Australian Government

Department of Health

INDIGENOUS AUSTRALIANS' HEALTH PROGRAMME: TACKLING INDIGENOUS SMOKING

Grant Activity Guidelines

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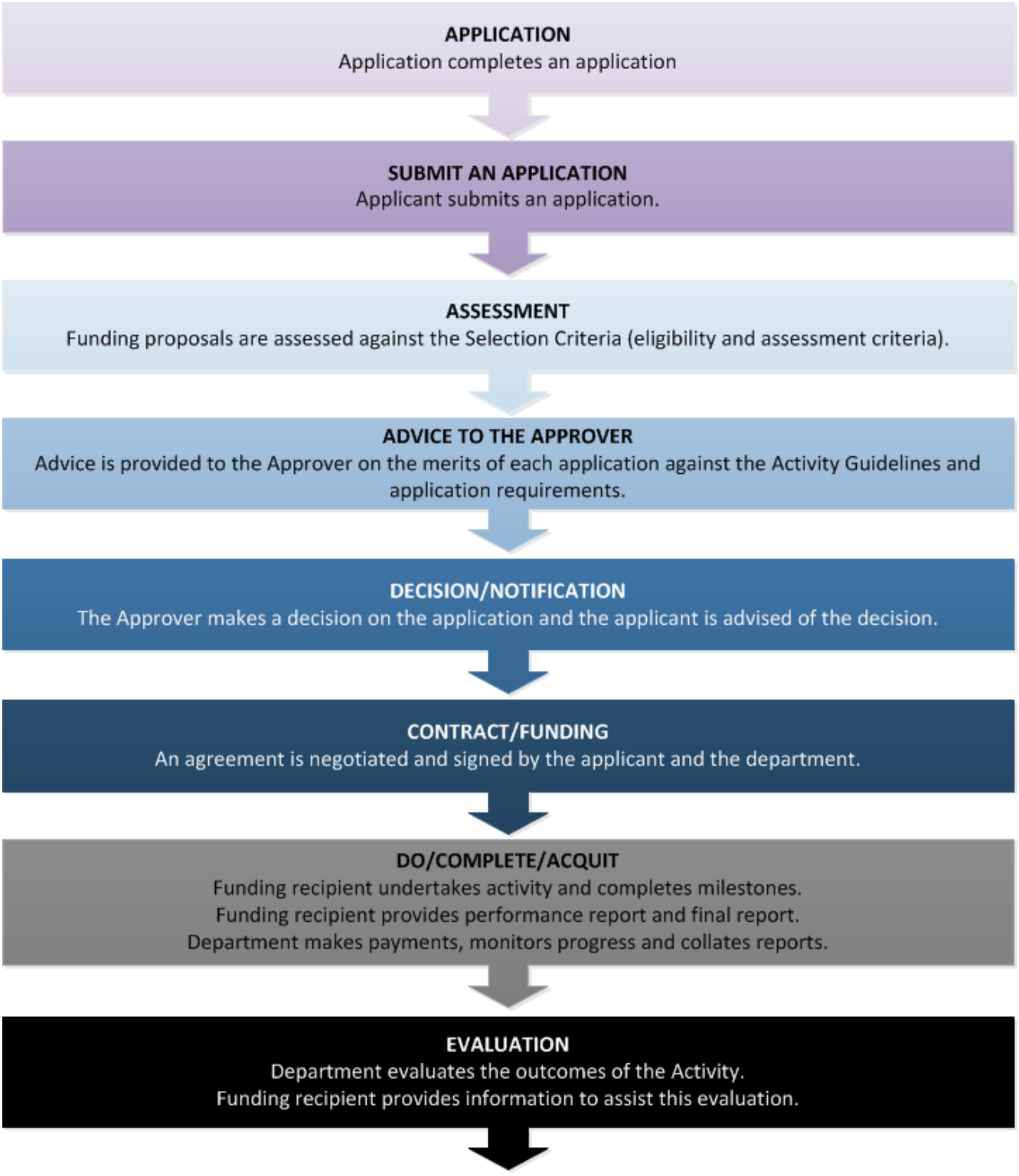
Grant Activity Process Flowchart



1. Introduction

1.1 Activity Background

Through the Council of Australian Governments (COAG), the Australian Government has committed to six targets to close the gap in disadvantage between Indigenous and non-Indigenous Australians across health, education and employment. Two of these targets relate directly to the Health Portfolio: to close the gap in life expectancy within a generation (by 2031); and to halve the gap in mortality rates for Indigenous children under five within a decade (by 2018). This involves working in partnership with Aboriginal and Torres Strait Islander people and organisations, and in collaboration with State and Territory Governments. The National Indigenous Reform Agreement frames the task of closing the gap in Indigenous disadvantage and sets out the objectives, outcomes, outputs, performance indicators and performance benchmarks agreed by COAG.

