



Australian Government

Department of Health and Aged Care

Drug and Alcohol Program Alcohol and Other Drug Treatment Services Application Form GOXXXX

Closing date and time:	2:00pm (Canberra local time) on [dd mmmm yyyy]
Commonwealth policy entity:	Department of Health and Aged Care (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: Grant.ATM@health.gov.au
Submitting:	<p>Submit the completed application form and all necessary attachments by the closing date and time via the red Submit Application button on the left-hand side of GrantConnect.</p> <p>You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au.</p> <p>For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk:</p> <ul style="list-style-type: none">• Phone: 1300 484 145• Email: GrantConnect@finance.gov.au

* Denotes mandatory fields

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1. Before you begin

1.1 Use of information *

Requested Information	Applicant Response
<p>The department may use the information, other than personal information, provided in this Application Form to assist it to:</p> <ul style="list-style-type: none">• Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website• Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program• Inform future assessments for Applications. <p>All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.</p> <p>You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.</p>	Choose an item.

1.2 Checklist *

Requested Information	Applicant Response
<p>Ensure you read the entire grant opportunity package on GrantConnect, including:</p> <ul style="list-style-type: none">• Grant Opportunity Guidelines• Application Form (this document)• Commonwealth Grant Agreement• Frequently Asked Questions• Attachment Pack	Choose an item.
<p>Ensure your organisation meets the eligibility criteria set out in Section 4.1 of the Grant Opportunity Guidelines.</p>	Choose an item.
<p>Ensure all mandatory fields within this document are completed and the Declaration is signed by an authorised representative.</p>	Choose an item.

2. Applicant Details

2.1 Entity details*

Requested Information	Applicant Response
Is the Applicant an existing Grant Recipient? * <i>If 'Yes', provide the Organisation ID as it appears on your Grant Agreement or your Receipt Created Tax Invoice (RCTI) from the department.</i>	Choose an item.
Organisation ID * <i>The Organisation ID can be located on your Grant Agreement in the top right-hand corner on the grant details page or on any RCTI provided by the department. The RCTI will list a vendor number as FO1-1J3-29. When inputting the organisation ID to your application, please remove the FO reference, just use the ID (e.g. 1-1J3-29).</i>	
Applicant's legal/registered entity name * <i>Search using the ABN Lookup.</i>	
Applicant's Australian Business Number (ABN) * <i>Search using the ABN Lookup. If not provided, you must provide a reason why.</i>	
Applicant's ABN Branch Number * <i>This is limited to 3 digits (if applicable).</i>	
Applicant's legal entity type * <i>Only select one. If you are unsure, please seek professional advice (e.g. from your lawyer or accountant) or refer to the ABN Lookup. Attach Proof of Entity Type when submitting your application.</i>	Choose an item.
Are you applying as a Trustee on behalf of a Trust? * <i>If 'Yes', attach a copy of the full signed Trust Deed when submitting your application.</i>	Choose an item.
Is the Applicant registered as a charity? * <i>Select 'Yes' if the Applicant is registered as a charity with the ACNC.</i>	Choose an item.

Requested Information	Applicant Response
Does the Applicant operate as not-for-profit? * <i>For further details about not-for-profit organisations – see the ATO website.</i>	Choose an item.
Is the Applicant registered for GST? * <i>Search using the ABN Lookup.</i>	Choose an item.
Applicant's financial email address for the receipt of any payment advice *	

2.2 Main business address

Requested Information	Applicant Response
Floor / Building, Unit, Apartment *	
Street number, name and type *	
Suburb/Town *	
State *	
Postcode *	

2.3 Postal address

Requested Information	Applicant Response
What is the Applicant's postal address details? * <i>If 'Different from above', please complete the below details. If 'Same as above', move to the next section.</i>	Choose an item.
Floor / Building, Unit, Apartment *	
Street number, name and type *	
Suburb/Town *	
State *	
Postcode *	

3. Eligibility Requirements

Requested Information	Applicant Response
Confirm your organisation (or your project partner organisation) is not included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme'. *	Choose an item.

