**NGO Service Development Grant Program 2020**

**GRANT APPLICATION**

Applications are to be submitted via email:

[dejay@nada.org.au](mailto:dejay@nada.org.au)

Closing date for applications is:

**5pm, Monday 20 April 2020**

~~5pm, Monday 23 March 2020~~

*Note: Due to the COVID-19 pandemic, the closing date was revised (16 March 2020)*

***It is recommended that applicants read the application guidelines prior to completing this application form.***

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| **SUBMISSION CHECKLIST**  **Please ensure you have completed the following before submitting this application:**   * SDG Program Guidelines read * Eligibility criteria met * All fields completed [if you have left a field unanswered, please indicate why in the text box] * Application signed * Application submitted on time |

**Questions about the guidelines or application process**

For questions about the application process please contact Dejay Toborek, Events and Grants Administration Officer at [dejay@nada.org.au](mailto:dejay@nada.org.au) or on 02 8113 1324.

The NSW Ministry of Health has contracted NADA to administer the Service Development Grant (SDG) Program. For any questions related to this funded program, please contact Dr Fadil Pedic, Manager, Strategic Research & Evaluation, AoDS, for the Clinical Safety & Quality, Centre for Population Health at [fadil.pedic@health.nsw.gov.au](mailto:fadil.pedic@health.nsw.gov.au) or on (02) 9461 7639.

Please note that in the interest of equity all questions received about the SDG Program will be logged in the FAQ document and made available to any interested party through the NADA website [www.nada.org.au](http://www.nada.org.au).

**Eligibility for assessment**

Please note that your application will only be assessed by the Selection Panel if the following conditions are met:

1. Your organisation meets the eligibility criteria, and
2. Your application is received on time (by 5pm on Monday 23 March 2020), and
3. You have completed all relevant fields of the form below. If you have not answered a question, please explain why in the text box below the question. Incomplete application forms cannot be assessed.

**SECTION A: ORGANISATIONAL DETAILS**

Please complete organisational details for lead agency below

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| **Organisation Name/s** |  | |
| **Program/Service Name/s** |  | |
| **Service type**  **e.g. Withdrawal management** |  | |
| **Postal address** |  | |
| **Main contact person (Name and position)** |  | |
| **Contact details** | **Telephone:** | **Email:** |
| **Alternate contact (Name and position)** |  | |
| **Contact details** | **Telephone:** | **Email:** |
| **Registered Non-Government Organisation in line with the grant guidelines** | * **Yes** * **No** | **Attach evidence to this application**  e.g. certificate of registration as a registered non-government organisation |
| **Contracted by NSW Health to provide AOD treatment services** | * **Yes** * **No** | **Briefly outline your organisation’s NSW Health AOD funding arrangements (max 50 words)** |

**SECTION B: PROJECT SUMMARY**

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| **Application type** | * Individual * Partnership | | | |
| **Partnership details**  (Only applicable for partnership applications) | **Organisation** | **NGO**  **Y/N** | **Name and position title** | **Role & contribution to project** |
|  | * Yes * No |  |  |
|  | * Yes * No |  |  |
|  | * Yes * No |  |  |
|  | * Yes * No |  |  |
| **Project Setting**  (Location, setting, treatment offered in setting, whether the setting is regional, metropolitan, remote, etc.) |  | | | |

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| **Grant stream**  (Identify the grant stream that is the primary focus of the application) | * **Stream 1** – focus on improving access and equity regarding a specific target population   **OR**   * **Stream 2** – improve the safety while in, AOD treatment |
| **Project overview (max 200 words)**  A brief overview of the proposed project |  |
| **Total funding requested (excluding GST)** | **$** |
| **Project timeline**  Please refer to the key dates in the grant guidelines for direction. | **Project to commence**:  **Project finalised**:  **Total timeframe**: |

**SECTION C: PROJECT DESIGN**

**Problem identification**

Outline the specific problem/opportunity that the project aims to address (max 300 words)

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**Aim/s**

Outline the project aim/s (max 200 words)

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**Objectives**

Outline the project objectives (max 200 words)

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**Methods and approach**

Describe how the project will be carried out and provide a brief rationale for the method chosen (max 300 words)

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**Scope**

Outline the proposed scope of application of the project, including the geographic and service reach of the project, what is to be included and excluded, the number of sites or setting(s) and the workforce the project applies to (max 200 words)

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**SECTION D: PROJECT RELEVANCE AND IMPACT**

**Outcomes**

Describe expected project outcomes (max 300 words)

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**Alignment to grant stream**

Describe how the project aligns with the chosen grant stream (max 200 words)

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**Sector-wide applicability**

Describe the extent to which the project has relevance and potential applicability to the NSW AOD treatment sector more broadly (max 200 words)

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**Principles of practice**

Describe how the principles of AOD treatment practice will be considered and applied to achieve the desired project outcomes (max 200 words)

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**SECTION E: IMPLEMENTATION**

**Project Budget**

Outline the project budget using the table provided. Refer to the application guidelines information on funding caps. Please note that funding cannot be used for capital works, general maintenance costs, general telephone/communication systems (unless integral to the practice change), basic office equipment such as desks and chairs, rent and the cost of utilities.

Please provide sufficient and relevant detail to demonstrate how the funds support project implementation and achievement of stated outcomes.

Insert additional rows as required for individual budget line items.

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| **Expenditure item** | **Funding requested**  (GST exclusive) | **In kind support** |
| **Personnel/salaries/consultant fees** | | |
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| **Administrative costs** | | |
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| **Materials/equipment** | | |
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| **Other** | | |
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| **TOTAL** |  |  |

**Project timeline**

Outline the key project milestones against timeframes. Insert additional rows as required (max 200 words)

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| **Milestone** | **Timeframe** |
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**Organisational capacity**

Outline the governance and support structures to manage and implement the project, including process for identifying and managing specific project risk/s (max 200 words)

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**SECTION F: EVALUATION**

**Evaluation Plan**

Outline how the project’s outcomes will be measured and evaluated against the objectives (max 400 words)

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**SECTION G: DISSEMINATION**

**Findings and learning dissemination**

Clearly outline how, and through what channels, findings and learnings from the project will be shared with the AOD treatment sector. Applicants should consider suitable and creative ways of disseminating this information. E.g. information may be presented at a relevant conference or forum, published in specific article, and/or distributed via relevant newsletter communications etc, and intra and cross agency training based on project learnings. (max 300 words)

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**SECTION H: CERTIFICATION AND AGREEMENT**

In submitting this application, I certify that:

* The organisation/s has/have the capacity to manage the project and will provide appropriate resources and support.
* I understand the successful applicants will be required to enter into a performance agreement.
* I understand that submitting this application does not guarantee funding.

If this application is successful, I agree that:

* NGO Service Development Grant funds will be quarantined for this specific project.
* The project will be completed by **5pm Monday 14 December 2020**
* A final report will be provided as documented in the performance agreement.
* Financial reporting will be provided as documented in the performance agreement.
* Reporting information will be used by NADA to report on outcomes of the NGO Service Development Grant Program to the NSW Ministry of Health and its members.

**Authorised by Chief Executive or nominated delegate (lead organisation)**

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| **Name and position** |  |
| **Signature** |  |
| **Date** |  |