**Initial Expression of Interest**

**Enhancement of Existing Partnerships**

**AOD Hub Grant**

## **Part A: Lead organisation applicant details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name of Applicant**  Eg ABC Pty Ltd | |  | | |
| **Trading Name** | |  | | |
| **Australian Business Number (ABN)** | |  | | |
| **Australian Company Number (ACN)** | |  | | |
| **Address** | |  | | |
| **Contact Number 1** | |  | | |
| **Contact Number 2** | |  | | |
| **Email Address** | |  | | |
| **DECLARATION OF APPLICANT**    The undersigned hereby:   * States that the Applicant complies fully to all the laws of the State of New South Wales and the Commonwealth of Australia; * Declares that its response to this Grant EOI is made in good faith, based on true and correct information, with the capacity and intent to complete the prospective contract without any need for variation; * Understands and agrees to all conditions including, without limitation, obligations and acknowledgement included in the Grant EOI; * Accepts the terms and conditions of the Contractual Agreement referred in the Grant Invitation for the services specified and will enter into this Agreement in the event of its submission being accepted. * Accepts that while organisations may apply to both streams, only one grant will be provided to any individual organisation and that any organisation that submit applications to both streams must indicate the preferred option.     *And tick the boxes below relevant to your application/s to indicate your agreement with the statement*   * Is expressing an interest in providing the services in **Stream 1A** of the AOD Hubs grant (Enhancing Existing Partnership) * Is expressing an interest in providing the services in **Stream 1B** of the AOD Hubs grant (New Priority Population Hub)     If applying for both streams, please state your preferred stream:  Stream 1A or  Stream 1B | | | | |
| **Declarant Name** |  | | **Position Title** |  | |
| **Signature** |  | | **Date** |  | |
| **Duly authorised to sign tenders for and on behalf of:** (organisation name) | | |  | |

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## **Part B: Eligibility to apply for NSW Health AOD Hubs grants**

Eligibility criteria outline the minimum requirements you (the applicant) must meet to be eligible for funding. You cannot receive funding unless you meet ALL of the criteria below.

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Question & Description** | **Response** |
| **Non-government** | **Are you a non-government organisation (including ACCO)?**  Only non-government organisations (including Aboriginal Community Controlled Organisations) are eligible to apply as lead applicant.  LHDs, PHNs and other government entities are **not** eligible to apply but may be one of the partner organisations. | **Yes/No** |
| **Not for profit** | **Do you plan to operate as a not-for-profit organisation?**  A not-for-profit organisation doesn’t operate for the profit, personal gain or other benefit of its members either during its operation or if it winds up (closes down).  More information can be found here <https://www.nfplaw.org.au/free-resources/getting-started/what-does-not-for-profit-mean> | **Yes/No** |
| **Incorporated** | **Is at least one party to this application already incorporated?**  In order to receive a grant, an organisation must be incorporated in Australia, under the Associations Incorporation Act 2009 (NSW), the Corporations Act 2001 (Cth), the Co-operatives (Adoption of National Law) Act 2012 (NSW), the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) or any other law. | **Yes/No** |
| Which law are you incorporated under: | |
| **Accredited** | **Is at least one party to this application already accredited (or working toward accreditation)**  Organisation accreditation is independent verification that an organisation meets the requirements of defined criteria or standards. | **Yes/No** |
| **What accreditation does your organisation have currently?**  **What, if any, other accreditation are you in the process of seeking?** | |
| **Partners with a history of working with people experiencing AOD-related harms** | **Do the lead applicant and the partner organisation/s have a history of working together?**  **Does at least one of the partner organisations have a history of working with people experiencing AOD-related harm?**  The AOD service delivery experience does not need to be exactly the same type of service as the grant application service. For example, your service may have been delivering a counselling service but now wants to add to that service by running a case management support service. | **Yes/No**  **Yes/No** |

**If you answered ‘No’ to any of these questions, you are not eligible to apply for a grant.**

If you answered ‘Yes’ to all these questions, please continue with the application for grant.

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## **Part C: Details about your organisation and your proposal**

*For this stage of the EOI, only short answers are required. No more than 200 words should be provided for any of the answers.*

*An evaluation panel will review the information received to create a shortlist. The organisations on the shortlist will be invited to submit a more detailed application for grant funding.*

**Stream 1A is to apply for funding to enhance an existing partnership of organisations working together.**

**Your partnership**

1. Please name the organisations in the partnership who are applying for this grant? If one is the lead applicant, please note which one (the lead must be either an NGO or an Aboriginal Community Controlled Organisation).

*Answer:*

1. How long have the organisations been working together as a partnership?

*Answer:*

1. What are the governance or decision-making arrangements for the partnership that guide how you work together? e.g. Is there a joint committee, a joint board or working group with members from each organisation responsible for decision making?

Please describe the role and membership of any committee or group, how often it meets and whether there are meeting papers such as minutes and agendas. If no joint governance is in place, note this as ‘nil’.

*Answer:*

1. What documents, processes or protocols guide how you deliver care in partnership? E.g. Do you have written agreements (such as an MoU) about patient pathways, regular joint case meetings, a letter or email setting out the way you deliver services together, shared funding – please give a small amount of detail for each point to show how you are working together as partners. If no formal processes or documents are in place, note this as ‘nil’.

*Answer:*

**Your proposal**

1. How much funding are you seeking for this grant per year and over four years?

*Amount per year*:

*Amount for four years*:

1. a) What town will your 'Hub' be based in and what will the catchment area be?

b) Why are the additional services needed here?

|  |  |
| --- | --- |
| Hub main office location | Other locations where services will be provided (including outreach, virtual care) |
|  |  |
| How do you know this is needed in these areas? | |

1. a) Describe what services (treatment and support) the partnership *currently* provides to service users and what you *propose* to provide if successful in getting this grant. *Please note this must include drug and alcohol services (currently or proposed – or both)*

b) How would the new services improve the service users’ experiences and outcomes?

|  |  |
| --- | --- |
| Current services | Proposed services |
|  |  |
| Anticipated improvements to consumer experience and outcomes as a result of enhanced services: | |

1. For your proposed Hub, what treatment and support services will be provided directly by your Hub team and which will be referred to other service providers? (Please indicate existing roles/services and new roles/services and include AOD, health and broader social, community and cultural – a few examples are provided as guidance for how to fill in the table; these are not mandatory positions).

| **Role/service** | **Existing or new?** | **Co-located** | **Virtual/**  **In-reach/**  **Outreach/ Onsite/ other** | **FTE**  (full time equivalent staff) | **Comments** |
| --- | --- | --- | --- | --- | --- |
| *e.g. Care navigator* | *New* | *Yes* | *Onsite at Hub and outreach to Town X once a week* | *1.5* | *1 x part time peer and 1 part time Aboriginal-identified care navigator* |
| *e.g. AOD counselling* | *Existing* | *No* | *Onsite at Hub plus virtual outreach* | *2* | *New agreement with Name AMS to use space and equipment for telehealth at XX town on Mon/ Wed* |
| *e.g. Comorbidity nurse* | *New* | *No* | *In-reach from LHD* | *0.2* | *Weekly clinic* |
| *Eg Aboriginal Health worker or Aboriginal- identified AOD worker* | *New* | *Yes* | *Onsite and outreach* | *1* | *Minimum Cert IV* |
| *Dentist* | *New* | *No* | *Warm Referral* | *N/A* | *Agreed Fee for service (brokerage)* |
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1. Are there any clients that would not be eligible to access your service? If yes, please provide details.