



**Commonwealth
Standard Grant Agreement**
between
the Commonwealth represented by
Department of Health and Aged Care
and
CatholicCare Victoria Tasmania

Grant Agreement

Once completed, this document, together with each set of Grant Details and the Commonwealth Standard Grant Conditions (Schedule 1), forms an Agreement between the Commonwealth of Australia (the Commonwealth) and the Grantee.

Parties to this Agreement

The Grantee

Full legal name of Grantee	CatholicCare Victoria Tasmania
Legal entity type (e.g. individual, incorporated association, company, partnership etc)	Company
Trading or business name	
Any relevant licence, registration or provider number	
Australian Company Number (ACN) or other entity identifiers	
Australian Business Number (ABN)	32 150 113 947
Registered for Goods and Services Tax (GST)	Y
Date from which GST registration was effective	
Registered office (physical/postal)	383 Albert Street, EAST MELBOURNE VIC 3002
Relevant business place (if different)	
Telephone	s47F
Fax	03 9287 5599
Email	s47G(1)(a)

The Commonwealth

The Commonwealth of Australia represented by Department of Health and Aged Care
 23 Furzer Street PHILLIP ACT 2606
 ABN 83 605 426 759

Background

The Commonwealth has agreed to enter into this Agreement under which the Commonwealth will provide the Grantee with one or more Grants for the purpose of assisting the Grantee to undertake the associated Activity.

The Grantee agrees to use each Grant and undertake each Activity in accordance with this Agreement and the relevant Grant Details.

Scope of this Agreement

This Agreement comprises:

- (a) this document;
- (b) the Supplementary Terms from the Clause Bank (if any);
- (c) the Standard Grant Conditions (Schedule 1);
- (d) the Grant Details;
- (e) any other document referenced or incorporated in the Grant Details.

Each set of Grant Details, including Supplementary Terms (if any), only applies to the particular Grant and Activity covered by that set of Grant Details and a reference to the 'Agreement' in the Grant Details or the Supplementary Terms is a reference to the Agreement in relation to that particular Grant and Activity. If there is any ambiguity or inconsistency between the documents comprising this Agreement in relation to a Grant, the document appearing higher in the list will have precedence to the extent of the ambiguity or inconsistency.

This Agreement represents the Parties' entire agreement in relation to each Grant provided under it and the relevant Activity and supersedes all prior representations, communications, agreements, statements and understandings, whether oral or in writing.

Certain information contained in or provided under this Agreement may be used for public reporting purposes.

Grant Details

Organisation ID:	1-METLHF
Agreement ID:	4-JJSKYRJ
Program Schedule ID:	4-JJT3R13

A. Purpose of the Grant

The purpose of the Grant is to:

- boost the training pipeline by training more psychology students that can go on to practice in the mental health sector.
- fund an additional 500 internships for provisional psychologists in the 5+1 pathway.
- prioritise funding for internships relevant to priority populations, including First Nations people, people from CALD communities and regional, rural and remote communities, and
- prioritise internships being allocated to service delivery settings that are in greatest need, such as community mental health, and child and youth services.

This Grant is being provided under, and these Grant Details form part of, the Agreement between the Commonwealth and the Grantee.

The Grant is being provided as part of the National Leadership in Mental Health program.

Activity Title: National Mental Health Workforce Strategy

Activity ID: 4-JJU6CRX

B. Activity

- provide internship opportunities in a range of locations.
- increase the availability of internships to support provisional psychologists to registration and practice.
- increase access to internships for provisional psychologists from priority populations including First Nations people, people from CALD communities and people in regional, rural and remote locations, and
- increase access to services in areas of greatest need, such as community mental health, and child and youth services. The Activity will be measured against the below performance Indicators.

Performance Indicators

The Activity will be measured against the following Performance Indicator/s:

Performance Indicator Description	Measure
s47G(1)(a)	

Location Information

The Activity will be delivered from the following site location/s:

	Location Type	Name	Address
1.	Direct Funded	CatholicCare Victoria Tasmania	383 Albert Street EAST MELBOURNE VIC 3002

Service Area Information

The Activity will service the following service area/s:

	Type	Service Area
1.	Australia (2016)	Australia

C. Duration of the Grant

The Activity starts on 1 May 2024 and ends on 1 April 2028, which is the **Activity Completion Date**.

The Agreement ends on 1 July 2028 or when the Commonwealth accepts all of the reports provided by the Grantee and the Grantee has repaid any Grant amount as required under this Agreement, which is the **Agreement End Date**.

D. Payment of the Grant

The total amount of the Grant is \$4,192,009.00 excluding GST (if applicable).

A break down by Financial Year is below:

Financial Year	Amount (excl. GST if applicable)
2023-2024	s47(1)(b)
2024-2025	
2025-2026	
2026-2027	

The Grantee must ensure that the Grant is held in an account in the Grantee's name and which the Grantee controls, with an authorised deposit-taking institution authorised under the Banking Act 1959 (Cth) to carry on banking business in Australia.

The Grantee's nominated bank account into which the Grant is to be paid is:

BSB Number	s47G(1)(a)
Financial Institution	
Account Number	
Account Name	

The Grant will be paid in instalments by the Commonwealth in accordance with the agreed Milestones, and compliance by the Grantee with its obligations under this Agreement.

Milestone	Anticipated date	Amount (excl. GST)	GST (if applicable)	Total (incl. GST if applicable)
Payment 1	15 May 2024	s47(1)(b)		
Payment 1	30 August 2024			
Payment 2	3 February 2025			
Payment 1	30 August 2025			
Payment 2	3 February 2026			
Payment 1	30 August 2026			
Payment 2	3 February 2027			
Total Amount				

Invoicing

The Grantee agrees to allow the Commonwealth to issue it with a Recipient Created Tax Invoice (RCTI) for any taxable supplies it makes in relation to the Activity.

E. Reporting

The Grantee agrees to create the following reports in the form specified and to provide the reports to the Commonwealth representative in accordance with the following.

Milestone	Information to be included	Due Date
Activity Work Plan	s47(1)(b)	1 July 2024
Performance Report		30 July 2024
Performance Report		1 July 2025
Activity Work Plan		1 July 2025
Activity Work Plan		1 July 2026
Performance Report		30 July 2026
Performance Report		2 May 2028
Financial Acquittal Report		1 June 2028
Final Report		1 June 2028

E.1 Performance Reports

Performance Report including Income and Expenditure Statement

The Grantee is required to submit to the Commonwealth, a Performance Report including an Income and Expenditure Statement on a template provided, every 12 months during the term of the Activity in accordance with the due dates specified in Item E.

Each Performance Report for the Activity is to contain information on the performance of the Activity during the reporting period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met to date;
- a description of the specific Activity Milestones or other outcomes completed during the reporting

period; and

- an explanation as to how the Grantee is addressing any issues, problems or delays previously identified with the Activity and an explanation of any further issues, problems or delays encountered in relation to the Activity to date and how the Grantee intends to address them and;
- an income and expenditure statement against the Activity Budget.
- Report to include selection process; number of applicants and eligible applicants received, and the number of FTE scholarship places awarded as per requirements in Item E.1.

E.2 Activity Work Plan

The Grantee is required to submit to the Commonwealth, an Activity Work Plan and Budget on a template provided, every 12 months during the term of the Activity in accordance with the due dates specified at Item E.

The Activity Work Plan must set out the key work activities and deliverables of the Grant, and demonstrate how the Grantee will achieve the Activity objectives specified at Item B. It must include an annual budget and may include other administrative controls intended to help manage Activity risks.

Once approved by the Commonwealth, the Activity Work Plan will form part of the Agreement.

If the Grantee or the Commonwealth identifies a need to revise the approved Activity Work Plan, any proposed changes must be accepted and approved by the Commonwealth.

E.3 Financial Acquittal Reports

Financial Declaration and Non-audited Income and Expenditure Statement

The Grantee is required to submit to the Commonwealth, a Financial Declaration, on a template provided, and a Non-audited Income and Expenditure statement within one month after the Activity Completion Date in accordance with the due dates specified at the Item E.

The Financial Declaration and Non-audited Income and Expenditure Statement must be signed by the Grantee and certify that the Grantee has spent grant funding to perform the Activity as set out in the Agreement. Where applicable, the Grantee must include details of any unspent funds.

The Non-audited Income and Expenditure Statement must:

- be prepared in accordance with the applicable Australian Accounting Standards;
- be based on proper accounts and records for the Grantee;
- verify that grant funding was spent to perform the activity as set out in the Agreement; and
- Include any other matters as specified in the Agreement.

The Financial Declaration and Non-audited Income and Expenditure Statement must be certified by the Board, the Chief Executive Officer or an Authorised Officer of the Grantee.

