a material amount <input type="checkbox"/> Overdue tax liabilities <input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings. <input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided. <input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project	<i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i>

Requested Information	Response	Hints
	OR <input type="checkbox"/> None of the above events apply and there is no adverse information on my entity.	
Does the Applicant have documented organisational and financial policies and procedures?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If “Yes”, you may be required to provide a copy within 7 days, if requested.</i>
Does the Applicant have a business plan and/or strategic plan?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If “Yes”, you may be required to provide a copy within 7 days, if requested.</i>
Does the Applicant have a risk management plan?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If “Yes”, you may be required to provide a copy within 7 days, if requested.</i>

2.11 Eligibility Requirements

Requested Information	Response	Hints
Is your organisation (or are your project partner organisations) included on the National Redress Scheme’s website on the list of ‘Institutions that have not joined or signified their intent to join the Scheme’?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>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.</i>

<p>Confirm that the membership of the consortium includes at least all three of the following:*</p> <ul style="list-style-type: none"> • a disability advocacy organisation; • a university; and • an existing intellectual disability health centre or service. 	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<p>Are all of the proposed consortium partners eligible entity types as per the list in section 4.1 of the Grant Opportunity Guidelines?*</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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3. Application Details

You must address all of the following assessment criteria in the application.

You must prepare your application based on the initial 4 year grant funding from 2022-23 to 2025-26.

3.1 Assessment Criterion 1*

Criterion 1 – Proposed operating model, governance and staffing structure of the National Centre [Weighting: 25%]

Identify your proposed operating model, governance and staffing structure for the National Centre. In responding to this criterion, you should include:

- a) whether you would establish the National Centre as a consortium that would later become separately incorporated (**i.e. a not-for-profit incorporated entity**), or as an ongoing consortium arrangement (**i.e. consortium of eligible organisations (such as a university-led centre)¹**). This should detail which organisations are members of the consortium;
- b) the proposed approach to ensure a collaborative model for the National Centre, and shared governance with people with intellectual disability, their families, and advocates;
- c) how you would ensure that the National Centre operates as a genuinely inclusive entity that has the health needs of people with intellectual disability at its core;
- d) evidence that demonstrates your consortium's existing relationships and capacity to build more, domestically and internationally;
- e) the degree to which the National Centre would collaborate with as many existing players in the sector as possible, including the existing state intellectual disability health centres and services, state departments of health, disability agencies, the relevant university departments, relevant Commonwealth departments and agencies, and the World Health Organisation;
- f) how your proposed model and staffing structure for the National Centre would ensure this; and
- g) information on the consortium members, and their contribution to the outcomes of the National Centre.

Applicant's Response (Maximum of 1,300 words)

¹ **Note:** This model option was referred to by Nous Group as a 'joint venture'. Nous Group used the term 'joint venture' in a more general sense, rather than as formally defined.

Assessment Criterion 2*

Criterion 2 – Capacity and capability to successfully establish and operate the National Centre [Weighting: 25%]

You should demonstrate this by identifying:

- a) your ability to effectively establish and operate the National Centre, including your access to resources and personnel with the relevant expertise, skills, and experience;
- b) your access, or future access, to any infrastructure, equipment, technology and intellectual property to support the establishment and operation of the National Centre;
- c) your ability to enable the National Centre to attract additional investment;
- d) how you will ensure the efficient and economical use of grant funds in establishing and operating the National Centre, and how you will achieve high quality outcomes in a cost-effective way;
- e) information on how you intend to meet the collaborative requirements of the grant opportunity;
- f) how you will measure the success of the establishment of the National Centre.

In addition to Criterion 2, you are required to complete an Activity Work Plan and Budget Plan, for the initial 4 years of the grant period and funding from 2022-23 to 2025-26.

The template for these attachments is available on GrantConnect and do not count towards the character limit for this criterion.

The Activity Work Plan should detail the requirements of the grant, such as deliverables, focus and timeframes for the establishment of the National Centre, including:

- management of the project including scope, methodology, and timeframes;
- engagement with partner organisations and other key stakeholders;
- completion of the required governance processes and any required legal approvals or processes.

The Budget Plan should be comprehensive and give a detailed breakdown of costs for establishment and operation of the National Centre, including breakdowns of:

- establishment costs including assets, staff recruitment, IT systems and establishment costs, legal and accounting costs; and any other establishment costs;
- staffing numbers and remuneration costs; and
- other annual operating costs including consulting and contracting; maintenance (depreciation); occupancy; equipment and materials; marketing and media; travel; accommodation, catering, events and conferences; IT systems; governance costs; and any other recurrent costs.

