
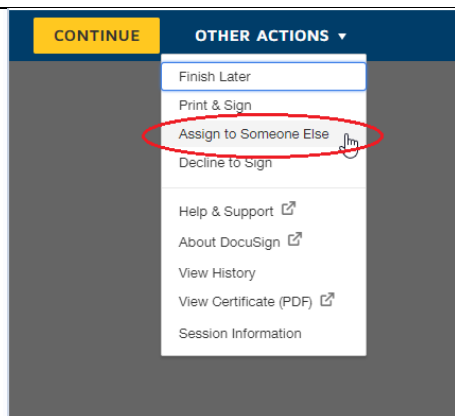


## Strengthening Medicare – General Practice Grants Program

### DocuSign Guide for Applicants

Item	Steps
Quick links: GP Grant resources	<ul style="list-style-type: none"> <li>• <a href="#">One-page overview of the Grants program</a> (PDF)</li> <li>• <a href="#">Fact sheet Strengthening Medicare Grants Program - April 2023</a></li> <li>• <a href="#">Minister for Health and Aged Care Media Release - 20 April 2023</a></li> </ul>
DocuSign Email Invitation	<p>General Practices will be receiving an email invitation directly from EMPHN Procurement via DocuSign with the following subject line:                      General Practice Grants Program – (Name of General Practice)</p> <p>On receiving this email, the email content will look as follows:</p> <div data-bbox="419 539 1091 808" style="background-color: #003366; color: white; padding: 10px; text-align: center;">  <p>Procurement at EMPHN sent you a document to review and sign.</p> <p style="background-color: #FFD700; display: inline-block; padding: 5px 15px; margin: 10px 0;"><b>REVIEW DOCUMENTS</b></p> </div> <p><b>Procurement at EMPHN</b>  <a href="mailto:procurement@emphn.org.au">procurement@emphn.org.au</a></p> <p>Dear Practice,</p> <p>Eastern Melbourne PHN invites you to apply for the Strengthening Medicare General Practice Grants Program through DocuSign. Please click on the 'REVIEW DOCUMENTS' link above for further information and to start this application process. Applications close 5.00pm, 15 June 2023.</p> <ul style="list-style-type: none"> <li>- Please ensure to check all pre-populated practice details, including your ABN and Legal Entity Name</li> <li>- Check that your practice bank details are entered correctly for payment</li> <li>- If you do not have the legal authority to sign on behalf of the practice, you can assign someone else. To do this, after opening the document, in the top menu, select 'Other Actions' then 'Assign To Someone Else'.</li> </ul> <p>To view any hyperlinks within the documents, please download these as PDF files from DocuSign by clicking the 'Download' icon (downward arrow) button. The General Practice team is available to support you with the application process. For more information, or support using DocuSign, please email <a href="mailto:gpgrants@emphn.org.au">gpgrants@emphn.org.au</a></p> <p>Kind regards,</p> <p>Narelle Quinn                      Executive Director Primary Care Innovation and Development</p>
Step 1: How to open documents in DocuSign	<ol style="list-style-type: none"> <li>1. To begin the application process, open the DocuSign email, click the yellow '<b>Review documents</b>' link and you'll be taken to the documents inside the DocuSign envelope.</li> </ol> <div data-bbox="459 1473 815 1541" style="background-color: #FFD700; display: inline-block; padding: 5px 15px; margin: 10px 0;"><b>REVIEW DOCUMENTS</b></div> <p><b>If you do not have legal authority to sign the application:</b>                      If you <b>do not</b> have the legal authority to sign on behalf of the practice, you can assign someone else. To do this, after opening, in the top menu, select 'Other Actions' then 'Assign To Someone Else'.</p>



Complete new signer's details in the pop-up box and select 'assign' to forward to correct person to complete application.

**Assign to Someone Else**

New Signer's Name \*

New Signer's Email \*

Provide a reason for assigning to someone else

250 characters remaining

The sender and the new signer will be notified of these changes. You will be added as a Carbon Copy (CC) recipient.


**ASSIGN** CANCEL

**If you do have legal authority to sign the application:**

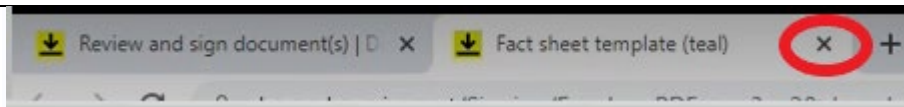
2. If you **do** have the legal authority to sign on behalf of the practice, begin the application by clicking on the yellow 'Continue' icon.