E.4 Other Reports

Final Report

The Grantee is required to submit to the Commonwealth, a Final Report on a template provided by the date specified in Item E.

The Final Report for the Activity is to contain information on the performance of the Activity for the entirety of the Activity period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met;
- a description of the specific Activity Milestones or other outcomes completed during the Activity period; and
- an explanation as to how the Grantee addressed any issues, problems or delays identified with the Activity.

F. Party representatives and address for notices

Grantee's representative and address

Grantee's representative name	s47F
Position	Preferred authorised contact
Business hours telephone	s47F
E-mail	s47F

Commonwealth representative and email address

Business hours telephone	Not applicable
E-mail	s47E(d) @dss.gov.au

The Parties' representatives will be responsible for liaison and the day-to-day management of the Grant, as well as accepting and issuing any written notices in relation to the Grant.

Disclaimer and explanatory notes

Disclaimer

By executing this agreement you agree that you have read and accept this disclaimer, including the explanatory notes on how to duly execute this agreement. You warrant that your identity has been verified, you have legal capacity and authority to enter into this agreement, and you are signing in accordance with all legal instruments that apply to you and/or the legal entity which you represent.

Explanatory notes

- If you are an **individual**, you must download, print and sign the agreement in wet-ink in the presence of a witness (the witness date must be the same as the signatory date).
- If you are a **partnership**, the signatory must be all partners, or one partner with the authority to sign on behalf of all partners receiving the grant. You should be prepared to provide evidence of this authorisation upon request.
- If you are a **proprietary company incorporated under the Corporations Act 2001 (Cth)**, the signatory must be the sole director and company secretary, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of the sole director and company secretary acting as a witness (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are a **company incorporated under the Corporations Act 2001 (Cth)**, the signatories must be two directors, or one director and one company secretary, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of two directors, or one director and one company secretary acting as a witness, or if your company has only one director – that director and a suitable witness, (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are a **company incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) (CATSI Act)**, the signatories must be two directors, one director and one company secretary, or if your company has only one director – that director, as required under section 99-5 of the CATSI Act. If required by your Constitution, please affix your **company seal** in the presence of two directors, or one director and one company secretary, or if your company has only one director – that director. For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are an **individual trustee of a trust**, you must download, print and sign the agreement in wet-ink in the presence of a witness (the witness date must be the same as the signatory date). You must sign in your capacity as a trustee and not the trust. The trustee is the legal entity entering into the agreement. The words 'as trustee for [name of trust]' should be included in the signature block.
- If you are a **corporate trustee of a trust**, the signatory must be the sole director and company secretary in the proprietary company, or two directors in the company, or one director and one company secretary in the company, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of the sole director and company secretary in the proprietary company, or two directors in the company, or one director and one company secretary in the company, acting as witness (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink. The company must sign in its capacity as a trustee and not the trust. The trustee is the legal entity entering into the agreement. The words 'as trustee for [name of trust]' should be included in the signature block.

- If you are an **incorporated association**, you must refer to the legislation incorporating the association as it will specify how documents must be executed. This process may differ between each State and Territory. If an authorised person is executing a document on behalf of the incorporated association, you should be prepared to provide evidence of this authorisation upon request.
- If you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required (the witness date must be the same as the signatory date).

Organisation ID:	1-METLHF
Agreement ID:	4-JJSKYRJ
Program Schedule ID:	4-JJT3R13

Signatures

Executed as an Agreement

Signed for and on behalf of the Commonwealth of Australia by the relevant Delegate, represented by and acting through Department of Health and Aged Care, ABN 83 605 426 759 in the presence of:

s47F

(Name of Departmental Representative)

s47F

(Signature of Departmental Representative)

Team Leader, Community Grants Hub

05/06/2024

(Position of Departmental Representative)

s47F

s47F

(Name of Witness in full)

(Signature of Witness)

05/06/2024

Signed for and on behalf of CatholicCare Victoria Tasmania, ABN 32 150 113 947 in accordance with its rules, and who warrants they are authorised to sign this Agreement:

s47F

(Name and position held by Signatory)

s47F

(Signature)

s47F

(Name and position held by second Signatory/Name of Witness)

s47F

(Signature of second Signatory/Witness)

05 / 06 / 2024

5./6./2024



Australian Government

Department of Health and Aged Care

Mental Health Program

Addressing Critical Psychology Shortages – Supporting Provisional Psychologists to Practice Grant Opportunity Manual Application Form GO6626

Closing date and time:	2:00pm (Canberra local time) on 20 December 2023
Commonwealth policy entity:	Department of Health and Aged Care (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: Grant.ATM@health.gov.au
Submitting:	<p>Submit the completed application form and all necessary attachments by the closing date and time via the red Submit Application button on the left-hand side of GrantConnect.</p> <p>You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au.</p> <p>For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk:</p> <ul style="list-style-type: none"> • Phone: 1300 484 145 • Email: GrantConnect@finance.gov.au

* Denotes mandatory fields

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1. Before you begin

1.1. Use of information *

Requested Information	Applicant Response
<p>The department may use the information, other than personal information, provided in this Application Form to assist it to:</p> <ul style="list-style-type: none"> • Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website; • Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program, and • Inform future assessments for Applications. <p>All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.</p> <p>You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.</p>	I agree

1.2. Checklist *

Requested Information	Applicant Response
<p>Ensure you read the entire grant opportunity package on GrantConnect, including:</p> <ul style="list-style-type: none"> • Grant Opportunity Guidelines • Application Form (this document) • Commonwealth Grant Agreement • Frequently Asked Questions • Attachment Pack 	Complete
<p>Ensure your organisation meets the eligibility criteria set out in Section 6 of the Grant Opportunity Guidelines.</p>	Checked and complete
<p>Ensure all mandatory fields within this document are completed and the Declaration is signed by an authorised representative.</p>	Checked and complete

2. Applicant Details

2.1. Entity details

Requested Information	Applicant Response
Is the Applicant an existing Grant Recipient? * <i>If 'Yes', provide the Organisation ID as it appears on your Grant Agreement or your Receipt Created Tax Invoice (RCTI) from the department.</i>	No
Organisation ID <i>The Organisation ID can be located on your Grant Agreement in the top right-hand corner on the grant details page or on any RCTI provided by the department. The RCTI will list a vendor number as FO1-1J3-29. When inputting the organisation ID to your application, please remove the FO reference, just use the ID (e.g. 1-1J3-29).</i>	N/A
Applicant's legal/registered entity name * <i>Search using the ABN Lookup.</i>	Deakin University
Applicant's Australian Business Number (ABN) * <i>Search using the ABN Lookup. If not provided, you must provide a reason why.</i>	56 701 584 203
Applicant's ABN Branch Number <i>This is limited to 3 digits (if applicable).</i>	N/A
Applicant's legal entity type * <i>Only select one. If you are unsure, please seek professional advice (e.g. from your lawyer or accountant) or refer to the ABN Lookup. Attach Proof of Entity Type when submitting your application.</i>	Statutory Entity
Are you applying as a Trustee on behalf of a Trust? * <i>If 'Yes', attach a copy of the full signed Trust Deed when submitting your application.</i>	No
Is the Applicant registered as a charity? * <i>Select 'Yes' if the Applicant is registered as a charity with the ACNC.</i>	No

Requested Information	Applicant Response
Does the Applicant operate as not-for-profit? * <i>For further details about not-for-profit organisations – see the ATO website.</i>	No
Is the Applicant registered for GST? * <i>Search using the ABN Lookup.</i>	Yes
Applicant's financial email address for the receipt of any payment advice *	s47G(1)(a)

2.2. Main business address

Requested Information	Applicant Response
Floor / Building, Unit, Apartment *	
Street number, name and type *	1 Gheringhap Street
Suburb/Town *	Geelong
State *	Victoria
Postcode *	3220

2.3. Postal address

Requested Information	Applicant Response
What is the Applicant's postal address details? * <i>If 'Different from above', please complete the below details. If 'Same as above', move to the next section.</i>	Different from above
Floor / Building, Unit, Apartment	
Street number, name and type	s47G(1)(a)
Suburb/Town	
State	
Postcode	

3. Eligibility Requirements

Requested Information	Applicant Response
Confirm your organisation (or your project partner organisation) is not included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme'. *	I confirm

Requested Information	Applicant Response
The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding.	
Confirm your organisation has an Australian Business Number (ABN). *	I confirm
Confirm your organisation is registered for the purposes of GST. *	I confirm
Confirm your organisation has an account with an Australian financial institution. *	I confirm

3.1. Additional Eligibility Requirements

Applicants can apply for one or both streams of the grant opportunity. Applicants must respond to all eligibility requirements below. Please note, applicants should select 'not applicable' in the response section for the grant stream they do not wish to apply for.

