Hospital Avoidance Co-Investment Funding for fund up to $200,000.00

August 2022

**(Successful applicants will be required to enter a grant arrangement based on Tasmanian Government standard terms and conditions).**

**Before Commencing**

This document should be read in conjunction with the Grant Guidelines

**Closing Date**

Applications should be submitted by 5pm Wednesday 28 September 2022

**How to Lodge**

By email to primaryhealth.caregrants@health.tas.gov.au

Only submit your application in .doc, docx or pdf format to the above email.

The Department may choose not to accept applications and/or attachments submitted in any other format. Do not post your application without written permission from the Department.

**Submitting an application**

You are responsible for ensuring that the application is completed and accurate.

If there is an error in a submitted application, you should inform the department immediately by email to primaryhealth.caregrants@health.tas.gov.au. The Department may, at its discretion, choose to seek information to clarify any aspect of your application.

**Receipt of Applications**

Receipt of applications will be acknowledged by email. If you do not receive an email (including automatic reply) acknowledging receipt of your application, you should consider the application is not complete and resubmit.

**Late Applications**

In the interest of fairness, the department reserves the right not to accept late applications. If you believe that your application will be late, you should contact primaryhealth.caregrants@health.tas.gov.au or by phoning 6777 4279 prior to closing time advising of the circumstances for the lateness. The Chair of the Assessment Panel will take into consideration when deciding whether or not to accept the late application.

[Insert your business logo]

[Enter your business name]

Business plan

**Date:** Select a date

 [Use the italicised guidance throughout this template for help completing your business plan.
You may wish to remove this text before you finalise your plan.]

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# Key details

Name of Business:

ABN:

Place of Business (address):

MMM

Using the Modified Monash Model, ([Modified Monash Model | Australian Government Department of Health](https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/modified-monash-model)[[1]](#footnote-2)) is your practice in a regional centre, large rural town, small rural town, remote community or very remote community?

Legal entity type (i.e. company, incorporated association, partnership, other):

What recognised State, National or International Standards does your organisation use.

Please include the following:

* Name and contact details of two referees
* Last two year audited financial reports
* A copy of your organisation’s Public Liability Insurance (not less than $20 million)
* A copy of your organisation’s professional indemnity Insurance (not less than $10 million)
* A copy of your organisation’s worker’s compensation insurance
* Accreditation
* Copies of any trust or partnership documents (needs to identify who is legally able to enter into financial agreement)
* Incorporation certificate

Length of time in business:

### Who are the authorised Contact Persons for this Proposal?

|  |  |  |
| --- | --- | --- |
|  | Preferred Contact | Optional:Alternative Contact |
| Title |       |       |
|  |  |  |
| First name |       |       |
|  |  |  |
| Family name |       |       |
|  |  |  |
| Position in organisation |       |       |
|  |  |  |
| Telephone number |         |         |
| 09 | 9-9-0 |  |
| Mobile number |       |       |
| 09998 |  |  |
| Fax number |         |         |
|  |  |  |
| Business email address |       |       |

### Provide details of two referees that you authorise the Department to contact regarding your Proposal

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Title |       |       |
|  |  |  |
| First name |       |       |
|  |  |  |
| Family name |       |       |
|  |  |  |
| *If applicable*– Name of Organisation |       |       |
|  |  |  |
| *If applicable*– Position in Organisation |       |       |
| 09 | 9-9-0 |  |
| Telephone number |         |         |
| 09998 |  |  |
| Mobile number |       |       |
|  |  |  |
| Email address |       |       |
| Relationship to Respondent |       |       |

## Online and social media details

|  | **Address/details** |
| --- | --- |
| **Website** |  |
| Select type |  |
| Select type |  |
| Select type |  |

# The business case

Your response should address the Hospital Avoidance Co-Investment Guidelines 2022

## Plan summary

In about 200 words for each section, tell us about your community and the services you provide.

|  |  |
| --- | --- |
| **Current services**Tell us about your practice, the health services in the community including its challenges |  |
| **Geographical features****Locality and environmental factors****MMA Classification**  |  |
| **Patient Cohort or community**Eg support to aged care facilities, young families major employee in the area and seasonal changes |  |
| **Services to be provided including opening hours**  |  |
| **Supporting infrastructure** eg proximity to Pharmacies, X-Ray, Pathology, Allied Health |  |

## Meeting the needs of our community

In about 300-500 words for each relevant category below please provide in detail how you intend to expand the services including afterhours/urgent care.

## Services

**Staff model**

| {Example: expanding current model of care to include Nurse Practitioner or Allied Health Professional].  |
| --- |

**Staff training**

| {Example: upskilling for urgent care or to use x-ray equipment, nurse training to be nurse practitioner or training a practice manager].  |
| --- |

### Medical conditions that will be able to be safely treated

| [Example: suturing, simple fractures] |
| --- |

### Digital technology including expanded services

| [Examples: Telehealth, zoom meetings]  |
| --- |

### Identified interdependencies

|  |
| --- |

## Additional Equipment required

| **Equipment** | **Cost ($)** | **Training Cost ($)** | **Total ($)** |
| --- | --- | --- | --- |
| [ECG Machine] | *[$3,000.00]* | *[$500.00]* | *[$3500.00]* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Premises

[Describe your business premises, the location, facilities and how you intend to extend or add additional rooms to meet the increased need

| [Example: We are leasing additional area for x years to expand the service; this area will be set up by end November] |
| --- |

### Implementation plan

| Milestones | Date | Details |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

### Staffing Model and staff retention strategies

Include how you plan to provide the extra coverage. Include plans for staff absences eg sick leave/annual leave.

|  |
| --- |

# The marketing

## Advertising and promotion

[Choose channels that suit your target market. For example, social media use varies across different age groups. Learn about [choosing the best channels to communicate with your customers](https://business.gov.au/people/customers/how-to-communicate-with-customers).]

The channels we’ll use to communicate with our target customers.

| **Channel** | **Used for** | **Details** |
| --- | --- | --- |
| Select a channel | [Example: Promotion prior to launch.] | [Example: We’ll use regular Facebook posts to promote new hours] |
| Select a channel |  |  |
| Select a channel |  |  |
| Select a channel |  |  |

## Fee Structure

[Explain your [Fee](https://www.business.gov.au/products-and-services/develop-a-pricing-strategy) Structure ]

| Includes fees for after hours, concession card holders, children  |
| --- |

# Risk management

## Risk assessment and mitigation strategies

[Learn about [types of risk that could affect your business](https://www.business.gov.au/risk-management/risk-assessment-and-planning/business-risks) and [how to assess and manage risks to your business.](https://www.business.gov.au/risk-management/risk-assessment-and-planning/how-to-manage-risk)]

Risks that could impact our business and what we’ll do to protect it.

| **Risk/impact description** | **Likelihood** | **What we’ll do to reduce this risk** |
| --- | --- | --- |
| [Example: Pandemic causes closure of our retail outlet.] | Select level | [Example: Strengthen online sales/e-commerce.] |
| [Example: Computer theft results in loss of financial records.] | Select level | [Example: Use cloud storage for business records.] |
|  | Select level |  |
|  | Select level |  |
|  | Select level |  |

## Additional information

[Describe your business premises, the location, facilities and how you intend to extend or add additional rooms to meet the increased need

| [Example: We are leasing additional area for x years to expand the service; this area will be set up by end November] |
| --- |

1. https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm [↑](#footnote-ref-2)