

## Request for Funding Proposal Form

Northern Territory PHN (NT PHN) endeavours to assess proposals requesting funding less than \$50,000 in 15-20 business days. To enable NT PHN to assess your request for funding, please complete this proposal form and email it, along with any supporting documentation, to [fundingrequest@ntphn.org.au](mailto:fundingrequest@ntphn.org.au)

Before applying, applicants should reflect on:

- Efficient use of resources such as human capital, infrastructure and partnerships to meet project aims
- Effective engagement with target population through locally and culturally appropriate services
- Measures to monitor and evaluate activities to track project success
- Defining short-term, medium-term and long-term outcomes including plans for sustainability.

Applicants must clearly identify the need for the proposal and describe how it aligns with NT PHN's needs assessment, strategic plan, and/or the Australian Government Department of Health's PHN Grant Program Guidelines.

PROPOSAL CHECKLIST	
Does the proposal help meet or address a health need in the Northern Territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Alignment with NT PHN priority areas:</b> Please tick priority areas relevant to the proposal.	<input type="checkbox"/> Mental health <input type="checkbox"/> Digital health <input type="checkbox"/> Workforce <input type="checkbox"/> Aged care <input type="checkbox"/> Population health <input type="checkbox"/> Aboriginal and Torres Strait Islander health
<b>Alignment NT PHN's Strategic Goals:</b> Please tick strategic goals relevant to the proposal.	<input type="checkbox"/> Improve equitable access to primary health care through removal of systemic barriers <input type="checkbox"/> Improve health system integration through innovation, partnerships and coordination <input type="checkbox"/> Supporting practice improvement to enhance primary health care service quality and consumer centred care <input type="checkbox"/> Develop a sustainable multidisciplinary health workforce to meet needs across the NT <input type="checkbox"/> Outcome success measures are achieved with an efficient allocation of resources
<b>Alignment with NT PHN's Commissioning Principles:</b> Please tick principles relevant to the proposal.	The Proposal: <input type="checkbox"/> Is consumer centric <input type="checkbox"/> Will strengthen capacity in the NT <input type="checkbox"/> Will support a collaborative approach <input type="checkbox"/> Will support a whole-of-system approach to this issue <input type="checkbox"/> Is evidence based

NT PHN will act in accordance with our Privacy Policy in relation to any personal or otherwise confidential information. A copy of our privacy statement is available on our [website](#).

1. PROVIDER DETAILS			
Legal Entity Name:	Click or tap here to enter text.		
Registered Trading Name (if applicable):	Click or tap here to enter text.		
ABN (or ACN if appropriate):	Click or tap here to enter text.		
Registered Address:	Click or tap here to enter text.		
Postal Address:	Click or tap here to enter text.		
Phone:	Click or tap here to enter text.	Website:	Click or tap here to enter text.
Email:	Click or tap here to enter text.		
Core Business:			

Due to specific requirements associated with NT PHN's funding agreements, we are only able to contract with legal entities, including individuals with an ABN.

2. LEGAL ENTITY DETAILS	
Type of Legal Entity (please select):	A. <input checked="" type="checkbox"/> Company (Incorporated under the Corporations Act 2001) ↳ Provide details: Click or tap here to enter text. <input type="checkbox"/> Please tick if you are a sole director and sole company secretary company
	B. <input type="checkbox"/> Association (Incorporated under State/Territory legislation) ↳ Please state the legislation: Click or tap here to enter text.
	C. <input type="checkbox"/> Aboriginal Corporation (Incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006)
	D. <input type="checkbox"/> Sole Proprietor
	E. <input type="checkbox"/> Other (please state) Click or tap here to enter text.
	F. Please provide details of incorporation (i.e. incorporation number and/or when your constitution was adopted.) <i>Please note if you would like to attach a copy of your Certificate of Incorporation, Registration or your constitution you are welcome to do so.</i>  Click or tap here to enter text.

3. INSURANCE AND FINANCE DETAILS
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Please provide a copy of Certificates of Currency as evidence of insurance coverage as specified below:	
a. Workers' compensation insurance for an amount required in accordance with relevant State or Territory legislation;	<input type="checkbox"/> Attached
b. Public liability insurance in an amount of not less than twenty million dollars (\$20 million) per claim, on an occurrence basis, including vicarious liability where the Provider is employing medical practitioners who are carrying out medical procedures or providing medical advice;	<input type="checkbox"/> Attached
c. Professional indemnity insurance in an amount of not less than ten million dollars (\$10 million) per claim, on an occurrence basis.	<input type="checkbox"/> Attached

Please attach the following documentation to demonstrate the solvency of the organization:	
a. Most recent audited financial report; or	<input type="checkbox"/> Attached
b. If your company is of the size that would not be expected to hold audited financial reports, please submit some type evidence to support the financial robustness of your organization (e.g. income and expenditure statement for the last financial year or a letter of solvency from your accountant).	<input type="checkbox"/> Attached

#### 4. PROPOSAL OVERVIEW

##### 4.1 Purpose of project, program or activity for which funds are sought

Click or tap here to enter text.