Stream 1 – 5+1 Pathway Internships

Requested Information	Applicant Response
Confirm the Applicant has experience operating in the mental health sector. *	Not applicable
Confirm the Applicant has established or access to, networks and relationships with psychology graduates to source and engage 5+1 candidates for internships. *	Not applicable
Confirm the Applicant has networks and connections across the mental health service provider landscape to facilitate internships. *	Not applicable

Stream 2 – Supervisor Training

Requested Information	Applicant Response
Confirm the Applicant is approved to deliver AHPRA Psychology Board of Australia approved supervisor training online (as listed on the Psychology Board of Australia website). *	I confirm
Confirm the Applicant has experience operating in the mental health sector. *	I confirm

4. Governance

Requested Information	Applicant Response
<p>Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years? *</p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>	<p><input type="checkbox"/> Governance Investigation of relevant person(s)</p> <p><input type="checkbox"/> Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership</p> <p><input type="checkbox"/> Bankruptcies of relevant person(s)</p> <p><input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s)</p> <p><input type="checkbox"/> Litigation against relevant person(s) including judgement debts</p> <p>OR</p> <p><input checked="" type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.</p>
<p>Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years. *</p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>	<p><input type="checkbox"/> Governance Investigation of your organisation or related entities</p> <p><input type="checkbox"/> Litigation or liquidation proceedings</p> <p><input type="checkbox"/> A contract with your entity terminated by the other party</p> <p><input type="checkbox"/> Contingent liabilities of a material amount</p> <p><input type="checkbox"/> Overdue tax liabilities</p> <p><input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.</p> <p><input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided.</p> <p><input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project</p> <p>OR</p>

Requested Information	Applicant Response
	<input checked="" type="checkbox"/> None of the above events apply and there is no adverse information on my entity.
Does the Applicant have documented organisational and financial policies and procedures? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Yes
Does the Applicant have a business plan and/or strategic plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Yes
Does the Applicant have a risk management plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Yes

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * <i>Maximum 50 words</i>	<div style="background-color: #cccccc; padding: 20px; text-align: center;"> <h1>s47(1)(b)</h1> </div>
Provide a brief Project/Activity description * <i>Maximum 300 words</i>	

Requested Information	Applicant Response
	<p>s47(1)(b)</p>

5.1. Stream of activity

Requested Information	Applicant Response
<p>Which Stream are you applying for?</p> <p><i>Stream 1: 5+1 Pathway Internships</i></p> <p><i>Stream 2: Supervisor Training</i></p>	<p>s47G(1)(a)</p>

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

6. Financial Details

6.1. Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *					
	2023/24 FY	2024/25 FY	2025/26 FY	2026/27 FY	Total
	\$ M	\$ M	\$ M	\$ M	\$ M
Stream 1	s47(1)(b)				
Stream 2					
Total					

6.2. Bank account details

Requested Information	Applicant Response
BSB number * <i>Must be 6 numbers.</i>	s47G(1)(a)
Account number * <i>Must be 2 to 9 numbers.</i>	
Account name * <i>As it appears on the bank statement. 60-character limit.</i>	

7. Assessment Criteria

- 7.1. Stream 1|Assessment Criterion 1 Not applicable
- 7.2. Stream 1|Assessment Criterion 2 Not applicable
- 7.3. Stream 1|Assessment Criterion 3 Not applicable
- 7.4. Stream 1|Assessment Criterion 4 Not applicable
- 7.5. Stream 1|Assessment Criterion 5 Not applicable

7.6. Stream 2|Assessment Criterion 1

Requested Information
<p>Alignment with program objectives and outcomes</p> <p>Describe how the grant activity contributes to the objectives and outcomes of the grant opportunity as described at Section 2.1. You must demonstrate this through identifying:</p> <ul style="list-style-type: none"> how the activities proposed in your organisation's application overcome barriers to providing training in different regions, including non-metropolitan regions;

- how your organisation will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objective and outcomes, and
- specify the number of supervisor training sessions you are able to deliver.

A strong response will:

- demonstrate how you will put in place measures to support a minimum of 50 per cent of all supervisor training sessions offered to psychologists working in services supporting priority populations, including First Nations people, CALD communities and regional, rural and remote communities.

Along with your response to this criterion you must complete the Activity Work Plan (template on [GrantConnect](#)). The activity work plan does not count towards the word/character limit for this criterion.

Applicant Response – 1000 word limit

s47(1)(b)

s47(1)(b)

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

s47(1)(b)

7.7. Stream 2|Assessment Criterion 2

Requested Information

Efficient, effective, economical and ethical use of relevant money

Describe how you will ensure the efficient and economical use of grants funds when delivering your grant activities.

Your response should outline how training will be maximised within your budget, and funding will be directed toward supporting the training recipient and minimising administrative costs where practical.

A strong response will:

- identify how the project/activities will achieve high quality outcomes in a cost effective way, and
- demonstrate how findings from your activities can be captured and used to inform an external evaluation to benefit the overall aims of the program.

In addition, you must complete the indicative Activity Budget (template provided on [GrantConnect](#)).

Applicant Response – 750 word limit

s47(1)(b)

s47(1)(b)

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

s47(1)(b)

7.8. Stream 2|Assessment Criterion 3

Requested Information

Organisation's capacity and performance

Describe your experience in facilitating and delivering supervisor training relevant to activities under Section 5.1. In this criterion, you should provide details of your established connections and networks, or capacity to engage and build connections across new networks and links to registered psychologists and the psychology community.

A strong response will identify experience in delivering supervisor training in the mental health sector.

Applicant Response – 1000 word limit

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

s47(1)(b)

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

s47(1)(b)

7.9. Stream 2|Assessment Criterion 4

Requested Information

Risk management

Using the Risk Management Plan template (provided on [GrantConnect](#)) outline key risks and issues that may be encountered in undertaking your organisation's proposal and identify strategies or measures to mitigate the impact of the risk of the delivery of activities under your organisation's proposal. A strong response will include a comprehensive analysis of risk, with a minimum of six risks identified.

Applicant Response

s47G(1)(a)

8. Additional Information

8.1. Other sources of funding

Requested Information	Applicant Response
<p>Does the Applicant (or any potential consortium member/s) receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department? *</p> <p><i>If 'Yes', provide the details below. If 'No' move to the next section.</i></p>	<p>s47G(1)(a)</p>
<p>Funding source name</p> <p><i>e.g. Department of Health and Aged Care</i></p>	
<p>Description/name of the project</p> <p><i>e.g. Expansion of Health Services</i></p>	
<p>Amount of funding received or applied for</p>	
<p>Period of funding</p>	

8.2. Fraud/Non-compliance

Requested Information	Applicant Response
<p>Has the Applicant ever been engaged in proceedings associated with fraud or non-compliance in relation to a Grant Agreement entered into with the Department of Health and Aged Care? *</p> <p><i>The department has advanced controls in place to find fraud and non-compliance and is committed to making sure public funds reach those who really need it. You may be contacted for further information regarding any proceedings associated with fraud or non-compliance.</i></p>	<p>s47G(1)(a)</p>

8.3. Joint (consortium) application

Requested Information	Applicant Response
<p>Does the Applicant plan to deliver the Project/Activity as the lead agency as part of a consortium? *</p> <p><i>If 'Yes' list the legal names and ABNs of all members of the consortium below. If 'No' move to the next section. Add more rows to the below as necessary.</i></p> <p>Note: If your application is successful, you must have a formal arrangement in place with all parties prior to execution of the agreement in the form of a letter of support.</p>	<p>s47G(1)(a)</p>

Legal name of consortium member	ABN
---------------------------------	-----

9. Attachments

Requested Information	Applicant Response
<p>Attachments to the Application: *</p> <ul style="list-style-type: none"> an activity work plan, indicative budget and risk management plan as available on the GrantConnect website evidence of funding strategy (e.g. financial statements, loan agreements, cash flow documents) evidence of support from your organisation's board, CEO or equivalent, and if applying as a trust, a trust deed. <p><i>If you do not attach the requested documents, your application may not progress further in the process.</i></p>	<p>Completed and attached</p>

10. Applicant Contacts

10.1. Preferred authorised contact

Requested Information	Applicant Response
Title *	s47F
First name *	
Last name *	
Position *	
Telephone *	
Mobile	
Email address *	

10.2. Alternate authorised contact

Requested Information	Applicant Response
Title *	s47F
First name *	
Last name *	

Requested Information	Applicant Response
Position *	s47F
Telephone *	
Mobile	
Email address *	

11. Declaration

Requested Information	Applicant Response
<p>Does the Applicant have any conflicts of interest that may occur related to or from submitting this application? *</p> <p><i>If 'Yes', please provide details in the next response.</i></p>	s47G(1)(a)
Detail conflict of interest	
<p>I declare that:</p> <ul style="list-style-type: none"> The information contained in this form is true and correct; I have read, understood and agree to abide by the Grant Opportunity Guidelines; I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful; I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful; I have read, understood and agree to information provided in this Application as detailed in the Use of information, and If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information. <p>I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful.</p>	
Requested Information	Applicant Response
I understand and agree to the declaration above *	I understand and agree
I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *	I acknowledge

Requested Information	Applicant Response
Signature of Authorised Representative * <i>This Declaration must be signed by an authorised representative of the Applicant who is legally empowered to enter into contracts and commitments on behalf of the Applicant.</i>	
Full name of Authorised Officer *	
Position of Authorised Officer *	
Date *	20 December 2023

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing



Australian Government

Commonwealth Standard Grant Agreement

between
the Commonwealth represented by
Department of Health and Aged Care
and
Deakin University

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

Grant Agreement

Once completed, this document, together with each set of Grant Details and the Commonwealth Standard Grant Conditions (Schedule 1), forms an Agreement between the Commonwealth of Australia (the Commonwealth) and the Grantee.

