**2016-17 Innovative After Hours Grant Application**

Eastern Melbourne Primary Health Network (EMPHN) is offering grants of up to $20,000 to General Practice and Pharmacies to enhance access to clinical care and medication dispensing in the after hours period.

**Important Information**

* Applications must be typed
* All questions must be answered
* Late and/or handwritten applications will not be accepted
* Applicants must meet eligibility criteria
* Please note important dates are listed in the Grant Guidelines
* Applications close 26 September 2016
* Please ensure that the declaration on page 7 of the application is signed, scanned and returned via email with your application
* Email applications to Anita Kasapis – anita.kasapis@emphn.org.au

**Eligibility Criteria**

□ The following checklist will determine if you are eligible for a grant and if you wish to proceed.

□ I have read and understand the After Hours Grants Program Guidelines and agree to comply with these

□ My organisation is located within the EMPHN: see [www.emphn.org.au](http://www.emphn.org.au) for region boundaries

□ If the applicant is a General Practice, my practice is accredited against the RACGP standards

□ My organisation has an ABN

□ My organisation is GST registered

**Have you ticked all of the boxes?**

□ Yes - You are eligible to submit an application

□ No – You are ineligible to submit an application

**Applicant Details**

1. **Organisation Details**

|  |  |
| --- | --- |
| Contact person full name: |  |
| Contact person title: |  |
| Organisation name: |  |
| Address |  |
| Postal address |  |
| Phone number: |  |
| Fax number: |  |
| Email address: |  |
| ABN: |  |
| Legal name as per ABN: |  |
| GST Registered | □No □Yes |
| Is your practice accredited with the RACGP? | □AGPAL □GPA |

1. **Current opening hours in the After Hours Period (Weekdays)**

Please provide details about when your practice provides after hours services in the after hours period.

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1. **Current opening hours in the After Hours Period (Weekend & Public Holidays)**

Please provide details about when your practice provides after hours services in the after hours period.

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1. **Please outline in two sentences an overview of the proposed project**

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1. **Please provide a more detailed description of your proposed project, including specific priorities it will address and how the project will address these priorities (approx. 500 words)**

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1. **Please describe the outcomes your project will achieve, and provide a list of Key Performance Indicators (KPIs) for measuring these outcomes (approx. 500 words)**

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1. **Please describe how you think your project will improve after hours services for your patients**

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1. **Please describe how the outcomes of your project will be sustainable beyond the funding period (30 April 2017)**

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1. **List the proposed expenditures and provide a brief justification for each item**

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1. **Please indicate the total grant amount that you are requesting (excluding GST)**

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| $ |

**If you require more than $20,000 please contact Anita Kasapis on 8814 2431 to discuss your application.**

1. **Please confirm the following statements to complete your application**

□ I have checked and agree to the best of my ability that the information entered in this application is true and correct

□ Once submitted, I understand the application cannot be resubmitted

□ If successful, I will submit a project plan and signed agreement to EMPHN no later than Wednesday 26 October 2016

**Please sign the following declaration:**

I (name of applicant)

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Of (organisation name)

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Hereby apply for a Grant under the Eastern Melbourne PHN 2016 – 17 After Hours Grants Round, for the purpose (s) as described in this application. All of the information provided in this application and any attachments are true and correct and any grant received will be used entirely for the purpose(s) for which it is approved.

I am aware that action may be taken to recover any grant payment made where information provided in this application is subsequently found to be false or misleading, or where the grant received is not used entirely for the purpose(s) for which it was approved.

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Signature Witness signature

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Printed name Witness printed name

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Organisation

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Date

Please email the completed and signed application by 26 September 2016 to Anita Kasapis, Program Officer After Hours – anita.kasapis@emphn.org.au