Step 2: Review documents

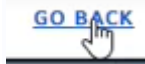
1. It is important for applicants to review all three documents part of the DocuSign envelope before starting the application including:
  - Quick Reference Guide for General Practices
  - Letter of invitation to General Practices
  - Application and Grant Agreement form for General Practices
2. To review the **Quick Reference Guide for General Practices**, click on the document hyperlink or select 'view'. The document will open in a pop-up screen. This document can be downloaded by selecting the arrow at the top of the page


This will open a new tab that is a PDF download. Click on the arrow at the top right corner to download to the computer or press the print icon to print. To return to the DocuSign envelope, close the tab of the PDF download and it will take you back to the original tab.



Note: Do not click on close screen 'X' at the top right corner of your page or this will close all documents including the DocuSign Envelope.

- Once back to the original tab of the DocuSign envelope, close the reference guide pop up box by selecting 'Go back' at the top right corner of the page.



- Review the **Letter of Invitation** from the Hon Mark Butler MP, Minister for Health and Aged Care

Step 3: Read and complete the application

The first page of the **Application and Grant Agreement form for General Practices** provides instructions for General Practice how to complete the application. This includes sections highlighted in **blue** that the applicant **must** complete.

- Practice details
- Practice Owner/s or Authorised person details
- Investment stream/s selection (Grant Activity)
- Timing of Grant payment preference
- Signatures

All **red** text fields or **red** tick selection boxes throughout the document **must be** populated for the application to be completed.

- The Grantee** (practice details) on page 3 is the first page for applicants to review and update correct details. The following practice detail Information on this page will be auto populated by the PHN prior to distribution to general practices:

**The Grantee (Please carefully check and update any prefilled content of the agreement. By signing this agreement, you attest that all information is true and correct.)**

Practice name	AAA Clinic
Practice address	Street no. and name: 1 AAA Road
	Suburb: BOX HILL State: VIC Postcode: 3128
	Postal address
Practice email	a@a.com
Practice phone (inc. area code)	03 9814 2414
Full legal name of Grantee	Kathy and Denise Clinic Pty Ltd
Trading name or business name	AAA Clinic
Australian Business Number (ABN)	12 345 678 912
Australian Company Number (ACN)	

For any missing practice details or if the applicant needs to change/update any auto populated details, the applicant can add the correct information to the red text boxes. Please ensure the practice Full Legal Name of Grantee (Entity Name) and ABN are correct. If these details are incorrect, applicants can update these details and DocuSign will automatically update the signature section on the page 13 of the document where the Entity name and ABN are listed. To check for ABN and entity details, please refer to <https://abr.business.gov.au/>

- Select if your practice is registered for Goods and Services Tax (GST) including date registered for GST.

Registered for Goods and Services Tax (GST)	<input type="radio"/> Yes, Date from which GST registration was effective:
	<input type="radio"/> No

- Complete the remaining sections of the Grantee details:

- Legal entity type
- Accreditation status
- Bank details

<b>Legal entity type (e.g. individual, incorporated association, company, partnership etc)</b>	<input type="text"/>
<b>Current Accreditation Status</b> <i>(practice accreditation against Royal Australian College of General Practitioners Standards for General Practices (5<sup>th</sup> edition))</i>	<input type="checkbox"/> Unaccredited, or <input type="checkbox"/> Registered for accreditation; or <input type="checkbox"/> Accredited
<b>Practice's bank account details</b> <i>Account where the grant money is to be paid to.</i>  <i>The Grantee must ensure that the Grant is held in an account in the Grantee's (i.e. practice) 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.</i>	<b>Name of bank, building society or credit union:</b> <input type="text"/> <b>Account Name:</b> <input type="text"/> <b>Branch number (BSB):</b> <input type="text"/> <b>Account number:</b> <input type="text"/>

4. Update **Practice Owner/s Authorised person details** on page 4. This is the person who is the authorised contact person acting on behalf of the practice in relation to the GP grant.

**Practice Owner/s or Authorised person\* (Grantee's representative)**

\*The authorised contact person must be nominated by the owner(s) of the practice to act on behalf of the practice in relation to the Strengthening Medicare – General Practice Program and will receive all correspondence/notices in relation to this Agreement.