Parties to this Agreement

The Grantee

Full legal name of Grantee	Deakin University
Legal entity type (e.g. individual, incorporated association, company, partnership etc)	Corp State or Territory Entity
Trading or business name	Deakin University
Any relevant licence, registration or provider number	
Australian Company Number (ACN) or other entity identifiers	
Australian Business Number (ABN)	56 721 584 203
Registered for Goods and Services Tax (GST)	Y
Date from which GST registration was effective	
Registered office (physical/postal)	1-11 Gheringhap Street, GEELONG VIC 3220
Relevant business place (if different)	
Telephone	s47F
Fax	
Email	s47G(1)(a)

The Commonwealth

The Commonwealth of Australia represented by Department of Health and Aged Care
 23 Furzer Street PHILLIP ACT 2606
 ABN 83 605 426 759

Background

The Commonwealth has agreed to enter into this Agreement under which the Commonwealth will provide the Grantee with one or more Grants for the purpose of assisting the Grantee to undertake the associated Activity.

The Grantee agrees to use each Grant and undertake each Activity in accordance with this Agreement and the relevant Grant Details.

Scope of this Agreement

This Agreement comprises:

- (a) this document;
- (b) the Supplementary Terms from the Clause Bank (if any);
- (c) the Standard Grant Conditions (Schedule 1);
- (d) the Grant Details;
- (e) any other document referenced or incorporated in the Grant Details.

Each set of Grant Details, including Supplementary Terms (if any), only applies to the particular Grant and Activity covered by that set of Grant Details and a reference to the 'Agreement' in the Grant Details or the Supplementary Terms is a reference to the Agreement in relation to that particular Grant and Activity. If there is any ambiguity or inconsistency between the documents comprising this Agreement in relation to a Grant, the document appearing higher in the list will have precedence to the extent of the ambiguity or inconsistency.

This Agreement represents the Parties' entire agreement in relation to each Grant provided under it and the relevant Activity and supersedes all prior representations, communications, agreements, statements and understandings, whether oral or in writing.

Certain information contained in or provided under this Agreement may be used for public reporting purposes.

Released under the FOI Act 1982 by the Department of Health, Disability and Prevention

Grant Details

Organisation ID:	1-BVDG6
Agreement ID:	4-JIUOXPI
Program Schedule ID:	4-JIUOXPK

A. Purpose of the Grant

The purpose of the Grant is to:

- increase the number of Board-endorsed psychology supervisors to support provisional psychologists to registration, and
- incentivise psychologists working in services supporting priority populations to become Board-endorsed supervisors.

This Grant is being provided under, and these Grant Details form part of, the Agreement between the Commonwealth and the Grantee.

The Grant is being provided as part of the National Leadership in Mental Health program.

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

Activity Title: National Mental Health Workforce Strategy**Activity ID: 4-JIUOXWJ****B. Activity**

The objectives of the grant opportunity are to:

- facilitate 2,000 Board-endorsed supervisor training sessions, including 1,000 refresher (masterclass) sessions
- upskill the current psychology workforce by increasing the number of Board-endorsed supervisors to increase access to supervision, and
- prioritise training relevant to priority populations, including training recipients working in services primarily supporting First Nations people, people from CALD communities and regional, rural and remote communities.

Performance Indicators

The Activity will be measured against the following Performance Indicator/s:

Performance Indicator Description	Measure
s47G(1)(a)	

Location Information

The Activity will be delivered from the following site location/s:

	Location Type	Name	Address
1.	Direct Funded	Deakin University	1-11 Gheringhap Street GEELONG VIC 3220

Service Area Information

The Activity will service the following service area/s:

	Type	Service Area
1.	Australia (2016)	Australia

C. Duration of the Grant

The Activity starts on 1 May 2024 and ends on 1 April 2028, which is the **Activity Completion Date**.

The Agreement ends on 1 July 2028 or when the Commonwealth accepts all of the reports provided by the Grantee and the Grantee has repaid any Grant amount as required under this Agreement, which is the **Agreement End Date**.

D. Payment of the Grant

The total amount of the Grant is \$826,478.00 excluding GST (if applicable).

A break down by Financial Year is below:

Financial Year	Amount (excl. GST if applicable)
2023-2024	s47(1)(b)
2024-2025	
2025-2026	
2026-2027	

The Grantee must ensure that the Grant is held in an account in the Grantee's name and which the Grantee controls, with an authorised deposit-taking institution authorised under the Banking Act 1959 (Cth) to carry on banking business in Australia.

The Grantee's nominated bank account into which the Grant is to be paid is:

BSB Number	s47G(1)(a)
Financial Institution	
Account Number	
Account Name	

The Grant will be paid in instalments by the Commonwealth in accordance with the agreed Milestones, and compliance by the Grantee with its obligations under this Agreement.

Milestone	Anticipated date	Amount (excl. GST)	GST (if applicable)	Total (incl. GST if applicable)
Payment 1	15 May 2024	s47(1)(b)		
Payment 1	30 August 2024			
Payment 2	3 February 2025			
Payment 1	30 August 2025			
Payment 2	3 February 2026			
Payment 1	30 August 2026			
Payment 2	3 March 2027			
Total Amount				

Invoicing

The Grantee agrees to allow the Commonwealth to issue it with a Recipient Created Tax Invoice (RCTI) for any taxable supplies it makes in relation to the Activity.

E. Reporting

The Grantee agrees to create the following reports in the form specified and to provide the reports to the Commonwealth representative in accordance with the following.

Milestone	Information to be included	Due Date
Activity Work Plan	s47(1)(b)	1 July 2024
Performance Report		30 July 2024
Activity Work Plan		1 July 2025
Performance Report		30 July 2025
Activity Work Plan		1 July 2026
Performance Report		30 July 2026
Performance Report		2 May 2028
Financial Acquittal Report		1 June 2028
Final Report		1 June 2028

E.1 Performance Reports

Performance Report including Income and Expenditure Statement

The Grantee is required to submit to the Commonwealth, a Performance Report including an Income and Expenditure Statement on a template provided, every 12 months during the term of the Activity in accordance with the due dates specified in Item E.

Each Performance Report for the Activity is to contain information on the performance of the Activity during the reporting period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met to date;
- a description of the specific Activity Milestones or other outcomes completed during the reporting

period; and

- an explanation as to how the Grantee is addressing any issues, problems or delays previously identified with the Activity and an explanation of any further issues, problems or delays encountered in relation to the Activity to date and how the Grantee intends to address them and;
- an income and expenditure statement against the Activity Budget.
- Report to include selection process; number of applicants and eligible applicants received, and the number of FTE scholarship places awarded as per requirements in Item E.1.

E.2 Activity Work Plan

The Grantee is required to submit to the Commonwealth, an Activity Work Plan and Budget on a template provided, every 12 months during the term of the Activity in accordance with the due dates specified at Item E.

The Activity Work Plan must set out the key work activities and deliverables of the Grant, and demonstrate how the Grantee will achieve the Activity objectives specified at Item B. It must include an annual budget and may include other administrative controls intended to help manage Activity risks.

Once approved by the Commonwealth, the Activity Work Plan will form part of the Agreement.

If the Grantee or the Commonwealth identifies a need to revise the approved Activity Work Plan, any proposed changes must be accepted and approved by the Commonwealth.

E.3 Financial Acquittal Reports

Financial Declaration and Non-audited Income and Expenditure Statement

The Grantee is required to submit to the Commonwealth, a Financial Declaration, on a template provided, and a Non-audited Income and Expenditure statement within one month after the Activity Completion Date in accordance with the due dates specified at the Item E.

The Financial Declaration and Non-audited Income and Expenditure Statement must be signed by the Grantee and certify that the Grantee has spent grant funding to perform the Activity as set out in the Agreement. Where applicable, the Grantee must include details of any unspent funds.