Indigenous Australians' Health Programme

On 1 July 2014, the Australian Government established the Indigenous Australians' Health Programme (IAHP), consolidating four existing funding streams: primary health care funding, child and maternal health programmes, Stronger Futures in the Northern Territory (Health) and programmes covered by the Aboriginal and Torres Strait Islander Chronic Disease Fund.

The IAHP aims to improve the health of all Aboriginal and Torres Strait Islander peoples through a variety of targeted activities focused on local health needs that are designed to achieve health equality between Indigenous and non-Indigenous Australians in child mortality and life expectancy. Components of the IAHP are referred to as Activities.

Tackling Indigenous Smoking (TIS) Activity

Policy context and background

Tobacco related illness is estimated to cost the Australian economy $31.5 billion each year. Tobacco smoking is the most preventable cause of ill health and early death among Aboriginal and Torres Strait Islander people, and smoking is responsible for around one in five deaths among Indigenous Australians. In 2012-13, 44% of Aboriginal and Torres Strait Islander peoples aged 15 years and over reported being a current smoker, 2.5 times the non-Indigenous rate. In 2011, 50% of Aboriginal and Torres Strait Islander women smoked during pregnancy, 4 times the non-Indigenous rate. In 2012-13, an estimated 57% of Aboriginal and Torres Strait Islander children aged 0-14 years lived in households with a current daily smoker compared with 26% of non-Indigenous children.[1]

The outgoing TIS Programme commenced in 2010 as a regional team-based approach to build a dedicated Indigenous tobacco action workforce, with organisations funded to provide locally designed and delivered approaches including tobacco campaign activities, community events and culturally appropriate quit smoking services. As a result of the Programme the issue of smoking has become important within Aboriginal and Torres Strait Islander communities and has acted as an impetus for change.

[1] Australian Health Ministers' Advisory Council, 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.

TIS Programme Review

A review of the TIS Programme was undertaken in 2014-15 to examine:

- The Programme and its performance against stated objectives;
- Programme implementation arrangements, including management of the regional teams, the extent to which the workforce has the necessary skills, and the regional structure;
- Interaction between the teams and clinical services (particularly links with primary health care and chronic disease services);
- The extent to which the Programme has delivered best practice in health promotion;
- The need for training in tobacco control, smoking cessation and brief interventions;
- Evidence and data requirements for future policy and Programme design;
- Alternative approaches to improve effectiveness and streamline the Programme; and
- Analysis of evidence and literature on best practice to inform future directions.

Re-design for the new TIS Activity following review and evaluation

Tobacco action as a primary focus

- The TIS Activity (the Activity) will maintain a primary focus on tobacco use outcomes. These outcomes can be achieved through flexible means and not necessarily through the recipient's own team. Whilst action for prevention and reduction of tobacco use could be situated within a broader healthy lifestyle approach, nutrition and/or physical activity projects should not be funded through the Activity if they do not contribute to the tobacco outcomes sought.

Population health approach

- The Activity will deliver a population and preventive health approach directed to all Aboriginal and Torres Strait Islander people irrespective of what health provider the individual uses.
- Activity delivery is to be undertaken in collaboration with, and to complement, state and territory tobacco control activities.

National governance and coordination

- Establishing a National Best Practice Unit (NBPU) will strengthen the focus on outcomes by developing a performance and reporting framework; driving a focus on building the evidence for what specific interventions are effective; supporting organisations to deliver evidence based activities and undertake continuous quality improvement; and ensuring training in tobacco cessation interventions is widely available for health practitioners working with Aboriginal and Torres Strait Islander people.

Management through measurement

- The Activity will measure the impacts of the activities undertaken (such as change in attitudes and smoking behaviours).
- Funding recipients need to be accountable for performance reporting against the Activity objectives (i.e. prevent uptake of smoking and increase smoking cessation).
- Funding recipients are required to work with the NBPU on Activity monitoring and evaluation plans to assess whether progress is being made towards Activity objectives.