Requested Information	Applicant Response
<p>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.</p>	
<p>Confirm you have evidence of organisation's commitment to building cultural capability and delivering culturally safe services. This could be demonstrated by the provision of letter/s of support from relevant cultural organisations in your community, and/or a proposal for staff to undertake cultural training*</p>	<p>Choose an item.</p>
<p>Select and confirm you are an organisation that is located in, and servicing either*:</p> <ul style="list-style-type: none"> ▪ Ceduna region, South Australia (also known as Far West Coast Region of South Australia), ▪ Bundaberg-Hervey Bay region, Queensland, ▪ East Kimberley region, Western Australia (Shire of Halls Creek and Shire of Kununurra), or ▪ The Goldfields region, Western Australia 	<p>Choose an item.</p>
<p>Select and confirm you are at least one of the following*:</p> <ul style="list-style-type: none"> ▪ a current Brokerage Organisation located within one of the four regions that funds and/or delivers community-led grant activities to that particular region, or ▪ an Aboriginal Community-Controlled Organisation based in one of the relevant regions, or ▪ a non-Indigenous organisation with evidence of a formal partnership with either a local Aboriginal Community-Controlled Organisation or other appropriate local Aboriginal and Torres Strait Islander organisation with a significant role in the delivery of the organisations' programs 	<p>Choose an item.</p>

Requested Information	Applicant Response
<p>Confirm you applying as a consortium arrangement? If yes, please complete Section 8. If no, please select not applicable. *</p> <p><i>Applications from consortia are acceptable, providing there is a lead organisation that is solely accountable to the Commonwealth for the delivery of grant activities and is an eligible entity as per the list above.</i></p> <p><i>Only the lead organisation can submit the application form and enter into a grant agreement with the Commonwealth.</i></p> <p><i>Eligible organisations can form a consortium with ineligible organisations, with the exception of those organisations deemed ineligible because they 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'.</i></p>	<p>Choose an item.</p>
<p>Confirm you understand that*:</p> <ul style="list-style-type: none"> ▪ you may be required to manage grants approved for infrastructure as part of the role and comply with all relevant laws and regulations, ▪ the department may request that applicants demonstrate compliance with the following legislation/policies/industry standards, including the Australian Building Code, National Construction Code, Medical Standards for Ventilation in Specialist Health Care Context (AS/NZS 1668.2 - 2112 Part 5) ▪ you must ensure that any infrastructure projects are undertaken by licensed and appropriately qualified persons ▪ you must also ensure that works carried out are fit for purpose and comply with regulatory requirements of the relevant state and territory and local governments 	<p>Choose an item.</p>
<p>Confirm you must maintain the following registration/checks*:</p>	<p>Choose an item.</p>

Requested Information	Applicant Response
<ul style="list-style-type: none"> ▪ Working with Vulnerable People registration for the jurisdiction in which services are delivered. ▪ Working with Children check for the jurisdiction in which services are delivered. ▪ Compliance with child safety requirements consistent with the Commonwealth Child Safe Framework. 	

4. Governance

Requested Information	Applicant Response
<p>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? *</p> <p><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></p>	<p><input type="checkbox"/> Governance Investigation of relevant person(s)</p> <p><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 Creditors Voluntary Administration Liquidation, External Administration, or Receivership</p> <p><input type="checkbox"/> Bankruptcies of relevant person(s)</p> <p><input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s)</p> <p><input type="checkbox"/> Litigation against relevant person(s) including judgement debts</p> <p>OR</p> <p><input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.</p>
<p>Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years. *</p> <p><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></p>	<p><input type="checkbox"/> Governance Investigation of your organisation or related entities</p> <p><input type="checkbox"/> Litigation or liquidation proceedings</p> <p><input type="checkbox"/> A contract with your entity terminated by the other party</p> <p><input type="checkbox"/> Contingent liabilities of a material amount</p> <p><input type="checkbox"/> Overdue tax liabilities</p> <p><input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection</p>

Requested Information	Applicant Response
	<p>agencies on behalf of creditors, or potential liquidation proceedings.</p> <p><input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided.</p> <p><input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project</p> <p>OR</p> <p><input type="checkbox"/> None of the above events apply and there is no adverse information on my entity.</p>

5. Project/Activity Details

Requested Information	Applicant Response
<p>Provide a short title of your Application for this Project/Activity *</p> <p><i>Maximum 50 words</i></p>	
<p>Provide a brief Project/Activity description *</p> <p><i>Maximum 300 words</i></p>	

6. Financial Details

6.1 Funding amount *

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *			
2024/25 FY	2025/26 FY	2026/27FY	Total
\$ M	\$ M	\$ M	\$ M