The Non-audited Income and Expenditure Statement must:

- be prepared in accordance with the applicable Australian Accounting Standards;
- be based on proper accounts and records for the Grantee;
- verify that grant funding was spent to perform the activity as set out in the Agreement; and
- Include any other matters as specified in the Agreement.

The Financial Declaration and Non-audited Income and Expenditure Statement must be certified by the Board, the Chief Executive Officer or an Authorised Officer of the Grantee.

E.4 Other Reports

Final Report

The Grantee is required to submit to the Commonwealth, a Final Report on a template provided by the date specified in Item E.

The Final Report for the Activity is to contain information on the performance of the Activity for the entirety of the Activity period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met;
- a description of the specific Activity Milestones or other outcomes completed during the Activity period; and
- an explanation as to how the Grantee addressed any issues, problems or delays identified with the Activity.

F. Party representatives and address for notices

Grantee's representative and address

Grantee's representative name	s47F	
Position		
Business hours telephone		
E-mail		

Commonwealth representative and email address

Business hours telephone	Not applicable	
E-mail	s47E(d)	@dss.gov.au

The Parties' representatives will be responsible for liaison and the day-to-day management of the Grant, as well as accepting and issuing any written notices in relation to the Grant.

Disclaimer and explanatory notes

Disclaimer

By executing this agreement you agree that you have read and accept this disclaimer, including the explanatory notes on how to duly execute this agreement. You warrant that your identity has been verified, you have legal capacity and authority to enter into this agreement, and you are signing in accordance with all legal instruments that apply to you and/or the legal entity which you represent.

Explanatory notes

- If you are an **individual**, you must download, print and sign the agreement in wet-ink in the presence of a witness (the witness date must be the same as the signatory date).
- If you are a **partnership**, the signatory must be all partners, or one partner with the authority to sign on behalf of all partners receiving the grant. You should be prepared to provide evidence of this authorisation upon request.
- If you are a **proprietary company incorporated under the Corporations Act 2001 (Cth)**, the signatory must be the sole director and company secretary, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of the sole director and company secretary acting as a witness (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are a **company incorporated under the Corporations Act 2001 (Cth)**, the signatories must be two directors, or one director and one company secretary, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of two directors, or one director and one company secretary acting as a witness, or if your company has only one director – that director and a suitable witness, (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are a **company incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) (CATSI Act)**, the signatories must be two directors, one director and one company secretary, or if your company has only one director – that director, as required under section 99-5 of the CATSI Act. If required by your Constitution, please affix your **company seal** in the presence of two directors, or one director and one company secretary, or if your company has only one director – that director. For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are an **individual trustee of a trust**, you must download, print and sign the agreement in wet-ink in the presence of a witness (the witness date must be the same as the signatory date). You must sign in your capacity as a trustee and not the trust. The trustee is the legal entity entering into the agreement. The words 'as trustee for [name of trust]' should be included in the signature block.
- If you are a **corporate trustee of a trust**, the signatory must be the sole director and company secretary in the proprietary company, or two directors in the company, or one director and one company secretary in the company, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of the sole director and company secretary in the proprietary company, or two directors in the company, or one director and one company secretary in the company, acting as witness (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink. The company must sign in its capacity as a trustee and not the trust. The trustee is the legal entity entering into the agreement. The words 'as trustee for [name of trust]' should be included in the signature block.

- If you are an **incorporated association**, you must refer to the legislation incorporating the association as it will specify how documents must be executed. This process may differ between each State and Territory. If an authorised person is executing a document on behalf of the incorporated association, you should be prepared to provide evidence of this authorisation upon request.
- If you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required (the witness date must be the same as the signatory date).

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

Organisation ID:	1-BVDG6
Agreement ID:	4-JIUOXPI
Program Schedule ID:	4-JIUOXPK

Signatures

Executed as an Agreement

Signed for and on behalf of the Commonwealth of Australia by the relevant Delegate, represented by and acting through Department of Health and Aged Care, ABN 83 605 426 759 in the presence of:

s47F (Name of Departmental Representative) s47F (Signature of Departmental Representative)

Assistant Director (Position of Departmental Representative) 07/06/2024

s47F (Name of Witness in full) s47F (Signature of Witness) 07/06/2024

Signed for and on behalf of Deakin University, ABN 56 721 584 203 in accordance with its rules, and who warrants they are authorised to sign this Agreement:

s47F (Name and position held by Signatory) s47F (Signature)

s47F (Name and position held by second Signatory/Name of Witness) s47F (Signature of second Signatory/Witness) 06/06/2024

06/06/2024



Australian Government

Department of Health and Aged Care

Mental Health Program

Addressing Critical Psychology Shortages – Supporting Provisional Psychologists to Practice Grant Opportunity Manual Application Form GO6626

Closing date and time:	2:00pm (Canberra local time), on 20 December 2023
Commonwealth policy entity:	Department of Health and Aged Care (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: Grant.ATM@health.gov.au
Submitting:	<p>Submit the completed application form and all necessary attachments by the closing date and time via the red Submit Application button on the left-hand side of GrantConnect.</p> <p>You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au.</p> <p>For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk:</p> <ul style="list-style-type: none"> • Phone: 1300 484 145 • Email: GrantConnect@finance.gov.au

* Denotes mandatory fields

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1. Before you begin

1.1. Use of information *

Requested Information	Applicant Response
<p>The department may use the information, other than personal information, provided in this Application Form to assist it to:</p> <ul style="list-style-type: none"> • Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website; • Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program, and • Inform future assessments for Applications. <p>All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.</p> <p>You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.</p>	<p>I agree</p>

1.2. Checklist *

Requested Information	Applicant Response
<p>Ensure you read the entire grant opportunity package on GrantConnect, including:</p> <ul style="list-style-type: none"> • Grant Opportunity Guidelines • Application Form (this document) • Commonwealth Grant Agreement • Frequently Asked Questions • Attachment Pack 	<p>Complete</p>
<p>Ensure your organisation meets the eligibility criteria set out in Section 6 of the Grant Opportunity Guidelines.</p>	<p>Checked and complete</p>
<p>Ensure all mandatory fields within this document are completed and the Declaration is signed by an authorised representative.</p>	<p>Checked and complete</p>

2. Applicant Details

2.1. Entity details

Requested Information	Applicant Response
Is the Applicant an existing Grant Recipient? * <i>If 'Yes', provide the Organisation ID as it appears on your Grant Agreement or your Receipt Created Tax Invoice (RCTI) from the department.</i>	Yes
Organisation ID <i>The Organisation ID can be located on your Grant Agreement in the top right-hand corner on the grant details page or on any RCTI provided by the department. The RCTI will list a vendor number as FO1-1J3-29. When inputting the organisation ID to your application, please remove the FO reference, just use the ID (e.g. 1-1J3-29).</i>	1-1JL-37
Applicant's legal/registered entity name * <i>Search using the ABN Lookup.</i>	Flinders University
Applicant's Australian Business Number (ABN) * <i>Search using the ABN Lookup. If not provided, you must provide a reason why.</i>	65 542 596 200
Applicant's ABN Branch Number <i>This is limited to 3 digits (if applicable).</i>	
Applicant's legal entity type * <i>Only select one. If you are unsure, please seek professional advice (e.g. from your lawyer or accountant) or refer to the ABN Lookup. Attach Proof of Entity Type when submitting your application.</i>	Incorporated Association
Are you applying as a Trustee on behalf of a Trust? * <i>If 'Yes', attach a copy of the full signed Trust Deed when submitting your application.</i>	No
Is the Applicant registered as a charity? * <i>Select 'Yes' if the Applicant is registered as a charity with the ACNC.</i>	Yes
Does the Applicant operate as not-for-profit? * <i>For further details about not-for-profit organisations – see the ATO website.</i>	Yes
Is the Applicant registered for GST? * <i>Search using the ABN Lookup.</i>	Yes

Requested Information	Applicant Response
Applicant's financial email address for the receipt of any payment advice *	s47G(1)(a)

2.2. Main business address

Requested Information	Applicant Response
Floor / Building, Unit, Apartment *	
Street number, name and type *	Sturt Road
Suburb/Town *	Bedford Park
State *	SA
Postcode *	5042

2.3. Postal address

Requested Information	Applicant Response
What is the Applicant's postal address details? * <i>If 'Different from above', please complete the below details. If 'Same as above', move to the next section.</i>	Different from above
Floor / Building, Unit, Apartment	
Street number, name and type	PO Box 2100
Suburb/Town	Adelaide
State	SA
Postcode	5001

3. Eligibility Requirements

Requested Information	Applicant Response
Confirm your organisation (or your project partner organisation) is not included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme'. * <i>The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding.</i>	I confirm
Confirm your organisation has an Australian Business Number (ABN). *	I confirm

Requested Information	Applicant Response
Confirm your organisation is registered for the purposes of GST. *	I confirm
Confirm your organisation has an account with an Australian financial institution. *	I confirm

3.1. Additional Eligibility Requirements

Applicants can apply for one or both streams of the grant opportunity. Applicants must respond to all eligibility requirements below. Please note, applicants should select 'not applicable' in the response section for the grant stream they do not wish to apply for.

