**GRANT APPLICATION**

Virtual Care Grants

**[NAME OF ORGANISATION/SERVICE]**

**[DATE]**

Table of contents

[1. Applicant information 2](#_Toc1725186972)

[2. Developing and submitting your proposal 3](#_Toc64131337)

[3. Evidence of compliance 4](#_Toc983211212)

[4. Declaration 5](#_Toc1581304257)

1. Applicant information

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| **For organisation** | | | | | | | |
| Organisation name: |  | | | | | | |
| ABN: (Required) |  | | | GST registration date | |  | |
| Organisation address: |  | | | | | | |
| Town: |  | | | **Postcode:** | |  |
| rganisation phone: |  | | | | | | |
| Key contact Person:  (Authorized signatory in case of award) | Name: | |  | | | | |
| Position in organization: | |  | | | | |
| Email: | |  | | | | |
| Mobile phone: | |  | | | | |
| Key contact person: | Name: | |  | | | | |
| Position in organisation: | |  | | | | |
| Email: | |  | | | | |
| Mobile phone: | |  | | | | |

1. Grant Assessment Criteria

Please provide responses to the criteria outlined below. Note that responses will be considered in the context of the size and resources of the organisation or applicant. Please indicate ‘N/A’ if any of the responses required are not relevant to your organisation or service.

|  |
| --- |
| 1. **Identifies relevant aged care resident health care need – 20%**   Please refer to Section 4 Scope and Specifications or specify another evidence-based healthcare access issue that the proposed investment will address. |
| *[please provide your answer here]* |
| 1. **Proposed model of care-** **40%**   Describe the model of care and how the proposed investment will address aged care residents’ health needs or the identified problem; include details of virtual care platforms or technology to be utilised. If relevant, describe how it will implement COORDINARE’s Palliative Care Framework. The proposal should explain how the model will be embedded in the RACH and the expected impact. |
| [please provide your answer here] |
| 1. **Capacity for project delivery– 20%**   Outline how your organisation will manage the development and implementation of the project, including securing agreement and participation of responding organisations. Include any prior experience with similar telehealth or virtual care projects. potential for broader long-term impact, for example, scalability |
| *[please provide your answer here]* |
| 1. **Value for investment– 20%**   Please provide an indicative budget using the provided template and a response demonstrating value for investment in service delivery. The price of goods and/or services is not the sole determinant of value for money and can be assessed through a comparative analysis of financial and non-financial costs and benefits of alternative solutions. Consider the following factors:   * scalability and future growth potential * fitness for purpose and quality of service * predicted outcomes and impact of the investment * flexibility (including innovation and adaptability over the service agreement lifecycle) * whole of life costs * added value (value gained over and above the specified service objectives and requirements). |
| *[please provide your answer here]* |

1. Evidence of compliance

Please attach the below documents together with your proposal via email to [commissioning@coordinare.org.au](mailto:commissioning@coordinare.org.au)

|  |  |  |  |
| --- | --- | --- | --- |
| No | Compliance Document | Document attached | If document(s) is not available/applicable, provide a reason |
| 1 | Budget for FY24/25 and FY25/26 on the budget template provided (**Attachment 2**). |  |  |
| 2 | Copies of your accreditation certificates (if applicable) |  |  |
| 3 | Insurances including: |  |  |
| * Public liability insurance: Certificate of currency - $20 million per claim and in the aggregate of all claims |  |  |
| * Professional indemnity insurance: Certificate of currency - $10 million per claim and in the aggregate of all claims. |  |  |
| * Workers' compensation as required by law. |  |  |
| * (Optional) Cyber security insurance: Certificate of currency - $1 million per claim and in the aggregate of all claims |  |  |
| 4 | (Optional) Aboriginal and Torres Strait Islander Impact Statement, Health Strategy or Reconciliation Action Plan. |  |  |

|  |  |
| --- | --- |
| **Include at a minimum two (2) professional referees**  Organisations that have previously received funding from COORDINARE are not required to provide a referee. | |
| **Referee 1 Name:** |  |
| Position: |  |
| Organisation: |  |
| Email: |  |
| Phone: |  |
| **Referee 2 Name:** |  |
| Position: |  |
| Organisation: |  |
| Email: |  |
| Phone: |  |

1. Declaration

|  |  |
| --- | --- |
| ***This must be completed by an*** ***authorised representative of the organisation submitting the application:*** | **Agree** |
| I declare that the organisation is able to implement the project within the proposed time frame. |  |
| I can confirm that the contents of this application are to the best of my knowledge accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements. |  |
| I declare that the organisation is financially viable and able to manage the funding within the proposed timeframe and within proposed budget. |  |
| I understand and accept that information provided in this proposal may be stored by COORDINARE – South Eastern NSW PHN in various hardcopy and/or electronic formats. |  |
| I understand that this proposal does not create a legal or binding commitment and that if successful I will be bound by a contract with COORDINARE - South Eastern NSW PHN. |  |
| I understand that I am required to have current and adequate insurances in place. |  |
| If this proposal is successful, I agree to provide reports in the specified format to  COORDINARE – South Eastern NSW PHN on activity processes and outcomes. |  |
| I understand that if the conditions of the funding are not complied with, COORDINARE – South Eastern NSW PHN may seek to recover any funds allocated. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised Representative Name:** |  | **Date:** |  |
| **Position of Authorised Representative:** |  | | |
| **Authorised Representative Signature:** | *[e-signature is accepted]* | | |