Part 1: Eligibility

* indicates a required field

Eligibility Questions

Applicants: please note

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before proceeding any further.

If you have any questions in regard to the eligibility criteria, please email the TAC Research & Evaluation team research@tac.vic.gov.au

Are you an approved service provider consistent with 'Who Can Apply?' in the Value-based Healthcare Innovation Grants Guidelines 2024? *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Are you a registered professional with a provider number and/or accredited with the appropriate peak body (e.g. AHPRA)? *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Are you committed to continued employment with your current organisation for the duration of the project? *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Will your project directly respond to at least two of the principles of Value-based Healthcare? *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Will your project demonstrate innovation in healthcare? *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Will your project support TAC clients and other Victorians with traumatic physical and/or mental health injuries? *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Have you reviewed the Funding Agreement template to ensure you can comply with the terms and conditions? The TAC is unable to accept any amendments. *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Will your project be completed within 15 months of signing the Funding Agreement? *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Are you able to provide the ABN of your employer? *
○ Yes - eligible to apply   ○ No - ineligible: do not apply

Contact with the TAC

It is recommended that you contact the TAC Research & Evaluation Team to discuss your application prior to submission.

Have you been in contact with the TAC Research & Evaluation Team to discuss your application? *

○ Yes   ○ No

If yes, who did you speak with?

Part 2: Organisation Details

* indicates a required field

Applicant

Organisation Name *
Organisation Name

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.

Australian Corporation Number (if no ABN)

Incorporated Association or Australian Company Number

Address *
Address

Postal Address *
Address

General phone number *

Must be an Australian phone number.

General email *

Must be an email address.

Website

Must be a URL.

Indicate the category of your approved organisation. You may select more than one. *
☐   Hospitals – includes pre-hospital clinics and surgeons
☐   Rehabilitation services – includes inpatient and outpatient services
☐   Post-hospital services – includes early discharge and post-acute care type services
☐   Primary health care services – includes General Practitioners, Primary Health Networks and community based Allied Health services
☐   Pain management service providers
☐   Disability service providers
☐   Peak Bodies^
☐   Professional Societies^
^Must be collaborating with a setting from 1 – 6. Please attach evidence of in principle agreements to collaborate on this project (refer to Q6.6 to attach documents)

The Chief Investigator is the person accountable for the project.

Chief Investigator *

This is the person we will correspond with about this grant.

Position held within the organisation *

Primary phone number *

Primary email *

This is the address we will use to correspond with you about this grant.

Part 3: Project Details

* indicates a required field

Project title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive.

Describe your project in a few sentences. *

Word count:
Must be no more than 100 words.

Enter the start and end date for when this project will be completed.

Project Start Date *

Must be a date.

Project End Date *

Must be a date and no later than 20/12/2025.

Which principle(s) of VBHC will your project directly address *
☐   The outcomes that matter to the patient
☐   The patient's experience of care
☐   The provider's experience of care
☐   The effectiveness and efficiency of care
Must select two or more principles

How will your project directly address the principles of VBHC? *

Word count:
Must be no more than 200 words.

Explain the problem or issue relevant to TAC clients, including the background context and rationale for the project. *

Word count:
Must be no more than 400 words.

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

Word count:
Must be no more than 150 words.

Part 4: Capability & Capacity

* indicates a required field

List your research team members.

Name	Position	Phone number	Email

Provide a brief overview of your team's relevant experience and expertise. *

Word count:
Must be no more than 300 words.

Part 5: Project Methodology

* indicates a required field

Describe the design, sample size, participant recruitment, procedures, measures, data collection and analysis, and governance approaches. *

Word count:
Must be no more than 800 words.

Outline the anticipated outcomes and impact of your project. *

Word count:
Must be no more than 200 words.

Will TAC clients, consumers and/or significant others be involved in shaping the project? *

○ Yes   ○ No

Describe their roles and responsibilities.

Word count:
Must be no more than 100 words.

Key Considerations

Is recruitment of TAC Staff, TAC Stakeholders, TAC clients, their families, carers or significant others required? *

○ Yes   ○ No

Is ethics approval required? *

○ Yes   ○ No

Provide a brief explanation of any anticipated ethical issues and mitigation strategies.

Word count:
Must be no more than 100 words.

List your project milestones and timelines. By 'milestone', we mean a project phase (e.g. recruitment), a significant activity (e.g. steering committee meeting) and outputs for delivery (e.g. project report).

Milestone	Completion Date
	Provide approximate date

Part 6: Value for Money and Risk

* indicates a required field

Budget

Detail your project expenditure and budget request. Refer to the [Value-based Healthcare Innovation Grants Guidelines 2024](#) for information on approved and prohibited expenses.

Expenditure Category	Expenditure Description	Justification for Expenditure	Budget Requested ($)
			$
			$
			$
			$
			$
			Excluding GST

Do you have confirmed funding contributions from other sources? *
○ Yes   ○ No

If yes, please detail how this funding will be used to support your project.

Word count:
Must be no more than 200 words.

Total amount of funding requested from the TAC (excluding GST)

$

This number/amount is calculated.
Make sure the dollar amount aligns with the project expenditure and budget request table.

Total amount of funding from other sources (excluding GST)

Must be a dollar amount.

Briefly detail any challenges, risks or conflicts of interest and mitigation plans. *

Word count:
Must be no more than 150 words.

In principle agreements

Applicants should only attach evidence of in principle agreements to collaborate and/or share data. Attach a file?

❏ Yes   ❏ No

Attach a file:

Part 7: 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 application for grant funding and for contacting them about their application. Refer to TAC privacy policy details.

Declaration

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

I understand that this is an application only and may not necessarily result in funding approval. I have read and agree to the VBHC Funding Agreement Terms and Conditions.

I have read and agree: *   ○ Yes

Name *   Title   First Name   Last Name

Position *

Position held in applicant organisation.

Date *

Must be a date

Part 8: Applicant Feedback

You are nearing the end of the application process. Before you click the **SUBMIT** button please provide some feedback.

Please indicate how you found the online application process:

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

Ineligible: Do not apply

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