Applicant's Response (Maximum of 1,300 words)

3.2 Assessment Criterion 3*

Criterion 3 – Delivering the core functions of the National Centre [Weighting: 25%]

Describe how you would operate the National Centre to:

- a) provide national leadership in intellectual disability health, including through activities such as:
 - identifying and raising the profile of evolving priority issues in intellectual disability health;
 - working collaboratively with people with intellectual disability, their families and other carers; research bodies; specialised intellectual disability health centres and services; advocacy organisations; and governments, to provide national leadership;
 - being a key driver of action on the Roadmap and improving the health of people with intellectual disability;
- b) support intellectual disability health, including through activities such as:
 - identifying national research and data priorities to inform practice, and advising research bodies on these priorities;
 - translating intellectual disability health research generated by others;
 - analysing and interpreting health data to improve the health of people with intellectual disability;
- c) lift the capability of health services to meet the needs of people with intellectual disability, including through activities such as:
 - developing and making available clinical reference material and training programs and resources;
 - disseminating best practice models of health care and learnings about how to improve mainstream health services to meet the needs of people with intellectual disability; and
 - providing a mechanism for supporting access to clinical expertise in intellectual disability health in states that do not have specialised intellectual disability health services;
- d) provide online support, including through activities such as:
 - providing online support, including an online portal to help connect people with intellectual disability to appropriate health services, and providing health resources and information for people with intellectual disability and their families; and
 - establishing a central hub of expertise, resources and research in the health care of people with intellectual disability and information for people with intellectual disability and their families, to help deliver the above functions.

Applicant's Response (Maximum of 1,300 words)

3.3 Assessment Criterion 4*

Criterion 4 – Risk management [Weighting: 10%]

Identify the risks and issues that may be encountered in establishing and operating the National Centre.

- a) Describe the strategies or measures to mitigate the impact of risks associated with the establishment and operation of the National Centre.

In addition to criterion 4, you are required to complete a Risk Management Plan detailing any potential risks and mitigation strategies. The template for this is located on GrantConnect and does not count towards the character limit for this criterion.

Applicant's Response (Maximum of 1,000 words)

3.4 Assessment Criterion 5*

Criterion 5 – Impact of grant funding [Weighting: 15%]

You should demonstrate this by describing:

- a) the extent that your project complements, builds on, and does not duplicate, existing or planned activities;
- b) how the National Centre will serve as a source of expert advice on the implementation of other actions under the Roadmap;
- c) how the National Centre will be a key driver of action on the Roadmap, and help to support improving the health of people with intellectual disability.

Applicant's Response (Maximum of 1,000 words)

3.5 Attachment/s

Attachments to your application*:

- ☐ Activity Work Plan
- ☐ Budget Plan
- ☐ Risk Management Plan
- ☐ Evidence of support for your organisation's board, CEO or equivalent; and
- ☐ Letters of Support from the proposed consortium members.

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

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.

3.6 Provide a breakdown of the proposed grant funding

Financial Year	2022-23 \$ (GST excl)	2023-24 \$ (GST excl)	2024-25 \$ (GST excl)	2025-26 \$ (GST excl)	Total \$ (GST excl)
Funding Amount*					

4. Declaration

Requested Information	Response	Hints
Do you have any conflicts of interest that may occur related to or from submitting this application?*	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If "Yes", please provide details in the next response.</i>
If "Yes", describe any conflicts of interest		<i>Only respond if you answered "Yes" to the previous question.</i>
I am applying for a grant in the amount of*		<i>Total amount (GST exclusive)</i>
Over the following financial years*		<i>2022-23 to 2025-26</i>
I declare that: <ul style="list-style-type: none"> The information contained in this form is true and correct. I have read, understood and agree to abide by the Grant Opportunity Guidelines. I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful. I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful. I have read, understood and agree to information provided in this Application as detailed in the Use of Information. If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information. I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful. 		
I understand and agree to the declaration above*	<input type="checkbox"/> Yes	<i>Mandatory</i>
I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth).*	<input type="checkbox"/> Yes	<i>Mandatory</i>
Signature of Authorised Officer*		<i>This Declaration must be signed by an authorised representative of the Applicant who is legally empowered to enter into contracts and commitments on behalf of the Applicant.</i>
Full name of Authorised Officer*		<i>e.g. Julie Mary Roberts</i>
Position of Authorised Officer*		<i>e.g. Manager</i>
Date*		<i>e.g. 15 Jan 2021</i>