

## NT PHN UNSOLICITED PROPOSALS APPLICATION FORM

<b>Date application submitted</b>	dd/mm/yyyy		
<b>PROVIDER DETAILS</b>			
Legal Entity Name:			
Registered Trading Name (if applicable):			
ABN (or ACN if appropriate):			
Registered Address:			
Postal Address:			
Phone:		Website:	
Email:			
<b>PARTNER/CONSORTIUM DETAILS (IF APPLICABLE)</b>			
Legal Entity Name:			
ABN (or ACN if appropriate):			
<b>CONTACT DETAILS</b>			
<b>Principal Contact:</b> This is the person who is legally authorised to enter into contracts on behalf of your organisation			
Contact Name:			
Position:			
Email:			
Phone:			
<b>Contact for this Application: (if different from above)</b>			
Contact Name:			
Position:			
Email:			
Phone:			
<b>Permission to share:</b> I agree to this proposal being shared by NT PHN with other stakeholders where alignment is identified with partnership, funding opportunities or other supports.			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
<b>CONFLICTS OF INTEREST</b>			
Do you or any of your organisation's personnel for example employees, contractors, board members or their immediate family members have a personal or business relationship with NT PHN or any of our staff? <i>Please note that declaring a conflict will not impact on the assessment of your application however knowing this information will enable NT PHN to manage the situation appropriately.</i>		<input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes - provide details below	

**PROJECT / ACTIVITY DETAILS**

Project / activity name:	
Is this a new activity or extension of a current activity?	<input type="checkbox"/> New activity <input type="checkbox"/> Extension or expansion of an existing activity
Provide a brief description of the project or activity: (max 300 words)	
Activity location/s or region/s:	

**Selection Criteria**  
 Applications will be assessed against the following criteria. We encourage all applicants to build and grow trusted relationships with their community. For the purposes of this application form community includes consumers and lived experience representatives.

1. Which PHN priority areas does this relate to?

Mental health    
 Aboriginal and Torres Strait Islander health    
 Population health   
 Health workforce    
 Digital Health    
 Aged care   
 Alcohol and Other Drugs

2. Who is the target population and what are their needs?

- Include any relevant evidence of this need including data, community feedback.

What are the intended outcomes for this activity?

Improved:

- health outcomes, and/or
- health equity,
- consumer experience, and/or
- provider experience and/or
- provider capacity to deliver quality care

3. Is this intended to be an ongoing activity?

Yes     No

**If yes:** How will the activity be sustained after the funding ceases? (note successful proposals will only be funded for a maximum of two years)

**If no:** What might be the ongoing benefits of this project or activity after it is completed?

Include any intended community health and wellbeing benefits.

<p>4.What related initiatives or activities are delivered by your organisation or other stakeholders (if any) in your region?</p> <p>How does this activity complement, coordinate, or integrate with these activities?</p>	
<p>5.How do you plan to measure, monitor and evaluate the project and activities?</p> <p>Include any involvement with community to seek their feedback and interpret data.</p>	
<p>6.What experience and capacity does your organisation have to deliver this project or activity and to do so within the stated timeframes?</p> <p>Include any details of your organisations community engagement and community representation in governance or planning. Describe any early planning for this project or activity, such as stakeholder engagement, existing governance, available staff or recruitment planning.</p>	

TIMELINE	
List the specific activities that will be completed and the intended timeframe. Please add additional rows as required specific activities that will be undertaken and when they will be completed: <i>(please add additional rows as required)</i>	
Activity	Timeframe

BUDGET	
Please provide a detailed <b>budget, listing</b> all expenditure directly related. All figures must be GST exclusive.	
Will your organisation be providing any in-kind funding?	
Amount requested from NT PHN:	
DESCRIPTION	COST
Employment Costs:	
Administration Costs: (Maximum 20% of budget)	

Travel:	
Evaluation:	
Other: (Please describe)	
Total:	

### RISK MANAGEMENT

What could put the project or activity at risk of achieving intended outcomes in a timely and equitable way?

Please provide specific details about potential risks you have identified and actions to manage and mitigate these risks:

Risk	Mitigation

### Final Checklist

**Please ensure the following:**

- All sections have been completed and questions answered in full where applicable
- Any supporting documentation (if relevant)
  - Quotes
  - Needs Assessments
  - Evidence of community consultation
  - Letters of support
- The appropriate person/s have authorised and signed the application

## DECLARATION

**This section must be completed by an authorised representative of the organisation:**

I declare on behalf of the Applicant that:

1. 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.
2. I agree to contact NT PHN should I become aware of any changes to information contained in this application.
3. I agree to declare as part of the application process any actual, perceived, or potential conflicts of interest, for example financial, material or professional.
4. I understand that this application does not create a legal or binding commitment, arrangement or understanding between NT PHN and the applicant/s.
5. I am authorised to make this declaration on behalf of the applicant/s.

Please submit yes if you agree this is a true declaration    Yes     No

Name (Block Letters): \_\_\_\_\_

Position of Authorised Representative: \_\_\_\_\_

(On behalf of (Organisation): \_\_\_\_\_

Date: \_\_\_\_\_

CONFIDENTIAL