6.2 Bank account details *

Requested Information	Applicant Response
<p>BSB number *</p> <p><i>Must be 6 numbers.</i></p>	
<p>Account number *</p> <p><i>Must be 2 to 9 numbers.</i></p>	
<p>Account name *</p>	

Requested Information	Applicant Response
As it appears on the bank statement. 60-character limit.	
Bank verification must accompany this submission. Acceptable forms of verification include a recent bank statement, issued in the last 6 months, in a pdf file type. The transaction details and balances can be hidden but the BSB, Account Number and Account Name must be visible.	

7. Assessment Criteria

7.1 Assessment Criterion 1*

Requested Information
<p>Assessment Criterion 1: Locally based organisation with demonstrated knowledge and experience of the region, strong engagement with community AOD services, understanding of AOD treatment needs, and capacity to co-design an approach to address community needs*.</p> <p>You must demonstrate:</p> <ul style="list-style-type: none"> • your understanding of local population needs and AOD sector related priorities, and ability to partner with organisations to address regional priorities (as listed in Section 2.2); • your understanding of existing state, territory and Commonwealth government services, • an assessment of your capacity to leverage this investment and providing/accessing complementary services, and • your experience and knowledge of the co-design (Community Design) process.
Applicant Response – 600 word limit
Empty space for applicant response

7.2 Assessment Criterion 2*

Requested Information

Assessment Criterion 2: Demonstrated Cultural competency

Demonstrate your organisation's capacity to administer allocated funds for organisations to deliver culturally safe AOD treatment services within the local community*. (max 600 words)

You must demonstrate this by:

- providing a detailed description of your organisation's linkages with AOD treatment service delivery with and for First Nations peoples and other priority populations in your region; and
- providing evidence of how your organisation demonstrates cultural safety, diversity, and trauma-informed approaches as an organisation.

Applicant Response – 600 word limit

7.3 Assessment Criterion 3*

Requested Information

Assessment Criterion 3: Organisation capability and collaboration*

You must demonstrate this by:

- explaining your organisation's capability to support the implementation of the grant opportunity and meet the intended outcomes of the Program (refer section 2.1);
- providing an overview of the proposed activities, the delivery methodology (including existing infrastructure and relationships that will support project activities), and the key outputs. This should include:
 - your organisation's history of building partnerships and collaborating with key stakeholders, including other providers, employers, state /territory /local governments in the region, to deliver outcomes;
 - demonstration of your organisation's approach to risk management, including information about your organisation's governance framework, risk management plan and how risks are reported;
 - the risk management plan (template provided on GrantConnect) for the grant activity and how you will monitor, measure and manage performance and risks of your region's activities (including infrastructure projects);
 - your current/past history of delivering grant activities funded by Commonwealth, state, territory or local government bodies;
 - your commitment to building the capacity of First Nations organisations, such as Aboriginal Community Controlled Organisations.

ADDITIONAL SUBCRITERIA

- your organisational capability for assessing suitability of and managing applications for **infrastructure projects**, including:
 - your organisation's experience/expertise in assessing health infrastructure projects;
 - Your organisation's ability to engage and/or source expertise in appropriate project construction management skills;
 - How you will provide suitable governance and oversight of a successful health infrastructure project.

All items in this criteria will be considered holistically and if your organisation can not submit a response to the additional criteria, this will not affect the overall weighting. Your organisation may submit a response to assessment criteria 3 with or without the additional subcriteria and if your organisation can not submit a response to the additional criteria (due to the criteria not being relevant, for instance) this will not affect the overall weighting.

Applicant Response – 800 word limit

8. Additional Information

8.1 Other sources of funding*

Requested Information	Applicant Response
<p>Does the Applicant (or any potential consortium member/s) receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department? *</p> <p><i>If 'Yes', provide the details below. If 'No' move to the next section.</i></p>	Choose an item.
<p>Funding source name</p> <p><i>e.g. Department of Health and Aged Care</i></p>	
<p>Description/name of the project</p> <p><i>e.g. Expansion of Health Services</i></p>	
<p>Amount of funding received or applied for</p>	
<p>Period of funding</p>	

8.2 Fraud/Non-compliance

Requested Information	Applicant Response
<p>Has the Applicant ever been engaged in proceedings associated with fraud or non-compliance in relation to a Grant Agreement entered into with the Department of Health and Aged Care? *</p> <p><i>The department has advanced controls in place to find fraud and non-compliance and is committed to making sure public funds reach those who really need it. You may be contacted for further information regarding any proceedings associated with fraud or non-compliance.</i></p>	Choose an item.