<b>Grantee's representative name</b>	<input type="text"/>
<b>Position</b>	<input type="text"/>
<b>Business hours telephone</b>	<input type="text"/>
<b>E-mail</b>	<input type="text"/>

5. Tick the box to select the relevant **Investment stream/s** on page 5 that the practice plans to undertake. Please note that applicants can choose more than one stream.

**B. Grant Activity**

The Grant can be invested in any one or more of the three investment streams.

The Grant amount is not based on how many investment streams are selected below.

**Investment streams**

**Please tick the relevant box/es below, to indicate which stream/s you intend to use the Grant for.**

Eligible investment streams under the Program	
<input type="checkbox"/>	<b>Enhance digital health capability</b> - To fast-track the benefits of a more connected healthcare system in readiness to meet future standards <i>Intended outcome: Increase take-up of contemporary digital health solutions including video telehealth, secure data storage and interoperable software that supports seamless, secure communication of patient data</i>
<input type="checkbox"/>	<b>Upgrade infection prevention and control arrangements</b> - To support the safe, face to face assessment of patients with symptoms of potentially infectious respiratory diseases (e.g. COVID, influenza) <i>Intended outcome: Increase the proportion of COVID Positive and other respiratory patients treated in a general practice setting (by increasing practices' capacity to treat more of these patients).</i>
<input type="checkbox"/>	<b>Maintain accreditation against RACGP Standards for General Practices (5<sup>th</sup> edition), or</b>
<input type="checkbox"/>	<b>Achieve accreditation against RACGP Standards for General Practices (5<sup>th</sup> edition)</b>
<input type="checkbox"/>	To promote quality and safety in general practice. <i>Intended outcome: Increase the number of accredited general practices.</i>

6. Page 7 will provide the **Payment of the Grant** details. This will state the Grantee's Grant amount (excl. GST) determined by the Department. This section **cannot be changed** by the applicant or EMPHN.

7. Applicants need to indicate the **invoicing method** on page 7. **Please note** if a practice is registered for GST, they can select either option of RCTI or invoice submission process. If a practice is **not** registered for GST, they can only select the second option to submit a compliant tax invoice.

Please indicate invoicing method Grant payment by ticking the relevant box below.

Invoicing method for Grant payment	
<input type="checkbox"/>	The Grantee is registered for GST and agrees to allow the PHN to issue it with a Recipient Created Tax Invoice (RCTI) for the Grant payment. This means the Grantee does not need to generate and submit an invoice to the PHN to receive the Grant.
<input type="checkbox"/>	The Grantee agrees to submit a compliant tax invoice for the full grant amount, plus GST (if registered for GST), to the PHN following execution of the Agreement.

8. Select one option of the **Timing of Grant Payment** on page 7.

*Timing of Grant payment*

Please indicate your preferred timing of Grant payment by ticking the relevant box/es below.

Timing of Grant payment	
<input type="checkbox"/>	I would like to receive the Grant payment in 2022-23 financial year
<input type="checkbox"/>	I would like to receive the Grant payment in 2023-24 financial year

Note: All Grantees must spend the Grant funding by 30 June 2024.

9. Complete the **Signatures** on page 13 by adding:

- Name of Signatory
- Position held of Signatory

Signed for and on behalf of:

Kathy and denise clinic pty ltd

ABN: 12 345 678 933 in accordance with its rules, and who warrants they are authorised to sign this

Agreement:



(Name held by Signatory)

(Signature)

27 April 2023

(Position held by Signatory)

(Date)

To add signature, once you select the 'sign' button, a pop-up screen will appear. Either add your signature through 'select style', 'draw' using your computer or tablet or 'upload' a signature from your computer files.



When you are happy with your signature, click '**Adopt and Sign**' to have it applied to the document.

10. Click '**Finish**' when you have finished reading the document.
11. If you have missed completing a section of the document, you will be directed to the section to update. Click 'Finish' once all sections are updated. You will see a message stating that you have completed the document signing process. Press '**Continue**' and the application process is now complete.
12. The sender will receive an email containing a copy of the submitted document.
13. EMPHN will review all applications and send a copy of the executed agreement back to applicants for your record

Support

For any support using DocuSign, please contact: [gpgnants@emphn.org.au](mailto:gpgnants@emphn.org.au)