Stream 1 – 5+1 Pathway Internships

Requested Information	Applicant Response
Confirm the Applicant has experience operating in the mental health sector. *	I confirm
Confirm the Applicant has established, or access to, networks and relationships with psychology graduates to source and engage 5+1 candidates for internships. *	I confirm
Confirm the Applicant has networks and connections across the mental health service provider landscape to facilitate internships. *	I confirm

Stream 2 – Supervisor Training

Requested Information	Applicant Response
Confirm the Applicant is approved to deliver AHPRA Psychology Board of Australia approved supervisor training online (as listed on the Psychology Board of Australia website). *	Not applicable
Confirm the Applicant has experience operating in the mental health sector. *	Not applicable

4. Governance

Requested Information	Applicant Response
<p>Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years? *</p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>	<p><input type="checkbox"/> Governance Investigation of relevant person(s)</p> <p><input type="checkbox"/> Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership</p> <p><input type="checkbox"/> Bankruptcies of relevant person(s)</p> <p><input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s)</p> <p><input type="checkbox"/> Litigation against relevant person(s) including judgement debts</p> <p>OR</p> <p><input checked="" type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.</p>
<p>Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years. *</p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>	<p><input type="checkbox"/> Governance Investigation of your organisation or related entities</p> <p><input type="checkbox"/> Litigation or liquidation proceedings</p> <p><input type="checkbox"/> A contract with your entity terminated by the other party</p> <p><input type="checkbox"/> Contingent liabilities of a material amount</p> <p><input type="checkbox"/> Overdue tax liabilities</p> <p><input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.</p> <p><input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided.</p> <p><input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project</p> <p>OR</p> <p><input checked="" type="checkbox"/> None of the above events apply and there is no adverse information on my entity.</p> <p><i>Flinders is subject to various litigious matters. However, these matters are unrelated to our proposal and do not have any effect on our ability to deliver the proposal.</i></p>

Requested Information	Applicant Response
Does the Applicant have documented organisational and financial policies and procedures? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Yes
Does the Applicant have a business plan and/or strategic plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Yes
Does the Applicant have a risk management plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Yes

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * <i>Maximum 50 words</i>	<div style="background-color: #cccccc; padding: 20px; text-align: center;"> <h1>s47(1)(b)</h1> </div>
Provide a brief Project/Activity description * <i>Maximum 300 words</i>	

5.1. Stream of activity

Requested Information	Applicant Response
Which Stream are you applying for? <i>Stream 1: 5+1 Pathway Internships</i> <i>Stream 2: Supervisor Training</i>	s47G(1)(a)

6. Financial Details

6.1. Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *					
	2023/24 FY \$ M	2024/25 FY \$ M	2025/26 FY \$ M	2026/27 FY \$ M	Total \$ M
Stream 1	s47(1)(b)				
Stream 2					
Total					

s47(1)(b)

6.2. Bank account details

Requested Information	Applicant Response
BSB number * <i>Must be 6 numbers.</i>	s47G(1)(a)
Account number * <i>Must be 2 to 9 numbers.</i>	
Account name * <i>As it appears on the bank statement. 60-character limit.</i>	

7. Assessment Criteria

7.1. Stream 1|Assessment Criterion 1

Requested Information

Alignment with program objectives and outcomes (1000 word limit)

Describe how the grant activity contributes to the objectives and outcomes of the grant opportunity as described at Section 2.1. You must demonstrate this through identifying:

- how the activities proposed in your organisation's application overcome barriers to providing internships in different locations, including non-metropolitan regions;
- how your organisation will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objective and outcomes, and
- specify the number of internships you are able to deliver.

A strong response will:

- demonstrate how you will put in place measures to support a minimum of 50 per cent of all internships to be provided to priority populations, including First Nations, CALD communities and regional, rural and remote communities, and
- demonstrate how you will support distribution of internships across a range of mental health settings, with a focus on areas of greatest need, including community mental health and child and youth services.

Along with your response to this criterion you must complete the Activity Work Plan (template on [GrantConnect](#)). The activity work plan does not count towards the word/character limit for this criterion.

Applicant Response – 1000 word limit

s47(1)(b)

s47(1)(b)

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

s47(1)(b)

7.2. Stream 1|Assessment Criterion 2

Requested Information

Efficient, effective, economical and ethical use of relevant money

Describe how you will ensure the efficient and economical use of grants funds when delivering your grant activities.

Your response should outline how internships will be maximised within your budget, and funding will be directed toward supporting the provisional psychologist on placement and minimising administrative costs where practical.

A strong response will:

- identify how the project/activities will achieve high quality outcomes in a cost effective way, and
- demonstrate how findings from your activities can be captured and used to inform an external evaluation to benefit the overall aims of the program.

In addition, you must complete the indicative Activity Budget (template provided on [GrantConnect](#)).

Applicant Response – 750 word limit

s47(1)(b)

s47(1)(b)

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

7.3. Stream 1|Assessment Criterion 3

Requested Information

Organisation's capacity and performance

Describe your experience in facilitating internships relevant to activities under Section 5.1. In this criterion, you should provide details of your established connections and networks, or capacity to engage and build connections across new networks, linked to psychology graduates and the psychology community.

A strong response will identify experience in facilitating student and graduate internships and/or placements in the mental health sector.

Applicant Response – 1000 word limit

s47(1)(b)

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

7.4. Stream 1|Assessment Criterion 4

Requested Information

Support provided to students and/or graduates in training

Describe what your organisation does to ensure students and graduates participating in internships are supported. In responding to this criterion, you should provide details of:

- your process for matching students and graduates to internships and supervisors;
- processes to ensure cultural safety for First Nations and CALD students, graduates and supervisors;
- processes to ensure that anyone matched to environments likely to involve children are compliant with all policies, procedures, guidelines and training related to child safety (noting that all grant recipients must comply with all Australian law relating to employing or engaging people who work or volunteer with children);
- supports provided to students and graduates during their internship (such as clinical/counselling, financial or accommodation for those undertaking placement in rural, regional and remote locations);
- feedback mechanisms to enable improved placement matching services into the future, and
- processes to ensure that supervisors appropriately convey the importance of adhering to the Commonwealth Child Safe Framework to their supervisees (who may be working in environments involving children).

A strong response will demonstrate experience and understanding of cultural competency with the communities identified (First Nations, people from CALD communities), and include cultural competency already built into business practices.

Applicant Response – 1000 word limit

s47(1)(b)

s47(1)(b)

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

7.5. Stream 1|Assessment Criterion 5**Requested Information****Risk management**

Using the Risk Management Plan template (provided on [GrantConnect](#)) outline key risks and issues that may be encountered in undertaking your organisation's proposal and identify strategies or measures to mitigate the impact of the risk of the delivery of activities under your organisation's proposal. A strong response will include a comprehensive analysis of risk, with a minimum of six risks and mitigations identified.

Applicant Response**s47G(1)(a)****7.6. Stream 2|Assessment Criterion 1****Requested Information****Alignment with program objectives and outcomes**

Describe how the grant activity contributes to the objectives and outcomes of the grant opportunity as described at Section 2.1. You must demonstrate this through identifying:

- how the activities proposed in your organisation's application overcome barriers to providing training in different regions, including non-metropolitan regions;
- how your organisation will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objective and outcomes, and
- specify the number of supervisor training sessions you are able to deliver.

A strong response will:

- demonstrate how you will put in place measures to support a minimum of 50 per cent of all supervisor training sessions offered to psychologists working in services supporting priority populations, including First Nations people, CALD communities and regional, rural and remote communities.

Along with your response to this criterion you must complete the Activity Work Plan (template on [GrantConnect](#)). The activity work plan does not count towards the word/character limit for this criterion.

Applicant Response 1000 word limit**s47G(1)(a)**

7.7. Stream 2|Assessment Criterion 2**Requested Information****Efficient, effective, economical and ethical use of relevant money**

Describe how you will ensure the efficient and economical use of grants funds when delivering your grant activities.

Your response should outline how training will be maximised within your budget, and funding will be directed toward supporting the training recipient and minimising administrative costs where practical.

A strong response will:

- identify how the project/activities will achieve high quality outcomes in a cost effective way, and
- demonstrate how findings from your activities can be captured and used to inform an external evaluation to benefit the overall aims of the program.

In addition, you must complete the indicative Activity Budget (template provided on [GrantConnect](#)).