##### 4.2 Overview of the proposal- Provide a brief overview of the Project, Program or Activity. (Max 200 words)

Click or tap here to enter text.

#### 5. PROPOSAL DETAILS (max 400 words per question)

##### 5.1 Project Background-Briefly describe the background issue/ need this project is aiming to address, including evidence of need.

Click or tap here to enter text.

##### 5.2 Project aims and objectives- Briefly describe the aims and objectives of this project. What is the social, environmental, cultural and economic value to the proposal activity?

Click or tap here to enter text.

<p><b>5.3 Project Model/Activities-</b> Provide an overview of the activities/services that will be conducted, with estimated timeframes and key milestones. Indicate the geographic region/location of the project and target population.</p> <p>Click or tap here to enter text.</p>
<p><b>5.4 Evidence for this approach-</b> Briefly summarise the evidence base for this approach/project.</p> <p>Click or tap here to enter text.</p>
<p><b>5.5 Uniqueness of this approach-</b> Provide information as to how the proposal has unique characteristics which could support this proposal being considered outside NT PHN's usual procurement processes, does the proposal have other demonstrably unique elements or innovative ideas?</p> <p>Click or tap here to enter text.</p>
<p><b>5.6 Project Inputs and Resources-</b> Briefly describe the staffing and resources that will be required for this project. Will staff delivering the project have any qualifications, experience, skills or knowledge?</p> <p>Click or tap here to enter text.</p>
<p><b>5.7 Clinical Governance-</b> Briefly describe the method and accountabilities within delivery of the project which will ensure the safe and quality delivery of services to be delivered, particularly any clinical or health services to be delivered.</p> <p>Click or tap here to enter text.</p>
<p><b>5.8 Project Outputs/Outcomes-</b> Briefly describe what will change as a result of implementing this project? For example, health status, lowered risk factors, knowledge, skills, changes in behaviour, increase in access to services.</p> <p>Click or tap here to enter text.</p>

<b>6. ENGAGEMENT, PARTNERSHIPS AND EVALUATION</b>	
<b>6.1 Applicant Capacity and Capability-</b> Provide an overview of your organizations experience- including a brief description of your organization/ consortium and previous and performance in delivering a similar activity.	
Click or tap here to enter text.	
<b>6.2 Stakeholder Engagement and Partnership Arrangements-</b> List relevant stakeholders to this project, and how they will be engaged, as well as any partnership arrangements.	
Click or tap here to enter text.	
<b>6.3 Project Evaluation Framework-</b> Indicate the proposed method and indicators for evaluating this project.	
Click or tap here to enter text.	
<b>7. FUNDING AND BUDGET</b>	
<b>7.1 Funding sought from NT PHN-</b> Indicate the amount of funding sought from NT PHN and duration of funding sought.	
Click or tap here to enter text.	
<b>7.2 Project Budget-</b> List annual costs including GST for service delivery component (80%) minimum (salary and wages, salary on-costs, office space, professional indemnity, travel and accommodation, vehicles, professional development and other service delivery) and administration component (20%) maximum (management service fees, office running costs, admin/ office costs).	
<i>Please note the below can be utilised to display budget breakdown or NT PHN are happy to accept a separate attachment if preferred.</i>	
	<b>Annual Costs (\$)</b>

<b>Subtotal Section A (GST excl)</b>	
<b>Sub-total Section B (GST excl)</b>	
<b>Planned Total Expenditure (GST excl)</b>	
<b>GST</b>	
<b>Planned total expenditure GST inclusive</b>	

**7.3 Additional funding sources-** Will NT PHN be the sole source of funding? If not, please outline the funding amounts being contributed from other sources.

Click or tap here to enter text.

**8. OTHER INFORMATION**

8.1 Is this proposal endorsed by the CEO/ Governing Board of your organisation?

Yes ☐

No ☐

8.2 Do you believe that there are any other conflicts of interest here that you need to identify? Please detail any applicable organisational conflicts of interest

Yes ☐ Please detail: Click or tap here to enter text.

No ☐

8.3 Any other Information including attachments (Please identify any other relevant attachments that you are including with this application)

Click or tap here to enter text.