

Alcohol and other Drug Peer Workforce Grants Program 2022-23

Application Form

November 2022

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Section I – About the Organisation

Organisation Details

Common or trading name of organisation (name the organisation uses to trade or publicise its activities)	
Name of legal entity (if different to the common or trading name)	
Incorporation number or Australian Company Number (ACN)	
Australian Business Number (ABN)	
Australian Charities and Not-for-profits Commission (ACNC) Registration Number (if applicable)	
Is your organisation registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address/PO Box	
City/State/Postcode	
Postal Address (if different from the address above)	

The name of the legal entity is the name under which the organisation is legally registered. All correspondence, funding agreement and payment documents will use the name of the legal entity.

Authorised officer

The authorised officer is the office bearer who has the organisation's authority to submit the application and to enter into funding arrangements on behalf of the organisation. This is the person who will receive all correspondence.

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other
Name	
Position	
Phone	
Mobile	
Email	

Business Hours Contact officer

Only required if the authorised officer is unable to discuss the project with DoH staff during business hours, or where there is specialist knowledge that can be better provided by someone other than the authorised officer.

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other
Name	
Position	
Phone	
Mobile	
Email	

Section 2 – Organisational Practices

Service Provision

Region/s of Tasmania the organisation operates within (North, North West, South or Statewide)	
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Section 3 – Organisational Planning and Policy

Evidence of Planning and Policy Frameworks

Provide evidence of the organisation's planning and policy framework. You can submit the document with your completed application form OR you can provide a web address.

Report/Plan	Attached	Web Address
Annual report	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of last AGM		
Audited Financial Report	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Strategic Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operational Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 4 – Funding Request and Organisational Funding Support

Funding Request

Eligible organisations may apply for a maximum of \$75 000 in 2022-23 (Round One) of the Grants Program.

The application should include a realistic budget that enables the delivery of objectives within the proposed timelines. All sources of funding must be included in the application.

Please follow the below instructions when completing this section of the application:

- if your organisation is **NOT registered for GST**, costs should be calculated inclusive of GST, and
- if your organisation is **registered for GST**, costs should be calculated exclusive of GST.

Please detail how you intend to expend the grant funds	Amount
	\$
	\$
	\$
TOTAL AMOUNT REQUESTED FROM THIS GRANT PROGRAM (A) (please round down to the nearest dollar)	\$

Organisational Funding Support

As part of the Grant Program application process, DoH encourages applicant organisations to demonstrate a commitment of organisational funding and/or resources to support the peer worker(s) that they plan to recruit.

This organisational support may be to supplement the grant funding for the employment of the peer worker(s), or to sustain the engagement of the peer worker(s) following the conclusion of the grant funding commitment.

Question	<p>If 'Yes' please provide further detail below on how funding will be spent.</p> <p>If 'No,' please provide reasoning</p>
<p>Does your organisation intend to contribute funding or resources for the recruitment of the peer worker(s)</p>	

If you answered 'Yes' to providing organisational funding support, please list funding sources, including in-kind support	Amount
	\$
	\$
	\$
<p>TOTAL ORGANISATIONAL FUNDING SUPPORT (B)</p>	\$
<p>TOTAL BUDGET (A) + (B)</p>	\$

Section 5 – Use of Grant Funds

Outline of Program

Please provide a detailed program outline of how the organisation intends to administer the grant funds and recruit the Peer Worker(s):

Section 6 – Funding Eligibility Requirements

Funding Eligibility Criteria

Eligible organisations must also demonstrate they meet the following minimum requirements. Please detail how the organisation's proposed activities meet the funding eligibility requirements detailed below:

Eligibility Criteria	Response
Be a Tasmanian AOD community sector organisation that has current accreditation with an accreditation standard deemed compliant with the 'National Quality Framework for Drug and Alcohol Treatment Services'	
Demonstrate organisational readiness to employ peer workers, such as: <ul style="list-style-type: none">• Completion of the Organisational Readiness Training through the Self-Help Addiction Centre (SHARC) or other industry benchmarked equivalent; and• Existence of appropriate organisational policies and procedures (e.g. peer work position descriptions and organisational structure charts);	
Organisational commitment to recruiting peer workers that have completed the Drug Education Network (DEN) Peer Workforce training or another evidenced/benchmarked AOD peer training program (such as SHARC or a New Zealand recognised AOD Peer training program)	

Eligibility Criteria	Response
Demonstrate that the employees engaged through the Grants Program will have access to peer-specific supervision (by a trained lived experienced peer supervisor) and will be able to attend the AOD Peer community of practice.	
Ability and experience required to administer grant funds for the benefit of the Tasmanian AOD sector	
Capacity to appropriately support employees engaged through the Grants Program	

Section 7 – Declaration

Declaration by Authorised Officer

The declaration ***must*** be signed by an authorised officer of the organisation, the current president, chairperson, Chief Executive Officer or General Manager or.

I make the following declaration:

I, the undersigned, certify that I am authorised to submit this application, that I have read, understand and agree to the terms and conditions of the grant program as outlined in the Grant Program Guidelines, and that the information contained herein and attached is, to the best of my knowledge, true and correct.

I understand that it is an offence to knowingly make a false or misleading statement.

Name		Position	
Signature		Date	

Section 8 – Completing the Application Form

Please refer to the Guidelines for the Alcohol and other Drug Peer Workforce Grants Program 2022-23 to determine eligibility before you apply.

Essential Documentation - Checklist

Please ensure that:

- You have obtained, read and referred to the Guidelines for the Alcohol and other Drug Peer Workforce Grants Program 2022-23 when completing this application form
- You have completed all relevant sections of this application form
- The document has been signed by an Authorised Officer, and
- You have included the following documentation attached to your application (please tick to indicate you have attached).

Documentation Required	Attached	Additional comments
Copy of certificate of currency for public liability or a letter about insurance cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If exempt from requiring an ABN, a completed Statement by a Supplier	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual report	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Audited Financial Report	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Strategic Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operational Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Detailed plan for how the organisation intends to administer the grant funds and plans to recruit the Peer Worker(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
A budget outlining all expenses relating to the recruitment of the Peer Worker(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Documentation Required	Attached	Additional comments
Any relevant organisational policies and procedures (e.g. peer work position descriptions and organisational structure charts);	Yes <input type="checkbox"/> No <input type="checkbox"/>	
A statement of attainment for Organisational Readiness Training through the Self-Help Addiction Centre (SHARC); or other industry benchmarked equivalent; or proof of enrolment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Proof of accreditation deemed compliant with the 'National Quality Framework for Drug and Alcohol Treatment Services' or other industry benchmarked equivalent	Yes <input type="checkbox"/> No <input type="checkbox"/>	

How to Apply

How to submit an application:

Please email applications and attachments to: atod.fundingagreements@health.tas.gov.au

If you have provided an email contact, you will receive an email reply confirming the application has been received.

Getting Support

The Department of Health has made this application form accessible.

If you are having any difficulties with accessibility, or completing this application form, please contact the Mental Health, Alcohol and Drug Directorate by email at atod.fundingagreements@health.tas.gov.au, or by phone on (03) 6166 0784 for assistance with your application.



Department of Health, Tasmania
Mental Health, Alcohol and Drug Directorate
Commissioning and Monitoring

Phone:
(03) 6166 0774

Email:
atod.fundingagreements@health.tas.gov.au

www.health.tas.gov.au