Applications close Wednesday, 7 March 2018, 5:00pm (ACST)

**National Disability Insurance Scheme Sector Development Fund Innovation Grant Program**

Innovating and enhancing service models to increase access to community supports

**Round 2 - Application Form**

**About the applicant**

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| **Name of organisation** |  |
| What location(s) does the applicant provide services in? | [ ] Darwin – urban[ ] Darwin – remote[ ] Katherine[ ] East Arnhem[ ] Barkly[ ] Central Australia |
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| What services does the applicant currently provide?(for example, personal care assistance, recreational activities, transport, supported accommodation, equipment provision or Allied Health services). |  |

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| Applicant’s legal entity type | [ ] Sole trader [ ] Aboriginal Corporation (incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*[ ] Incorporated Association [ ] Incorporated Cooperative [ ] Public Company [ ] Private Company [ ] A partner on behalf of a Partnership [ ] Trustee on behalf of a Trust [ ] Local Government  |

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| ACN (where relevant) and ABN of the organisation |  |

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| Is the applicant registered for GST? | [ ] **Yes**  | [ ] **No** |

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| Please confirm “yes” that you have registered with the Department of Health as an NDIS provider. *Note - to be eligible for consideration for the Innovation Grant Program, applicant must have registered with the Department of Health as an NDIS provider and have commenced the process for approval under the Northern Territory Quality and Safeguarding Framework 2016.* | [ ] **Yes** |

**Proposed project**

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| A short title for your Innovation Grant project  |  |

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| What region or location will your Innovation Grant project be delivered? |  |

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| What is the start date and end date of your Innovation Grant project  | **Start date** (dd/mm/yyyy) **End date** (dd/mm/yyyy) |  |
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**Assessment criteria**

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| 1. **What is your project aiming to achieve?**

Please provide a few dot points on the ultimate aim of your project. *For example, this could be to deliver a new type of service to 10 people in a specific community.*  |
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| 1. **Project design (how you will achieve the aim of your project)**

Provide a summary of your Innovation Grant project, including:* details on the activities that will be undertaken to deliver the project;
* key project dates and milestones;
* how the project will be delivered in a culturally safe manner; and
* how the project will increase local jobs and support Aboriginal economic participation.

*(Maximum: 250 words)* |
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| 1. **Describe the innovation of your project**

Please see the Innovation Grant Program guidelines document for information on what “innovation” means. *(Maximum: 250 words)* |
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| 1. **Describe key community need or gap that your Innovation Grant project is addressing and the target client group for your Innovation Grant project.**

Please include details of how many NDIS participants the Project will assist and include supporting evidence and data (where relevant) to explain the community need or gap.*(Maximum: 250 words)* |
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| 1. **Outputs and outcomes: describe the outputs and outcomes of your Innovation Grant project.**
* Outputs are, amongst other things, the activities provided, items purchased, staff hired, consultants engaged with the funding and sustainability over the long-term.
* Outcomes are the results, impact and accomplishments resulting from the proposed project; for example, the benefits to NDIS participants, their families, carers and the community.

*(Maximum: 250 words)* |
| Outputs: *
*
*

Outcomes:*
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*
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| 1. **How will you know the project has been successful?**

This question is looking for details on how you will collect feedback from participants and/or other stakeholders, monitor and evaluate your project. *(Maximum: 250 words)* |
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| 1. **Collaboration**

Provide information on who you have collaborated with in developing your Innovation Grant project. * Collaboration could include a formal partnership or joint venture with another service provider; however, it does not necessarily need to be formal.
* Collaboration may be discussions with NDIS participants, other service providers or community to seek support for the project. It is important to show that you have discussed your project with NDIS participants/potential NDIS participants.

Where collaboration is formal, please provide an acknowledgement of support letter outlining the role and type of support that will be provided by other Organisations (letter of support template has been provided if you wish to use) *(Maximum: 250 words)* |
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| 1. **Skills and Experience**

What skills and experience does your organisation have that demonstrate that it can:* achieve the objectives identified in this application and
* work successfully with the target client group?

*(Maximum: 250 words)* |
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**Funding sought**

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| How much grant funding are you requesting (GST inclusive)? Please note the maximum grant funding per project is $100,000 (GST inclusive) | $ |

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| Is your Innovation Grant project dependent on additional funding from other sources? *If yes, please provide details. (Limit: 100 words)* | [ ] **Yes**[ ] **No** |
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| Has your Innovation Grant project been previously funded? *If yes, please provide details. (Limit: 100 words)* | [ ] **Yes**[ ] **No** |
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**Contact details**

Details of primary contact for the proposed project application

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| --- | --- |
| **Title** |  |
| **Name**  |  |
| **Job title** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Postal address (for official correspondence)** |  |

**Supporting documents**

Please attach the following documents to support the application.

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| **Document** | **Attached?** |
| 1. Annual report for the year 1 July 2016 – 30 June 2017
 | [ ] Yes [ ] No [ ] N/A  |
| 1. For projects $50,000 and over only:

Expense budget (GST inclusive) outlining how the funds provided by the Innovation Grant will be expended in delivering the proposed project e.g. administration, staffing, program delivery costs (budget template has been provided)Please provide quotes to support substantial/key expenditure identified in the budget. | [ ] Yes [ ] No [ ] N/A  |
| 1. Letter of support, outlining the role and type of support that will be provided by other organisations in delivering your Innovation Grant project (letter of support template has been provided if you wish to use)
 | [ ] Yes [ ] No [ ] N/A |

**Declaration**

I declare that:

* I am authorised to sign and submit this application for funding to the Department of Health.
* I have read and understood the *Innovation Grant Program Guidelines* document provided.
* I declare that the information contained in this application, together with any statement attached is, to the best of my knowledge and belief, true and accurate.
* I understand that I may be requested to provide further information to clarify aspects of this application for the purpose of assessment.
* I understand that if this application is shortlisted for further consideration, a second application form may be required before any offer of funding is made. I also understand that shortlisting of my proposal does not constitute an approval or offer of funding.
* I give consent to the Department of Health to make public the details of the applicant, details of the project and funding received, should the application be successful.

[ ]  I understand and agree to the declaration above

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| Full Name of Authorised Delegate | Position of Authorised Delegate |  | Signature of Authorised Delegate |  | Date |
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**If the Innovation Grant Project will be delivered as part of a formal partnership or joint venture with other organistions or individuals, all parties must sign this declaration.**

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| Name of organisation | Full Name of Authorised Partner |  | Position of Authorised Partner |  | Signature of Authorised Partner |  | Date |
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| Name of organisation | Full Name of Authorised Partner |  | Position of Authorised Partner |  | Signature of Authorised Partner |  | Date |
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| Name of organisation | Full Name of Authorised Partner |  | Position of Authorised Partner |  | Signature of Authorised Partner |  | Date |
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**Submission of project proposals**

Application forms can only be submitted by email to: NDISInnovationGrant.DoH@nt.gov.au.

Please contact the Senior Project Officer, NDIS Implementation on 08 8999 2567 if you experience any difficulties in submitting the application form.