Applicant Response – 750 word limit

s47G(1)(a)

7.8. Stream 2|Assessment Criterion 3**Requested Information****Organisation's capacity and performance**

Describe your experience in facilitating and delivering supervisor training relevant to activities under Section 5.1. In this criterion, you should provide details of your established connections and networks, or capacity to engage and build connections across new networks and links to registered psychologists and the psychology community.

A strong response will identify experience in delivering supervisor training in the mental health sector.

Applicant Response – 1000 word limit

s47G(1)(a)

7.9. Stream 2|Assessment Criterion 4**Requested Information****Risk management**

Using the Risk Management Plan template (provided on [GrantConnect](#)) outline key risks and issues that may be encountered in undertaking your organisation's proposal and identify strategies or measures to mitigate the impact of the risk of the delivery of activities under your organisation's proposal. A strong response will include a comprehensive analysis of risk, with a minimum of six risks identified.

Applicant Response

s47G(1)(a)

8. Additional Information

8.1. Other sources of funding

Requested Information	Applicant Response
<p>Does the Applicant (or any potential consortium member/s) receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department? *</p> <p><i>If 'Yes', provide the details below. If 'No' move to the next section.</i></p>	s47G(1)(a)
<p>Funding source name</p> <p><i>e.g. Department of Health and Aged Care</i></p>	
<p>Description/name of the project</p> <p><i>e.g. Expansion of Health Services</i></p>	
<p>Amount of funding received or applied for</p>	
<p>Period of funding</p>	

8.2. Fraud/Non-compliance

Requested Information	Applicant Response
<p>Has the Applicant ever been engaged in proceedings associated with fraud or non-compliance in relation to a Grant Agreement entered into with the Department of Health and Aged Care? *</p> <p><i>The department has advanced controls in place to find fraud and non-compliance and is committed to making sure public funds reach those who really need it. You may be contacted for further information regarding any proceedings associated with fraud or non-compliance.</i></p>	s47G(1)(a)

8.3. Joint (consortium) application

Requested Information	Applicant Response
<p>Does the Applicant plan to deliver the Project/Activity as the lead agency as part of a consortium? *</p> <p><i>If 'Yes' list the legal names and ABNs of all members of the consortium below. If 'No' move to the next section. Add more rows to the below as necessary.</i></p> <p>Note: If your application is successful, you must have a formal arrangement in place with all parties prior to execution of the agreement in the form of a letter of support.</p>	s47G(1)(a)
<p>Legal name of consortium member</p>	
<p>ABN</p>	
<p>s47G(1)(a)</p>	

9. Attachments

Requested Information	Applicant Response
<p>Attachments to the Application: *</p> <ul style="list-style-type: none"> an activity work plan, indicative budget and risk management plan as available on the GrantConnect website evidence of funding strategy (e.g. financial statements, loan agreements, cash flow documents) evidence of support from your organisation's board, CEO or equivalent, and if applying as a trust, a trust deed. <p><i>If you do not attach the requested documents, your application may not progress further in the process.</i></p>	Completed and attached

10. Applicant Contacts


10.1. Preferred authorised contact

Requested Information	Applicant Response
Title *	S47F
First name *	
Last name *	
Position *	
Telephone *	
Mobile	
Email address *	

10.2. Alternate authorised contact

Requested Information	Applicant Response
Title *	S47F
First name *	
Last name *	
Position *	
Telephone *	
Mobile	
Email address *	

11. Declaration

Requested Information	Applicant Response
Does the Applicant have any conflicts of interest that may occur related to or from submitting this application? * <i>If 'Yes', please provide details in the next response.</i>	No
Detail conflict of interest	
<p>I declare that:</p> <ul style="list-style-type: none"> The information contained in this form is true and correct; I have read, understood and agree to abide by the Grant Opportunity Guidelines; I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful; I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful; I have read, understood and agree to information provided in this Application as detailed in the Use of information, and If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information. <p>I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful.</p>	
Requested Information	Applicant Response
I understand and agree to the declaration above *	I understand and agree
I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *	I acknowledge
Signature of Authorised Representative * <i>This Declaration must be signed by an authorised representative of the Applicant who is legally empowered to enter into contracts and commitments on behalf of the Applicant.</i>	
Full name of Authorised Officer *	
Position of Authorised Officer *	
Date *	
	19/12/23

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing



Australian Government

**Commonwealth
Standard Grant Agreement**

between
the Commonwealth represented by
Department of Health and Aged Care
and
Flinders University

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

Grant Agreement

Once completed, this document, together with each set of Grant Details and the Commonwealth Standard Grant Conditions (Schedule 1), forms an Agreement between the Commonwealth of Australia (the Commonwealth) and the Grantee.

Parties to this Agreement

The Grantee

Full legal name of Grantee	Flinders University
Legal entity type (e.g. individual, incorporated association, company, partnership etc)	Corp State or Territory Entity Statutory Corporation
Trading or business name	Flinders University
Any relevant licence, registration or provider number	
Australian Company Number (ACN) or other entity identifiers	
Australian Business Number (ABN)	65 542 596 200
Registered for Goods and Services Tax (GST)	Y
Date from which GST registration was effective	
Registered office (physical/postal)	1 Sturt Road, BEDFORD PARK SA 5042
Relevant business place (if different)	
Telephone	
Fax	
Email	

The Commonwealth

The Commonwealth of Australia represented by Department of Health and Aged Care
23 Furzer Street PHILLIP ACT 2606
ABN 83 605 426 759

Background

The Commonwealth has agreed to enter into this Agreement under which the Commonwealth will provide the Grantee with one or more Grants for the purpose of assisting the Grantee to undertake the associated Activity.

The Grantee agrees to use each Grant and undertake each Activity in accordance with this Agreement and the relevant Grant Details.

Scope of this Agreement

This Agreement comprises:

- (a) this document;
- (b) the Supplementary Terms from the Clause Bank (if any);
- (c) the Standard Grant Conditions (Schedule 1);
- (d) the Grant Details;
- (e) any other document referenced or incorporated in the Grant Details.

Each set of Grant Details, including Supplementary Terms (if any), only applies to the particular Grant and Activity covered by that set of Grant Details and a reference to the 'Agreement' in the Grant Details or the Supplementary Terms is a reference to the Agreement in relation to that particular Grant and Activity. If there is any ambiguity or inconsistency between the documents comprising this Agreement in relation to a Grant, the document appearing higher in the list will have precedence to the extent of the ambiguity or inconsistency.

This Agreement represents the Parties' entire agreement in relation to each Grant provided under it and the relevant Activity and supersedes all prior representations, communications, agreements, statements and understandings, whether oral or in writing.

Certain information contained in or provided under this Agreement may be used for public reporting purposes.

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

Grant Details

Organisation ID:	1-1JL-37
Agreement ID:	4-JJWG9B9
Program Schedule ID:	4-JJWG95O

A. Purpose of the Grant

The purpose of the Grant is to:

- provide internship opportunities in a range of locations.
- increase the availability of internships to support provisional psychologists to registration and practice.
- increase access to internships for provisional psychologists from priority populations including First Nations people, people from CALD communities and people in regional, rural and remote locations, and
- increase access to services in areas of greatest need, such as community mental health, and child and youth services.

This Grant is being provided under, and these Grant Details form part of, the Agreement between the Commonwealth and the Grantee.

The Grant is being provided as part of the National Leadership in Mental Health program.

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

Activity Title: National Mental Health Workforce Strategy**Activity ID: 4-JJXKB40****B. Activity**

The objectives of the grant opportunity are to:

- boost the training pipeline by training more psychology students that can go on to practice in the mental health sector
- fund an additional 500 internships for provisional psychologists in the 5+1 pathway
- prioritise funding for internships relevant to priority populations, including First Nations people, people from CALD communities and regional, rural and remote communities, and
- prioritise internships being allocated to service delivery settings that are in greatest need, such as community mental health, and child and youth services.

Performance Indicators

The Activity will be measured against the following Performance Indicator/s:

Performance Indicator Description	Measure
s47G(1)(a)	

Location Information

The Activity will be delivered from the following site location/s:

	Location Type	Name	Address
1.	Direct Funded	Flinders University	1 Sturt Road BEDFORD PARK SA 5042

Service Area Information

The Activity will service the following service area/s:

	Type	Service Area
1.	Australia (2016)	Australia

C. Duration of the Grant

The Activity starts on 1 May 2024 and ends on 1 April 2028, which is the **Activity Completion Date**.

The Agreement ends on 1 July 2028 or when the Commonwealth accepts all of the reports provided by the Grantee and the Grantee has repaid any Grant amount as required under this Agreement, which is the **Agreement End Date**.

D. Payment of the Grant

The total amount of the Grant is \$4,342,193.00 excluding GST (if applicable).

