

Best Client Outcomes EOI 2026

Form Preview

Part 1: Eligibility and Project Suitability

* indicates a required field

Before you apply

Applicants: please note answering 'no' to any of the questions below will prevent you from continuing with your Expression of Interest. We strongly encourage you to reach out to the Research and Evaluation team via research@tac.vic.gov.au to check eligibility if you are unsure about meeting any of the below requirements.

The TAC may determine your application is ineligible if it is unable to verify it meets the Eligibility Criteria.

Will your project take place in Victoria? *

- Yes - eligible to apply No - ineligible: do not apply

Which eligible service best describes your organisation? *

- hospital
 rehabilitation service
 post-hospital rehabilitation service
 primary health care service providing rehabilitation
 None of the above - ineligible: do not apply

No more than 1 choice may be selected.

Is your organisation based in Victoria? *

- Yes - eligible to apply No - ineligible: do not apply

Does your project team include research expertise? *

- Yes - eligible to apply No - ineligible: do not apply

Will your project be completed within 24 months of signing the Funding Agreement? *

- Yes - eligible to apply No - ineligible: do not apply

Does your project aim to improve the quality of, and/or equity of access to, rehabilitation services for people injured in transport accidents? *

- Yes - eligible to apply No - ineligible: do not apply

Was your Chief Investigator a successful recipient of the 2025 TAC Best Client Outcomes Grant Program? *

- No - eligible to apply Yes - ineligible: do not apply

Part 2: Organisation Details

* indicates a required field

Applicant details

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Organisation Name *

Organisation Name

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Phone Number *

Must be an Australian phone number.

Website *

Must be a URL.

Describe your organisation *

Word count:

Must be no more than 50 words.

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Applicants must nominate a Chief Investigator who will be responsible for submitting the EOI, application, conducting the project, and reporting as required under the Funding Agreement.

The Chief Investigator will be notified of the outcome of your EOI.

Chief Investigator *

Position held within the organisation *

Primary phone number *

Primary email *

Part 3: Project Details

* indicates a required field

Project Title *

Describe your project in a few sentences. *

Word count:

Must be no more than 100 words.

Equity of Access

Please refer to the *Additional assessment considerations* section of the [Best Client Outcomes Grant Guidelines](#) for guidance when responding to this question.

Will your project focus on equity of access to rehabilitation services? *

Yes

No

Equity of Access

Ensure you demonstrate how your project aims to support equity of access to rehabilitation services through your responses in this expression of interest form.

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EOIs that select yes to the above question but do not demonstrate how the project will support equity of access to rehabilitation services will not meet the additional assessment considerations outlined in the Grant Guidelines.

Estimated project timelines

Enter the estimated start and end date for this project (project must be completed within 24 months of signing the Funding Agreement).

Project Start Date *

Project End Date *

Project must be completed by 29 September 2028

Part 4: Expression of Interest

* indicates a required field

1. Which injury cohort of TAC clients will the project seek to influence? *

- musculoskeletal
- multi-trauma orthopaedic
- major trauma including neurotrauma (such as spinal cord and acquired brain injury)
- post-traumatic stress
- concussion
- mental health
- associated secondary and/or chronic condition (e.g. pain)

No more than 3 choices may be selected.

2. What need, problem or service delivery gap have you identified? How does best-practice evidence guide responding to this problem? *

Word count:

Must be no more than 200 words.

3. Would you like to upload a list of references or evidence sources to support your claims in Question 2? *

- Yes
- No

This upload is intended for a bibliography or list of evidence source only. Letters of support or other documents are not required and will not be assessed

Please upload your reference list only. Anything uploaded that is not a reference list will not be assessed *

Attach a file:

Aims and objectives

4. Describe the aim and objective(s) of your project *

Word count:
Must be no more than 100 words.

Project Methodology

Dot points welcomed.

5. Describe how you will implement your project. What will you do and how will you do it?* *

Word count:
Must be no more than 250 words.

6. What tangible product(s) will be delivered by the project to support translation and future clients? *

Word count:
Must be no more than 100 words.

Project Benefits

7. Which benefits will your project directly contribute to (select up to 3)? Briefly describe how (1-2 sentences)

	Must be no more than 50 words.

8. Project Team

a. Who will be in your project team?

Name	Position, Role in Project	Email

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b. Briefly highlight the team's relevant research expertise that will ensure successful project delivery *

Word count:
Must be no more than 100 words.

9. Conflict of Interest Declaration

I declare that: *

- All key personnel involved in this project confirm they have no actual, potential, or perceived conflicts of interest in relation to this grant opportunity or the TAC.
- Key personnel involved in this project have identified actual, potential, or perceived conflicts of interest in relation to this grant opportunity or the TAC.

Please list key personnel and describe their actual, potential or perceived conflict/s of interest *

Word count:

10. Will TAC clients, consumers and/or significant others be a member of the project team, involved in project planning and/or governance activities? *

- Yes
- No

Budget

11. Please estimate your budget request (excluding GST) for this project? *

Applicants will have an opportunity to update the budget should they proceed through to Application stage

12. Please estimate what expenses the project budget will fund?

Expense Category	1-2 sentence explanation of expense	Estimated expense

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Part 5: Terms and Conditions

* indicates a required field

Privacy Policy

The TAC is committed to protecting your privacy. Any personal information collected, handled, stored or disclosed about you through our online services will be managed in accordance with the *Transport Accident Act 1986*, *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. Any personal information collected from grant applicants will be used to assess their Expression of Interest for grant funding and for contacting them about their Expression of Interest.

Refer to [TAC privacy policy details](#).

Declaration

I state that the information in this Expression of Interest and its attachments is to the best of my knowledge true and correct. I will notify the TAC of any changes to this information and any circumstances that may affect this Expression of Interest. I acknowledge that the TAC may refer this Expression of Interest to external experts for assessment, advice and/or comment.

I understand that this is an Expression of Interest only and may not necessarily result in an invitation to submit an application or funding approval.

I have read and agree to the [Best Client Outcomes Grant Program Guidelines](#).

I have read and agree: *

Yes

Name *

Title First Name Last Name

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Position *

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Date *

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Where did you hear about these grants? *

- TAC Website
- LinkedIn
- Grant Opportunity directory/database

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- TAC Provider Email
- Search engine
- Other:

Ineligible: Do not apply

It looks like you are ineligible for the TAC's Best Client Outcomes grant program. Please contact us by email on research@tac.vic.gov.au if you wish to discuss this further.