

Invitation to apply for GO5230

Dear [Stakeholder],

You are invited to apply for up to \$XXX (GST Exclusive) in funding under the **Emergency and Service Continuity Support Grant Opportunity GO5230**, in relation to [Emergency].

The funding offered is for expenditure related to the [what the funding is for e.g. rectification of building, equipment or other damage, demountable, based on information from the funding agreement manager or similar etc].

Due to extenuating circumstance, [outline the circumstance including urgency of the event/potential to impact services], the Department is not requiring a formal application form at this time. However, you will still need to submit evidence to support your request for funding as per below.

If you would like to apply for this funding, please respond to this email with the following information. Short, dot points are acceptable:

- [outline what information is required including photos, quotes or paid invoices].

You may wish to use the follow table to outline the requested funding amounts and what activity to be undertaken:

| Work/activity | Company | Quote/Invoice | Funding (GST exclusive) |
|------------------------------------|-----------------------|---------------|---------------------------------|
| e.g. Repair of damaged roof | e.g. Canberra Roofing | Quote | \$50,000 |
| e.g. replacement of vaccine fridge | e.g. Good Guys | Invoice | \$2,500 |
| | | | |
| TOTAL | | | \$52,500 (GST exclusive) |

In populating the table please advise if alternative quotes were sought, and if so, why did the organisation choose the businesses which did the work or provided the equipment (e.g. was the process competitive or were they the only available supplier who could deliver at short notice).

In addition to a value for money assessment for your proposal for use of the grant funding, the assessment process will also consider your performance against your current IAHP Primary Health Care deliverables, and other information held by and available to the Department.

All information regarding this Grant Opportunity can be found on the whole-of-government grants publication website, [GrantConnect](#).

Please note that to access the grant opportunity documents, you will need to register, if you have not already done so.

Any questions regarding this grant opportunity or access to [GrantConnect](#), please contact the Health Grants team on (02) 6289 5600, or email Grant.ATM@health.gov.au.

A response to this offer to apply for funding under this grant opportunity is required by 2pm, Canberra Local Time, DAY, XX, XXX 202X.

Any questions regarding this grant opportunity should be sent no later than Xpm, Canberra Local Time, Day Date 202X.

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH AND AGED CARE

s22

From: s47
Subject: INVITATION TO APPLY: Emergency and Service continuity Support for IAHP Funded Organisations (GO5320)

Good Afternoon [Stakeholder],

The Department of Health and Aged Care Indigenous Health Division invites your organisation to apply for **up to \$[Amount]** (GST exclusive) in **[financial year]** under the Emergency and Service Continuity Support for IAHP Funded Organisations GO5230, in response to the **[outline the circumstance including urgency of the event/potential to impact services]** in your region.

The funding should be used for activities that will help to ensure continuity of primary health care services.

Eligible activities are described in section 5.1-5.3 of the Grant Opportunity Guidelines.

Please read the below information carefully before following the link to apply.

| Key information | Details |
|---|---|
| Response Closing Date: | [Day, date, year] |
| Response Closing Time: | 17:00 ACT local time |
| Question Closing Time: | [Day, date, year] |
| Eligible funding application amount: | \$[Amount] (GST exclusive) in [Financial year] |
| Contact: | Grant.atm@health.gov.au (02) 6289 5600 The Department will respond to questions within three working days |
| Requested attachments to the application: | <ul style="list-style-type: none"> Indicative budget including evidence of quotes and estimates Activity work plan Risk management plan Evidence/photos of damage to building If applicable, evidence/information regarding why the proposed activities can not be covered by insurance. |
| Please note: | <ul style="list-style-type: none"> Your proposed activities must fit the Grant Opportunity eligible activities (section 5 of the guidelines) Your proposed activities must be for costs not covered by insurance – if activities include items that would normally covered by insurance, please specify why insurance is not available to address the issues. |
| Application link: | s47E(d) |

Should you have any further questions regarding this grant opportunity or access to GrantConnect, please contact the Health Grants Team on (02) 6289 5600 or email: grant.ATM@health.gov.au.

Thank you,

[Name]

Health Grants Team

Australian Government Department of Health and Aged Care

T: 02 6289 5600 | E: Grant.ATM@health.gov.au

PO Box 9848, Canberra ACT 2601, Australia



The Department of Health and Aged Care acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

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