8.3 Joint (consortium) application

Requested Information	Applicant Response
<p>Does the Applicant plan to deliver the Project/Activity as the lead agency as part of a consortium? *</p> <p><i>If 'Yes' list the legal names and ABNs of all members of the consortium below. If 'No' move to the next section. Add more rows to the below as necessary.</i></p> <p>Note: If your application is successful, you must have a formal arrangement in place with all parties prior to execution of the agreement in the form of a letter of support.</p>	Choose an item.
Legal name of consortium member	ABN

9. Attachment/s

Requested Information	Applicant Response
<p>Attachment/s to the Application*:</p> <ul style="list-style-type: none"> An indicative budget Entity Type <ul style="list-style-type: none"> proof of entity type bank verification¹ (acceptable forms of verification include a recent bank statement, issued in the last 6 months, in a non-editable format. The bank account must be in the name of the organisation applying for funding. The transaction details and balances can be hidden but the BSB, 	Choose an item.

¹ You may be contacted by the Community Grants Hub seeking additional information to support the verification of your bank account details.

Requested Information	Applicant Response
<p>Account Number and Account Name must be visible)</p> <ul style="list-style-type: none"> • Evidence of Formal Partnership arrangements <ul style="list-style-type: none"> ○ Any non-Indigenous organisation applying for funding must submit evidence that a formal partnership has been established with a local Aboriginal Community Controlled Organisations or other appropriate local Aboriginal and Torres Strait Islander organisation. Acceptable documents include any of the following: <ul style="list-style-type: none"> ▪ A signed Memorandum of Understanding (MOU), ▪ A signed letter of support, or ▪ A fully executed Partnership Agreement or similar contractual agreement. • Any non-Indigenous organisation applying for funding must submit documentation outlining the roles of the project partners as well as what the contribution of the local Aboriginal Community Controlled Organisation or other appropriate local Aboriginal and Torres Strait Islander organisation will be providing to the project (such as funding, staff, and any other contributions). • It is acceptable for this information to be included in the submitted Partnership Agreement or similar contractual agreement, letter of Support or MOU, or for this information to be outlined in a separate, standalone document. • Any Aboriginal Community Controlled Organisations or other appropriate Aboriginal and Torres Strait Islander organisations undertaking a project together should also establish a formal partnership and submit evidence of that partnership with their application. Acceptable documents include any of the following: 	

Requested Information	Applicant Response
<ul style="list-style-type: none"> ▪ A signed Memorandum of Understanding (MOU), ▪ A signed letter of support, or ▪ A fully executed Partnership Agreement or similar contractual agreement. <ul style="list-style-type: none"> • Risk Management Plan <ul style="list-style-type: none"> ▪ All applicants must submit a risk management plan on the Activity Work Plan template provided on GrantConnect for your project. ▪ The plan should include the identification of any policies relevant to your project to manage compliance with accreditations, qualifications, industry standards, insurance, working with vulnerable people and child safe framework. <p><i>If you do not attach the requested documents, your application may not progress further in the process.</i></p>	

10. Applicant Contacts

10.1 Preferred authorised contact*

Requested Information	Applicant Response
Title *	
First name *	
Last name *	
Position *	
Telephone *	
Mobile	
Email address *	

10.2 Alternate authorised contact*

Requested Information	Applicant Response
Title *	
First name *	

Requested Information	Applicant Response
Last name *	
Position *	
Telephone *	
Mobile*	
Email address *	

11. Declaration

Requested Information	Applicant Response
Does the Applicant have any conflicts of interest that may occur related to or from submitting this application? * <i>If 'Yes', please provide details in the next response.</i>	Choose an item.
Detail conflict of interest	
<p>I declare that:</p> <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. <p>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.</p>	
Requested Information	Applicant Response
I understand and agree to the declaration above *	Choose an item.
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). *	Choose an item.

Requested Information	Applicant Response
Signature of Authorised Representative * <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 *	
Position of Authorised Officer *	
Date *	