The evidence on what works

- Multi-level approaches to tobacco control are likely to be most effective for reducing smoking prevalence in Aboriginal and Torres Strait Islander communities. Targeted, culturally sensitive social media campaigns, and community-designed educational activities can influence individual attitudes and social norms, leading to more smoke-free environments and demands for individual support to quit. Support at the individual level should include access to behavioural and pharmacological therapies, provided by a workforce trained in culturally sensitive interventions. High intensity counselling and brief interventions are also supported by the evidence reviewed.
- Behavioural change theory indicates that repeated or habitual voluntary behaviours like smoking are determined by the extent to which a person:
  a. Wants to do it (conscious motivation);
  b. Sees others doing it (modelling);
  c. Has the required capacity to do it (resources, comprehension, training and self-efficacy);
  d. Remembers to do it (memory and prompting); and
  e. Is rewarded for doing it, or suffers for not doing it (positive and negative reinforcement)[2].

- Whilst working towards the long-term target of reduced smoking rates, it is important to measure early indicators of success where possible. Examples which could be developed include positive community attitudinal change, smoking reduction, advocacy against tobacco use by others, or reductions in exposure to tobacco smoke (passive smoking) that affects other members of the community (i.e. smoking behaviour in cars, houses or workplaces, and social/sporting events).
- Summaries of the tobacco control evidence can be found at the following websites: Tobacco In Australia (international tobacco control evidence); Medical Journal Of Australia (evidence specific to tobacco control for Aboriginal and Torres Strait Islander communities).

1.2 TIS Activity Principles

In response to the review, the following principles have been developed to underpin the next phase of the Activity:

Principle name	Principle Description
Outcomes-based	– Expected outcomes are defined while the means of achieving outcomes can vary, which allows for tailoring activities to local needs. – Outcome measures will show how much progress is being made towards achieving the Activity objectives. – Outcome measures are short term (e.g. increase in referrals to quit services) and long term (e.g. decrease in number of current smokers and no take-up of smoking).
Place-based	– Local planning, ownership of solutions by the community. – Tailoring activities to local needs expressed as local outcomes sought. – Encourage integration with other relevant services and holistic support for individuals.

[2] Hill, DJ & Dixon, H. Achieving Behavioural changes in Individuals and Populations. *Cancer Control* (2010) Eds: Elwood, JM & Sutcliffe, SB Oxford University Press

Principle name	Principle Description
Evidence-based	– Activities are planned in consultation with the National Best Practice Unit. – Local approaches are based on evidence of what works.
Partnership building	– Networks are built for Indigenous Tobacco Control across local/ regional/ national areas. – Sharing information and resources across networks and through the National Best Practice Unit. – Build partnerships with local, state/territory and Commonwealth government organisations and agencies, NGOs and Indigenous organisations. – Facilitate partnerships between services (clinical/non-clinical) to ensure a seamless service for individuals wishing to quit.
Population reach	– Targeted approaches for specific population and age groups, for different communities and locations, and for families are undertaken.
Modelling the message	– Promoting and assisting implementation of smoke-free workplace policies (including community events) among Aboriginal and Torres Strait Islander organisations and in public spaces. – Promoting and assisting implementation of smoke-free homes policies. – Promoting smoke-free and alcohol-free sporting and social/cultural events. – Promotion of local role models and ambassadors who have never smoked or have quit.
Monitor and measure	– Evaluation and monitoring is built into project and activity planning, with assistance from the National Best Practice Unit. – Performance measures are linked to Activity objectives and outcomes. – Stages of progress are measured and reported in a nationally consistent format.

1.3 Activity funding allocation

Funding of $116.8 million over 3 years ($35.3 million in 2015-16; $37.5 million in 2016-17; $44 million in 2017-18) has been allocated to the Activity.

Of that funding, $93.4 million is allocated to extend the current TIS teams during the ATM process for the new grants for regional work and to offer grants to those successful in the ATM.

1.4 Activity Purpose, Scope, Objectives and Outcomes

Funding will support activities which aim to prevent the uptake of smoking and support smoking cessation among Aboriginal and Torres Strait Islander people. The Activity aims to contribute to closing the gap in Indigenous health outcomes by reducing tobacco smoking as the most significant risk factor for chronic disease among Aboriginal and Torres Strait Islander people.

