



Australian Government

Department of Health and Aged Care

Primary Health Care Quality and Coordination PHN Multicultural Access Program Application Form GOXXXX

Closing date and time:	TBC
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	PHN 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	PHN 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• Application Attachments Pack (AWP and Indicative Budget templates)	Choose an item.
<p>Ensure your organisation meets the eligibility criteria set out in Section 4 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. PHN Details

2.1 Entity details

Requested Information	PHN Response
Is your PHN an existing Grant Recipient? * <i>If 'Yes', provide the Organisation ID as it appears on your Grant Agreement.</i>	Choose an item.
Organisation ID	
PHN's legal/registered entity name * <i>Search using the ABN Lookup.</i>	
PHN's Australian Business Number (ABN) * <i>Search using the ABN Lookup. If not provided, you must provide a reason why.</i>	
PHN's ABN Branch Number <i>This is limited to 3 digits (if applicable).</i>	
PHN'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.</i> <i>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 your PHN registered as a charity? * <i>Select 'Yes' if your PHN is registered as a charity with the ACNC.</i>	Choose an item.
Does your PHN operate as not-for-profit? * <i>For further details about not-for-profit organisations – see the ATO website.</i>	Choose an item.
Is your PHN registered for GST? * <i>Search using the ABN Lookup.</i>	Choose an item.
PHN's financial email address for the receipt of any payment advice *	

2.2 Main business address

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

2.3 Postal address

Requested Information	PHN Response
What is your PHN'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	PHN Response
<p>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'. *</p> <p><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.</i></p>	Choose an item.
<p>Confirm your organisation is an existing Primary Health Network and included at Section 3.1 of the Grant Opportunity Guidelines. *</p>	Choose an item.

4. Governance

Requested Information	PHN 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 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>

Requested Information	PHN Response
	<input type="checkbox"/> None of the above events apply and there is no adverse information on my entity.
Does your PHN have documented organisational and financial policies and procedures? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Choose an item.
Does your PHN have a business plan and/or strategic plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Choose an item.
Does your PHN have a program specific risk plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Choose an item.

5. Project/Activity Details

Requested Information	PHN Response
Provide a short title of your Application for this Project/Activity * <i>Maximum 50 words</i>	Choose an item.
Provide a brief Project/Activity description * <i>Maximum 300 words</i>	

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6. Financial Details

6.1 Funding amount

2023/24 FY \$ M	2024/25 FY \$ M	Total \$ M

6.2 Bank account details

Requested Information	PHN Response
BSB number * <i>Must be 6 numbers.</i>	
Account number * <i>Must be 2 to 9 numbers.</i>	
Account name * <i>As it appears on the bank statement. 60-character limit.</i>	

7. Assessment Criteria

7.1 Assessment Criterion 1

Requested Information

Demonstrate how you will deliver the PHN Multicultural Access Program in alignment with the grant objectives and outcomes. *

You must demonstrate this through identifying:

- how the activity proposed in your application aligns with the grant opportunity's high-level objectives and outcomes;
- how the activity proposed in your application will have a comprehensive reach and provide equity of access for vulnerable populations and underserved regions; and
- how you will identify, engage, and collaborate with relevant stakeholders to ensure the effective delivery of the grant objectives and outcomes.

Along with your response to this criterion you must complete the Activity Work Plan (template on GrantConnect) and the risk plan for the one year of the grant activity. The activity work plan does not count towards the word limit for this criterion.

PHN Response – 1000 word limit

7.2 Assessment Criterion 2

Requested Information

Demonstrate your capacity and capability to deliver the activities. *

You must demonstrate this through identifying:

- your experience and past performance in delivering similar projects;
- evidence your organisation has the infrastructure and or relationships to support the successful delivery of the project; and
- evidence your organisation has the capacity to support the delivery of the proposed activities.

PHN Response – 1000 word limit

7.3 Assessment Criterion 3

Requested Information

Demonstrate efficient, effective, and ethical use of relevant money. *

You must demonstrate this through identifying:

- how the activities will achieve cost-effective, high-quality outcomes;
- how your organisation will ensure grant money is expended in an efficient and ethical way, that addresses diversity and equity.

In addition to responding to this criterion, you must provide an Indicative Activity Budget (template available on GrantConnect) for the one year of this grant project, to be assessed annually, including:

- all activities associated with the project
- all costs associated with the activities.

PHN Response – 1000 word limit

Requested Information
<p>Demonstrate efficient, effective, and ethical use of relevant money. *</p> <p>You must demonstrate this through identifying:</p> <ul style="list-style-type: none"> • how the activities will achieve cost-effective, high-quality outcomes; • how your organisation will ensure grant money is expended in an efficient and ethical way, that addresses diversity and equity. <p>In addition to responding to this criterion, you must provide an Indicative Activity Budget (template available on GrantConnect) for the one year of this grant project, to be assessed annually, including:</p> <ul style="list-style-type: none"> • all activities associated with the project • all costs associated with the activities.
PHN Response – 1000 word limit

8. Additional Information

8.1 Other sources of funding

Requested Information	PHN Response
<p>Does your PHN (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>	<p>Choose an item.</p>
<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	PHN Response
<p>Has your PHN 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>Choose an item.</p>

Requested Information	PHN Response
<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>	

8.3 Number of applications

Requested Information	PHN Response
Will your PHN submit more than one application for this grant opportunity? *	Choose an item.

8.4 Joint (consortium) application

Requested Information	PHN Response
<p>Does your PHN 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: <i>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.</i></p>	Choose an item.
Legal name of consortium member	ABN

9. Attachment/s

Requested Information	PHN Response
<p>Attachment/s to the Application:</p> <ul style="list-style-type: none">• Proof of entity type• Activity Work Plan• Indicative Budget Plan <p><i>If you do not attach the requested documents, your application may not progress further in the process.</i></p>	<p>Choose an item.</p>

10. PHN Contacts

10.1 Preferred authorised contact

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

10.2 Alternate authorised contact

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

11. Declaration

Requested Information	PHN Response
<p>Does your PHN have any conflicts of interest that may occur related to or from submitting this application? *</p> <p><i>If 'Yes', please provide details in the next response.</i></p>	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 your PHN and the funding received, should this Application be successful.</p>	
Requested Information	PHN 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.
<p>Signature of Authorised Representative *</p> <p><i>This Declaration must be signed by an authorised representative of your PHN who is legally empowered to enter into contracts and commitments on behalf of your PHN.</i></p>	
Full name of Authorised Officer *	
Position of Authorised Officer *	
Date *	