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| **Request for Proposal for:** | **Rural Mental Health Partnership Grant****Small Project Grants** |
| **Date of Issue:** |  |
| **Closing Date:** | **5pm AEST. 28th February, 2025** |
| **Funds Applied For in the 2025-26 Financial Year:** |  |

BEFORE YOU BEGIN.

You must have a letter of support from the appropriate LHD Director

You must have had a 30-60 minute initial discussion with the Rural Mental Health Partnership Research Associate – book [here](https://outlook.office365.com/owa/calendar/ThePeregrineCentreResearchAssociates%40theperegrinecentre.com.au/bookings/)

Please indicate with a cross the area(s) in which this project will take place. Please note areas follow the [Local Health District boundaries](https://www.health.nsw.gov.au/lhd/Pages/lhd-maps.aspx).

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| Northern NSW | Mid North Coast | Hunter New England | Western NSW | Far West | Murrumbidgee | Nepean Blue Mountains | Southern NSW | Illawarra Shoalhaven |
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| Confirm that you have attached a letter of support from the appropriate Local Health District Director of Mental Health/Drug and Alcohol (compulsory) | [ ]  Yes[ ]  No |

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| Confirm that you have discussed your project with a Rural Mental Health Research Associate | [ ]  Yes[ ]  No |

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| Project Title |
| (Word Limit: 50 words) |  |

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| Executive Summary |
| In a maximum of 300 words, summarise the project aims, significance and expected outcomes in language a lay person can understand.  |  |

CHAPTER 1: Who’s in Your Team?

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| 1.1 Chief Investigator (CI) contact details |
| Name of contact person: |  |
| Position title: |  |
| Address: |  |
| Postal address (if different to above): |  |
| Email: |  |
| Website: |  |
| Telephone number: |  | Mobile: |  |

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| 1.2 Details of CI Place of Employment  |
| Trading name: |  |
| Registered name: |  |
| Australian Company Number (ACN) if not LHD |  |
| Australian Business Number (ABN) if not LHD |  |
| Address of registered office: |  |

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| 1.3 Partner 1 |
| Organisation name: |  |
| Australian Business Number (ABN): |  |
| Name of contact person: |  |
| Position title: |  |
| Address: |  |
| Postal address (if different to above): |  |
| Email: |  |
| Website: |  |
| Telephone number: |  | Mobile: |  |
|  Partner 2 |
| Organisation name: |  |
| Australian Business Number (ABN): |  |
| Name of contact person: |  |
| Position title: |  |
| Address: |  |
| Postal address (if different to above): |  |
| Email: |  |
| Website: |  |
| Telephone number: |  | Mobile: |  |

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| Experience |
| Summarise in a maximum of 300 words the relevant research and service delivery experience of the CI and partners. You may attach a document that gives further detail of relevant publications and professional experience.  |  |

CHAPTER 2: What is your Idea?

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| What is your Idea? |
| Include Research Questions and Literature Review. Word Limit: 1000 words. |  |

CHAPTER 3: Methodology

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| Data Collection |
| Include sample size estimates, recruiting participants and outcome measures. Word Limit: 1000 words.  |  |

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| Data Analysis |
| Word Limit: 500 words.  |  |

CHAPTER 4: Practical Considerations

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| Ethics |
| Which Human Research Ethics Committee has approved this project (including the relevant LHD committee where appropriate)?  |
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| If you have yet to receive approval, please outline below your plan for obtaining this.  |
| Response:Max Word Limit: 100 words |  |

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| Timeframe and Milestones |
| Please include the Key Dates from the Invitation to Apply. We recommend at least monthly project team meetings. Word Limit: 100 words.  |  |

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| Budget |
| Please detail how you would use the grant funding to support the research. Please ensure all budget items are included in the Excel budget template. (Word Limit: 500 words). |  |

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| Confirm that you have completed the Excel Budget Template  | [ ]  Yes[ ]  No |

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| Risk Management: Outline the risks of the proposed project and your proposed mitigation strategies.  |
| Risk | Mitigation |
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CHAPTER 5: Sharing your findings

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| How do you plan to share your findings? |
| Word limit: 300 words |  |

FINAL DETAILS

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| Selection Criteria |
| Please explain how your project meets each of the evaluation criteria (100 words per criterion) | 1. Alignment with Research Priorities as set out in the Invitation to Apply:
2. Quality of Project Plan and potential for implementation:
3. Potential for significant contribution to rural mental health practice:
4. User-engagement and user-centric design in project plan:
5. Value for money:
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If the organisation holding the funds is not an LHD or university, please outline the fund holder’s insurance details below:

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| Insurance type | Level required ($) |
| Public Liability insurance | Minimum $10 million |
| Professional Indemnity insurance | Minimum $10 million per claim |
| Workers’ Compensation insurance | As per legislative requirements |

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| Public Liability |
| Insurance company: |  | Policy number: |  |
| Amount covered $: |  | Expiry date: |  |
| Professional Indemnity |
| Insurance company: |  | Policy number: |  |
| Amount covered per claim $: |  | Expiry date: |  |
| Work Cover |
| Insurance company: |  | Policy number: |  |
| Expiry date: |  |

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| Conflict of Interest |
| Conflict of Interest: Provide details of, any engagements, obligations, or commitments that the CI, or any partner organisation/sub-contractor, staff or consultants of the CI have or are likely to acquire which may give rise to any actual or perceived conflict of interest in this grants process. If there are none, please state: “None”. |
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| Outline the processes in place to handle any future conflicts of interest (actual, potential, or perceived). |
| Response:Max Word Limit: 100 words |  |

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| Signature Panel |
| By signing this document, I confirm that I support the project as outlined and that I will conduct the research proposed within the budget and timeframes agreed. I also agree to obtain Ethics Approval where needed and to abide by the NHMRC codes of practice.  |
| Name | Signature |
| Organisation | Date |
| Name | Signature |
| Organisation | Date |
| Name | Signature |
| Organisation | Date |

NOTE: Add rows if necessary. All researchers who will receive any support from the funds are required to sign.

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| As an authorised representative of the organisation who will hold these grant funds, I approve this application  |
| Name | Signature |
| Organisation | Date |