The redesigned Activity will consist of a number of components, including grant funding for regional tobacco control activities, and a range of national supports for workforce development, performance monitoring and evaluation, and leadership and coordination. The new Activity components are as follows:

- Funding extensions will be provided to current organisations funded for Regional Tobacco Action and Healthy Lifestyle teams to enable continuity of TIS services during the transition to the new grants Activity (from July up to December 2015).
- A competitive targeted grants round (referred to hereafter as regional tobacco control grants) will support multi-level approaches to tobacco control that are locally designed and delivered to prevent the uptake of smoking and support smoking cessation among Indigenous Australians.
- a National Best Practice Unit (NBPU) for the TIS Activity will be established through a procurement process, to support funding recipients under the Activity through evidence-based resource sharing, information dissemination, advice and mentoring, workforce development, and monitoring and evaluation.
- Enhancements to existing Quitline services and provision of frontline community and health worker Quitskills training will be undertaken through separate funding processes.
- Pilots and associated evaluations in areas of significant disadvantage associated with high smoking rates will be conducted.
- Allocation of any remaining funds, as well as future years' funding, may be through open, competitive funding rounds, targeting high-need areas and priorities identified through consultation with the Indigenous Health Partnership Forums.
- A tender process will be held to develop an evaluation framework and undertake an evaluation of the Activity as a whole.

The different Activity components complement each other with the NBPU being an important support for the outcomes based regional tobacco control grants Activity.

Regional tobacco control grants

The objective of the regional tobacco control grants is to fund organisations to undertake evidence-based tobacco control activities designed to meet local needs. Funded organisations will be expected to undertake a multi-level approach to tobacco control, which combines a range of activities to meet the needs of different population groups within a region.

The Activity will fund locally-designed and delivered approaches to achieve the following outcomes (see also the **TIS Activity Principles** section 1.2):

- Aboriginal and Torres Strait Islander communities encourage community involvement in and support for local tobacco control activities;
- increase in community understanding of the dangers of smoking and chewing tobacco and the links between tobacco and chronic disease;
- improved knowledge, skills and understanding of the health impacts of smoking and pathways to quitting among workers and community leaders including doctors, teachers, Aboriginal Health Workers, community, sport and recreation, youth and AOD workers, nurses and other health professionals, and AMS staff, CEOs and Board members;
- promotion of the benefits of never becoming a smoker;
- reduction in environmental smoke in cars, homes, workplaces, community areas and events;
- reduction in exposure to passive smoking;
- reduction in the amount of tobacco smoked each day;
- improved access to targeted support to quit through clinical and non-clinical services;
- smokers quit and maintain smoking cessation;
- non-smokers continue avoiding uptake;
- effective monitoring, evaluation and sharing best practice for tobacco control activities within Aboriginal and Torres Strait Islander communities; and

- better evidence on what works to reduce tobacco use within Aboriginal and Torres Strait Islander communities.

Funding agreements will be negotiated to avoid duplication or overlaps in coverage.

The National Best Practice Unit

The Department will establish a National Best Practice Unit (NBPU) for Tackling Indigenous Smoking through a procurement process in the coming months. It is anticipated that the NBPU will be operational by late 2015-early 2016 in order to support the implementation of the new Activity grant component. The NBPU will be responsible for workforce support, advice and mentoring, information sharing and dissemination including clearing house functions for research and evaluation, in addition to various activities to bolster use of relevant evidence and evaluation results.

The NBPU will work with grant recipients to develop monitoring and evaluation plans, including the development of performance indicators and collection of data to assess whether progress is being made towards Activity objectives.

Activity evaluation

The development of an Evaluation and Monitoring Framework will provide the basis for the development of the performance indicators for the regional grants reporting and for the Activity evaluation in which preliminary results after two years can be used for quality improvements.

Other components

The TIS Activity also includes funding for Quitskills training which increases the number of suitably trained and qualified professionals working with Aboriginal and Torres Strait Islander smokers and their communities. Quitskills delivers best-practice intervention methods aimed at assisting people to quit smoking.

The Indigenous Quitline enhancement grants improve the capacity of Quitline services to provide accessible and appropriate services to Indigenous people. The funds support employment of Indigenous staff, as well as training and resources for all Quitline staff.

The purpose of the proposed pilots is to increase the evidence base on the implementation of effective tobacco control activities in regions or sub-populations requiring special attention, such as very remote regions, pregnant women and young people susceptible to taking up smoking. The pilots will also enable intense work in these areas of need.

1.5 Consultation

These Activity guidelines have been informed by the evaluation of the Indigenous Chronic Disease Package (Menzies School of Health Research 2012), the University of Canberra's review in 2014 of the Tackling Indigenous Smoking Activity, ongoing advice from Prof Tom Calma, the National Coordinator, Tackling Indigenous Smoking and recent consultations with key stakeholders. The consultation process has provided support for the key Activity features, which are:

a) an outcomes-based model with a primary focus on tobacco use outcomes;
b) national supports (including the National Best Practice Unit);

c) an active approach to leveraging other programmes; and
d) quality of service.

