**Expression of Interest**

**Priority Population AOD Hub Grants**

## **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.   *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) | | |  | |

**Expression of Interest**

**Enhanced Existing Partnerships**

**AOD Hub Grant**

## **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 Aboriginal Community Controlled Organisations (ACCO)?**  Only non-government organisations (including ACCOs) 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 do the applicant organisations have currently?** Please indicate the accreditation of each organisation applying  **What, if any, other accreditation is each organisation in the process of seeking?** | |
| **Partners with a history of working with people experiencing AOD-related harms** | **Does at least one of the partner organisations have a history of working with people experiencing AOD-related harm?**  **Does at least one of the partner organisations have expertise in providing services to the priority population?** | **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.

**Expression of Interest for Grant to establish a**

**new AOD Hub for Priority Populations**

## **Part C: Details about your organisation/s 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, often less.*

*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.*

Shape

**Stream 1B is to apply for funding to operate a new AOD Hub for a priority population. To provide the full range of holistic services required, this is likely to require a partnership of organisations working together.**

**Priority population group**

1. What priority population group will this Hub serve?

*Answer:*

**Partner organisations**

1. a) What organisations have agreed to work in partnership to establish and operate the Hub?

b) What other organisations have agreed to collaboratively provide care for Hub service users eg via care pathways, collaborative care plans, supported and streamlined referrals?

Where a partnership or collaborative arrangement with an organisation is proposed but not yet formally agreed, note that in the table below by adding (\*proposed) after their name.

|  |  |
| --- | --- |
| a) Hub partner organisations (to operate the Hub) | b) Other organisations |
| Lead:  Partners: |  |

1. Please describe the experience and expertise that at least one of the partner organisations has in providing high quality evidence-based culturally-safe care for the relevant priority population.

*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. Where would the Hub be located and what would the catchment area be (including outreach and virtual services)? Why did you choose this area?

|  |  |
| --- | --- |
| Hub main office location | Other locations where services will be provided (including outreach, virtual care) |
|  |  |

|  |
| --- |
| Why are you proposing to provide the service in these areas? |

1. Describe what services, treatment and support people would be able to receive through your proposed Hub if your application is successful.

*Please include information about what type of services would be provided directly by Hub team members as well as services delivered by partner organisations or through referrals to other organisations as part of a collaborative care plan. Examples of services include case management, counselling, primary care, mental health services, child and family services, housing, physiotherapy, care navigation etc. Drug and alcohol services must be a key element of services proposed to be provided.*

|  |  |
| --- | --- |
| Proposed services | |
| Services, treatment and support provided by Hub team members | Services, treatment and support to be provided by other organisations |
|  |  |

1. How do you intend to tailor the Hub services to the needs of the priority population group?

*Answer:*

1. Are there any clients that would not be eligible to access your service? If yes, please provide details.

1. Which services will be provided directly by your Hub team and which will be referred to other service providers? Please use the template below – add extra rows as required.

*(Please indicate number of staff proposed to be funded from this grant. Please include AOD, health and broader social, community and cultural care and support where relevant. A few examples are provided as guidance for how to fill in the template – these are not mandatory services)*

| **Role/service** | **Co-located** | **Virtual/**  **In-reach/**  **Outreach/ Onsite/ other** | **FTE**  (full time equivalent staff) | **Comments** |
| --- | --- | --- | --- | --- |
| *e.g. Care navigator* | *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* | *No* | *Onsite at Hub plus virtual outreach* | *2* | *New agreement with Name NGO to use space and equipment for telehealth at XX town on Mon/ Wed* |
| *e.g. Comorbidity nurse* | *No* | *In-reach from LHD* | *0.2* | *Weekly clinic* |
| *e.g Aboriginal Health worker or Aboriginal- identified AOD worker* | *Yes* | *On site and outreach* | *1* | *Minimum Cert IV* |
| *e.g Dentist* | *No* | *Warm referral* | *NA* | *Agreed fee for service (brokerage)* |
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|  |  |  |  |  |
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|  |  |  |  |  |

1. How would the Hub improve the service users’ experiences and outcomes compared to currently available service delivery?

*Answer:*