A break down by Financial Year is below:

Financial Year	Amount (excl. GST if applicable)
2023-2024	s47(1)(b)
2024-2025	
2025-2026	
2026-2027	

The Grantee must ensure that the Grant is held in an account in the Grantee's name and which the Grantee controls, with an authorised deposit-taking institution authorised under the Banking Act 1959 (Cth) to carry on banking business in Australia.

The Grantee's nominated bank account into which the Grant is to be paid is:

BSB Number	s47G(1)(a)
Financial Institution	
Account Number	
Account Name	

The Grant will be paid in instalments by the Commonwealth in accordance with the agreed Milestones, and compliance by the Grantee with its obligations under this Agreement.

Milestone	Anticipated date	Amount (excl. GST)	GST (if applicable)	Total (incl. GST if applicable)
Payment 1	15 May 2024	s47(1)(b)		
Payment 1	30 August 2024			
Payment 2	3 February 2025			
Payment 1	30 August 2025			
Payment 2	3 February 2026			
Payment 1	30 August 2026			
Payment 2	3 February 2027			
Total Amount				

Invoicing

The Grantee agrees to allow the Commonwealth to issue it with a Recipient Created Tax Invoice (RCTI) for any taxable supplies it makes in relation to the Activity.

E. Reporting

The Grantee agrees to create the following reports in the form specified and to provide the reports to the Commonwealth representative in accordance with the following.

Milestone	Information to be included	Due Date
Activity Work Plan	s47(1)(b)	1 July 2024
Performance Report		30 July 2024
Activity Work Plan		1 July 2025
Performance Report		30 July 2025
Activity Work Plan		1 July 2026
Performance Report		30 July 2026
Performance Report		2 May 2028
Financial Acquittal Report		1 June 2028
Final Report		1 June 2028

E.1 Performance Reports

Performance Report including Income and Expenditure Statement

The Grantee is required to submit to the Commonwealth, a Performance Report including an Income and Expenditure Statement on a template provided, every 12 months during the term of the Activity in accordance with the due dates specified in Item E.

Each Performance Report for the Activity is to contain information on the performance of the Activity during the reporting period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met to date;
- a description of the specific Activity Milestones or other outcomes completed during the reporting

period; and

- an explanation as to how the Grantee is addressing any issues, problems or delays previously identified with the Activity and an explanation of any further issues, problems or delays encountered in relation to the Activity to date and how the Grantee intends to address them and;
- an income and expenditure statement against the Activity Budget.
- Report to include selection process; number of applicants and eligible applicants received, and the number of FTE scholarship places awarded as per requirements in Item E.1.

E.2 Activity Work Plan

The Grantee is required to submit to the Commonwealth, an Activity Work Plan and Budget on a template provided, every 12 months during the term of the Activity in accordance with the due dates specified at Item E.

The Activity Work Plan must set out the key work activities and deliverables of the Grant, and demonstrate how the Grantee will achieve the Activity objectives specified at Item B. It must include an annual budget and may include other administrative controls intended to help manage Activity risks.

Once approved by the Commonwealth, the Activity Work Plan will form part of the Agreement.

If the Grantee or the Commonwealth identifies a need to revise the approved Activity Work Plan, any proposed changes must be accepted and approved by the Commonwealth.

E.3 Financial Acquittal Reports

Financial Declaration and Non-audited Income and Expenditure Statement

The Grantee is required to submit to the Commonwealth, a Financial Declaration, on a template provided, and a Non-audited Income and Expenditure statement within one month after the Activity Completion Date in accordance with the due dates specified at the Item E.

The Financial Declaration and Non-audited Income and Expenditure Statement must be signed by the Grantee and certify that the Grantee has spent grant funding to perform the Activity as set out in the Agreement. Where applicable, the Grantee must include details of any unspent funds.

The Non-audited Income and Expenditure Statement must:

- be prepared in accordance with the applicable Australian Accounting Standards;
- be based on proper accounts and records for the Grantee;
- verify that grant funding was spent to perform the activity as set out in the Agreement; and
- Include any other matters as specified in the Agreement.

The Financial Declaration and Non-audited Income and Expenditure Statement must be certified by the Board, the Chief Executive Officer or an Authorised Officer of the Grantee.

E.4 Other Reports

Final Report

The Grantee is required to submit to the Commonwealth, a Final Report on a template provided by the date specified in Item E.

The Final Report for the Activity is to contain information on the performance of the Activity for the entirety of the Activity period, including:

- the extent to which the objectives of the Activity described in Item B of the Schedule have been met;
- a description of the specific Activity Milestones or other outcomes completed during the Activity period; and
- an explanation as to how the Grantee addressed any issues, problems or delays identified with the Activity.

F. Party representatives and address for notices

Grantee's representative and address

Grantee's representative name	s47F
Position	Preferred authorised contact
Business hours telephone	s47F, s47G(1)(a)
E-mail	s47F

Commonwealth representative and email address

Business hours telephone	Not applicable
E-mail	s47E(d) @dss.gov.au

The Parties' representatives will be responsible for liaison and the day-to-day management of the Grant, as well as accepting and issuing any written notices in relation to the Grant.

Disclaimer and explanatory notes

Disclaimer

By executing this agreement you agree that you have read and accept this disclaimer, including the explanatory notes on how to duly execute this agreement. You warrant that your identity has been verified, you have legal capacity and authority to enter into this agreement, and you are signing in accordance with all legal instruments that apply to you and/or the legal entity which you represent.

Explanatory notes

- If you are an **individual**, you must download, print and sign the agreement in wet-ink in the presence of a witness (the witness date must be the same as the signatory date).
- If you are a **partnership**, the signatory must be all partners, or one partner with the authority to sign on behalf of all partners receiving the grant. You should be prepared to provide evidence of this authorisation upon request.
- If you are a **proprietary company incorporated under the Corporations Act 2001 (Cth)**, the signatory must be the sole director and company secretary, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of the sole director and company secretary acting as a witness (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are a **company incorporated under the Corporations Act 2001 (Cth)**, the signatories must be two directors, or one director and one company secretary, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of two directors, or one director and one company secretary acting as a witness, or if your company has only one director – that director and a suitable witness, (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are a **company incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) (CATSI Act)**, the signatories must be two directors, one director and one company secretary, or if your company has only one director – that director, as required under section 99-5 of the CATSI Act. If required by your Constitution, please affix your **company seal** in the presence of two directors, or one director and one company secretary, or if your company has only one director – that director. For execution by company seal, you must download, print and sign the agreement in wet-ink.
- If you are an **individual trustee of a trust**, you must download, print and sign the agreement in wet-ink in the presence of a witness (the witness date must be the same as the signatory date). You must sign in your capacity as a trustee and not the trust. The trustee is the legal entity entering into the agreement. The words 'as trustee for [name of trust]' should be included in the signature block.
- If you are a **corporate trustee of a trust**, the signatory must be the sole director and company secretary in the proprietary company, or two directors in the company, or one director and one company secretary in the company, as required under section 127 of the *Corporations Act 2001 (Cth)*. If required by your Constitution, please affix your **company seal** in the presence of the sole director and company secretary in the proprietary company, or two directors in the company, or one director and one company secretary in the company, acting as witness (the witness date must be the same as the date the company seal is affixed). For execution by company seal, you must download, print and sign the agreement in wet-ink. The company must sign in its capacity as a trustee and not the trust. The trustee is the legal entity entering into the agreement. The words 'as trustee for [name of trust]' should be included in the signature block.

- If you are an **incorporated association**, you must refer to the legislation incorporating the association as it will specify how documents must be executed. This process may differ between each State and Territory. If an authorised person is executing a document on behalf of the incorporated association, you should be prepared to provide evidence of this authorisation upon request.
- If you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required (the witness date must be the same as the signatory date).

Released under the FOI Act 1982 by the Department of Health, Disability and Ageing

Organisation ID:	1-1JL-37
Agreement ID:	4-JJWG9B9
Program Schedule ID:	4-JJWG95O

Signatures

Executed as an Agreement

Signed for and on behalf of the Commonwealth of Australia by the relevant Delegate, represented by and acting through Department of Health and Aged Care, ABN 83 605 426 759 in the presence of:

s47F

(Name of Departmental Representative)

Assistant Director

(Position of Departmental Representative)

s47F

(Name of Witness in full)

s47F

(Signature of Departmental Representative)

19/06/2024

s47F

(Signature of Witness)

19/06/2024

Signed for and on behalf of Flinders University, ABN 65 542 596 200 in accordance with its rules, and who warrants they are authorised to sign this Agreement:

s47F

(Name and position held by Signatory)

s47F

(Name and position held by second Signatory/Name of Witness)

s47F

(Signature of second Signatory/Witness)

18/6/24

18/6/24