1.6 Relevant legislation

The Activity draws its administrative authority from the Commonwealth Grants Rules and Guidelines (CGRGs) that are issued by the Minister for Finance under the Public Governance, Performance and Accountability Act 2013 (PGPA Act). The legislative authority for the grant is *Financial Framework (Supplementary Powers) Act 1997* Section 32(b) and *Schedule 1AA of the Financial Framework (Supplementary Powers) Regulations 1997*, Part 4 item 415.026 Aboriginal and Torres Strait Islander Health.

Department of Health staff members involved in grant administration are accountable for complying with the CGRGs, and other policies and legislation that interact with grants administration.

1.7 Roles and Responsibilities

The *Grant Activity Process Flowchart* outlines the general roles and responsibilities of each party.

Department of Health

The Department manages the Activity. It is responsible for the development and dissemination of all documentation regarding funding under the Activity and for ensuring that documentation is in accordance with the objectives. It is also responsible for notifying applicants of the outcome of any funding process, responding to queries in relation to the funding process, and for resolving any uncertainties that may arise in relation to funding requirements.

The Department will be responsible for decisions regarding the internal administrative, assessment recommendations and Activity management arrangements. These include, if applicable:

- assessing the applications;
- developing funding agreements or any alternative contractual arrangement;
- monitoring the performance of projects to ensure the conditions of the funding agreement or other contractual arrangement are met;
- assessing performance and financial reports and undertaking follow up activity as necessary;
- making payments as specified in the funding agreement or contractual arrangement; and
- providing feedback to funded organisations during the funding period and following the conclusion of activities.

Approver

The Approver will consider whether the proposals make an efficient, effective, ethical and economical use of Australian Government resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

The final decision about the approval of funding will be made by the Minister or Agency Chief Executive (including a Chief Executive's delegate). Funding approval is at the discretion of the Approver.

The Approver for the Activity is the Minister for Health or her delegate.

Funding Recipients

Organisations receiving funding (can be a consortium lead organisation), are responsible for the efficient and effective delivery of activities in accordance with the obligations contained in any funding agreement or contractual arrangement entered into under the Activity. This includes working with the NBPU in the development of work plans, and performance and monitoring measures.

Organisations are also responsible for:

- ensuring that the terms and conditions of the funding agreement are met and that the project is managed in a cost effective and efficient manner;
- ensuring their activities achieves value for money;
- employing and managing project staff;
- maintaining contact with the Department and advising of any emerging issues that may impact on the success of the activity;
- identifying, documenting and managing risks and putting in place appropriate mitigation strategies;
- liaise with, and take advice from, the National Best Practice Unit on implementing activities and measuring progress;
- ensure outcomes and output reporting in accordance with the funding agreement; and
- participating in Activity evaluation as necessary.

Organisations funded under the Activity are likely to be required to manage out-of-hours activities, which could include supporting staff to attend multiple day field trips, evening and weekend events.

1.8 Risk Management

The department is committed to a comprehensive and systematic approach to the effective management of potential opportunities and adverse effects. Any contractual arrangement may be managed according to its level of risk to the Commonwealth. As such, applicants and funding recipients may be subject to a risk management assessment prior to the negotiation of any contractual arrangement and periodically thereafter.

There may be specific conditions attached to the funding approval required as a result of the assessment process or the risk rating of an organisation or imposed by the Approver. These will be identified in the offer of funding or during funding agreement negotiations.

Consistent with the responsibilities described under Section 1.7, funded services are responsible for managing risks to their own business activities and priorities. The Commonwealth manages risks to Activity funds and outcomes through its management of the grant.

1.9 Activity Timeframes

The Activity Guidelines will be publically available on the department’s website and will form part of the approach to market documentation for any funding process. Timelines for the grant round process are shown below.

Table 1: Grants timing principles

Date	Requirement
Aug - Sep	Invitation to apply is open for applicants
Six weeks after ITA opens	Applications close
Four weeks after applications close	Assessment of applications
Approximately six weeks after ITA closes	Execution of funding agreements and unsuccessful applicants notified

The procurement process to establish an NBPU for Tackling Indigenous Smoking will occur in the second half of 2015. It is anticipated that the NBPU will be operational by late 2015 – early 2016 in order to support the implementation of the new TIS grant Activity.

2 Eligibility

2.1 What entities are eligible to apply for funding?

Unless otherwise specified in the funding round summary, the following types of entities are eligible to apply for funding:

- Incorporated association incorporated under Australian State/Territory legislation
- Incorporated cooperative incorporated under Australian State/Territory legislation
- Aboriginal corporation registered under the Corporations (Aboriginal and Torres Strait Islander Act 2006)
- Organisation established through specific Commonwealth or State/Territory legislation
- Company incorporated under Corporations Act 2001 (Commonwealth of Australia)
- Partnerships
- Trustee on behalf of a trust
- An Australian Local government body
- An Australian State/Territory government

Some grants may only be available to selected applicants as dictated by changing policy needs.

2.2 Consortia

The department encourages organisations to form collaborations, consortia or partnerships to deliver activities. If more than one organisation will be involved in the application, one organisation must be identified as the lead organisation and an authorised representative of the lead organisation must sign the application form. The department will enter into a contractual arrangement with a single legal entity only.

2.3 What activities and items are eligible for funding?

Activities and services to be funded must be consistent with the aim, scope, objectives and outcomes of the Activity.

Funded organisations will be expected to deliver a multi-level approach to tobacco control, which combines a range of activities to meet the needs of different population groups within a region to

achieve the Activity outcomes. Activities that will be funded under the Activity may include (but are not limited to):

- Development/tailoring and delivery of locally relevant anti-smoking, health education, and social marketing strategies, campaigns and events.
- Providing information and resources about smoking cessation and delivering brief interventions at events/ workplaces/ gatherings.
- Developing and delivering locally relevant quit support groups.
- Advocating and providing support to other organisations to develop and implement smoke-free workplace policies and smoke-free community areas.
- Developing and promoting role models and recognising champions/advocates for not smoking and quitting.
- Facilitating access and referral to health services.
- Facilitating access and referral to Quitline services.
- Facilitating access to, and pathways through, clinical and non-clinical services for behavioural and pharmacological therapies, including counselling and nicotine replacement therapy.
- Building knowledge, skills and understanding of the health impacts of smoking and pathways to quitting among community leaders, Aboriginal Health Workers, doctors, nurses and other health professionals, teachers, community, sport and recreation, youth and Alcohol and Other Drug workers, and Aboriginal Medical Service staff, CEOs and Board members.
- Building partnerships with local services and government organisations to build tobacco control networks for the region.

2.4 What activities and items are not eligible for funding?

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises;
- retrospective items/activities;
- activities undertaken by political organisations;
- activities which subsidise commercial activities;
- clinical trials;
- purchase of pharmaceuticals; and
- projects and activities that duplicate existing resources or initiatives.

2.5 Additional requirements

If the Activity is oversubscribed

Applications will be ranked on a merit-based process against the assessment criteria and value with relevant money considerations, with funding allocated by order of merit.

If the Activity is undersubscribed

Subsequent funding rounds may occur to address any gaps in Activity delivery. For example gaps could be geographical and/or population coverage.

From time to time, the Australian Government may direct additional or supplementary funding to services under the Activity. For example providing targeted services to areas where evidence shows that there is a demonstrated need.

3 Probity

The Australian Government is committed to ensuring that the process for providing funding under the Grant Activity is transparent and in accordance with published Guidelines.

Note: Guidelines may be varied from time-to-time by the Australian Government as the needs of the TIS Activity dictate. Amended Guidelines will be published on the department's website.

These TIS-specific guidelines will remain in effect until superseded by the Indigenous Australians' Health Programme (IAHP) guidelines.

3.1 Conflict of interest

A conflict of interest may exist if departmental staff, any member of an advisory panel or expert committee, and/or the applicant or any of its personnel:

- Has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a departmental officer;
- Has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicants in carrying out the proposed activities fairly and independently; or
- Has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the granting of funding under the Activity.

Each party will be required to declare as part of their application, existing conflicts of interest or that to the best of their knowledge there is no conflict of interest, including in relation to the examples above, that would impact on or prevent the applicant from proceeding with the project or any funding agreement it may enter into with the Australian Government.

Where a party subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to this application for funding, external parties must inform the department in writing immediately. Departmental staff or members of any advisory panel or expert committee must advise the chair of the assessment panel. Conflicts of interest will be handled in compliance with Australian Public Service Commission policies and procedures.

3.2 Privacy - Confidentiality and Protection of Personal Information

Each applicant will be required to declare as part of their application, their ability to comply with the following Legislation/Clauses it may enter into with the Australian Government.

The Protection of Personal Information Clause requires the funding recipient to:

- comply with the *Privacy Act (1988) (*'the Privacy Act'*),* including the 13 Australian Privacy Principles (APPs) which are contained in Schedule 1 of the Privacy Act;
- impose the same privacy obligations on any subcontractors it engages to assist with the activity.

The Confidentiality Clause imposes obligations on the funding recipient with respect to special categories of information collected, created or held under the funding agreement. The funding recipient is required to seek the department's consent in writing before disclosing confidential information.

Further information can be found in the terms & conditions of the funding agreement.

4 Type of Application Process

Eligible organisations are able to apply for funding through a targeted grant round. All proposals for funding will be assessed against the selection criteria outlined in section 6.2 of these Guidelines. Section 1.9 Activity Timeframes outlines the expected timelines for grant rounds under this programme.

The funding round will be finalised when either:

a) all available funding is allocated to successful applicants; or
b) the list of suitable applicants is exhausted, in which case a subsequent open round may be held to allocate remaining funds.

The bulk of the grant funding will be available through:

Targeted or restricted funding rounds

Funding through targeted or restricted competitive funding rounds will open and close on nominated dates. These grant rounds will be open to a small number of potential funding recipients based on the specialised requirements of the granting activity or project under consideration.

The funding round will be finalised when either:

a) all available funding is allocated to successful applicants; or
b) the list of suitable applicants is exhausted, in which case a subsequent open competitive round may be held to allocate remaining funds.

Procurement

Funds may also be used for the procurement of work directly related to the purpose of the Activity. Such procurements will be undertaken in accordance with the requirements of the Commonwealth Procurement Rules and will be for purposes that are consistent with the objectives and priorities of the Activity. The Department will establish the National Best Practice Unit through a procurement process using Activity funds.

Other opportunities for grant funding may be available through:

Open competitive funding rounds

Allocation of any remaining funds, as well as future years' funding, may be through open, competitive funding rounds, for a range of purposes such as targeting high-need areas and priorities identified through consultation with the Indigenous Health Partnership Forums.

5 Application Process

5.1 Obtaining an application pack

The Approach to Market (ATM) documentation will be supplied directly to the applicants for targeted funding rounds or made publicly available on the department's Tenders and Grants website for open funding rounds.

5.2 Application requirements

Applications should be submitted to the department by the date specified in the approach to market documentation and should meet all the requirements outlined below.

Applications should address all of the relevant criteria to be considered for funding. These criteria are outlined in the approach to market documentation. It is important to complete each section of the application form and use the checklist to make sure each requirement has been considered.

5.3 How to submit an application

Applications must address the eligibility and assessment criteria specified in these guidelines. Applications must be submitted in the format specified in the Approach to Market documentation.

6 Selection Process

6.1 Assessment process

The department has established a division that is focused on managing and administering grants. A specialised assessment section has been formed with staff that has a high level of training and expertise in the assessment process. A panel will be convened by the grant assessment section with a staff member from the relevant policy section, including any relevant technical experts to assist in the assessment process. Applications will be assessed against the eligibility and selection criteria to select shortlisted applicants and to create a merit list. Any non-APS members or independent advisers invited to provide 'expert' advice to the Assessment Committee will be treated as agency staff as per Part 1, section 2.8 of the CGRGs.

The selection process is undertaken in two stages.

Stage 1 – Eligibility Criteria

Each applicant must satisfy all Eligibility Criteria in order to be considered for further assessment. This will be determined by the Assessment Committee.

Stage 2 – Selection Criteria

Only applications that satisfy all Eligibility Criteria (if any) will proceed to Stage 2. Applications will then be assessed against the selection criteria to ensure value with relevant money is achieved in line with the aims and objectives of the Activity.

6.2 Selection Criteria

Applications for funding under the Activity will be assessed against the criteria outlined in the Application Form.

All selection criteria will be appraised against the Activity objectives and its policy priority(ies). The selection criteria identify those applicants with the capability to best meet the focus of this Invitation to Apply and the relevant objectives of the Activity. The assessment against the criteria will be used to identify those applicants with the capacity to best meet the priorities of the Activity.

To assist with the appraisal of an application, clarifying information may be requested by the department. Applicants will be notified by email or post where this is required.

Value with Relevant Money

All funds provided under the Programme for grants and procurement activities are considered relevant money. The Australian Government is required to make proper use of public resources, including achieving value with relevant money. The department considers the following factors in assessing whether a grant will achieve value with relevant money:

- how well the application aligns with the outcomes and objectives of the Programme and the Australian Government's current health priorities;
- whether the requested grant will achieve something worthwhile that would not occur without the grant;
- the applicant's relevant skills and prior experience delivering similar activities;
- the applicant's past performance in delivering grant activities funded by the Commonwealth;
- referee reports;
- the systems and procedures that the applicant has in place for effectively managing grant funds and achieving objectives;
- the applicant's approach to risk management;
- the quantum of funds requested to deliver the grant activities;
- the allocation of grant funds indicated in any indicative budget that forms part of the funding application; and
- the geographic and population coverage of the activity.

Funding agreements will be negotiated to avoid duplication or overlaps in coverage.

7 Decision Making

7.1 Approval of funding

Following an assessment of the applications by the assessment panel, advice will be provided by the panel chair to the funding Approver on the merits of the application/s.

The Approver will consider whether the proposal will make an efficient, effective, ethical and economical use of Commonwealth resources, as required by Commonwealth Legislation, and whether any specific requirements will need to be imposed as a condition of funding.

Funding approval is at the discretion of the Approver.

7.2 Advice to Applicants

Funding recipients will be advised in writing. Letters to successful applicants will contain details of any specific conditions attached to the funding. Funding approvals will also be listed on the department's website.

In the interests of timely notifications, the department will notify applicants not shortlisted and therefore not progressing, at the time that applications are shortlisted. The department will notify all shortlisted but unsuccessful applicants, in writing, after execution of agreement/s.

7.3 Complaint handling

The department's Procurement and Funding Complaints Handling Policy applies to complaints that arise in relation to a procurement or funding process. It covers events that occur between the time

the request documentation is released publicly and the date of contract execution, regardless of when the actual complaint is made.

The department requires that all complaints relating to a procurement or funding process must be lodged in writing. Further details of the policy are available on the department's website.

8 Governance and Accountability

8.1 Contracting arrangements

Successful applicants will be required to enter into a Funding Agreement with the Commonwealth (represented by the Department).

The department may use either:

- the Department of Health Standard Funding Agreement; or
- the Head Agreement for Multi-Project Funding.

Organisations should not make financial commitments in expectation of receiving funding until a funding agreement has been executed.

The department will negotiate with successful applicants with the aim of having funding agreements signed shortly after a decision by the Approver.

Funded organisations must carry out each activity in accordance with the agreement, which will include meeting milestones and other timeframes specified in the schedule for that activity. They will also outline the record keeping, reporting and acquittal requirements that will apply to successful applicants. The organisation's activities must be carried out diligently, efficiently, effectively and in good faith to a high standard to achieve the aims of the activity and to meet the Activity's objectives. The Activity is targeted at all Aboriginal and Torres Strait Islander people within the service/regional area specified within the funding agreement.

8.2 Specific conditions

Specific conditions may be attached to the funding approval as a result of the assessment process or the risk rating of an organisation or imposed by the Approver. These will be identified in the offer of funding or during funding agreement negotiations.

8.3 Payment arrangements

Payments will be made in accordance with the funding agreement.

The default invoice process for the department is Recipient Created Tax Invoices (RCTI).

8.4 Reporting requirements

Grant recipients must provide the department with an Activity Plan as the first deliverable and the reports for an activity containing the information, and at the times and in the manner specified in the grant agreement and as set out in the Activity Plan. Specific reporting requirements will form part of each funded organisation's agreement with the department. The default reporting requirements for the Activity include:

- six monthly performance reporting against the Activity Plan;
- annual income and expenditure reports; and
- a final report.

Reporting requirements may vary depending on the department's risk assessment of each grant agreement. Risk assessments may be reviewed by the department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

8.5 Monitoring

The funding recipient will be required to actively manage the delivery of the activities required under the funding agreement. The department will monitor progress in accordance with the funding agreement.

8.6 Evaluation

An evaluation by the department will determine how the funded activity contributed to the objectives of the Activity. Funding recipients will be required to provide information to assist in this evaluation for a period of time, as stipulated in the funding agreement, after funding has been provided. The information required will be dependent on the Evaluation and Monitoring Framework being developed for the new Activity. Performance indicators for the reporting on grants will be developed from this Framework in consultation with stakeholders and assistance from the National Best Practice Unit, which will also assist recipients on data collection issues. The overall Activity evaluation will also use this Framework as the basis for seeking any useful additional quantitative and qualitative information. The burden of reporting will be taken into account and where possible existing indicator reporting will be used.

8.7 Branding

Any publications should acknowledge the department as follows:

"**Tackling Indigenous Smoking Activity – an Australian Government Initiative".**

9 Glossary of Terms

Term	Definition
Outcomes-based	– Expected outcomes are defined while the means of achieving outcomes can vary, which allows for tailoring activities to local needs. – Outcome measures will show how much progress is being made towards achieving the Activity objectives. – Outcome measures are short term (increased awareness of smoking-related harm) and long term (decrease in number of current smokers).
Place-based	– Local planning, ownership of solutions by the community. – Tailoring activities to local needs expressed as local outcomes sought. – Encourage integration with other relevant services and holistic support for individuals.