## Innovation and Evaluation Grant

## 2024 - 2025 APPLICATION FORM

**Closing date for applications:**

**25 October 2024**

**Applications to be submitted via email:** [**info@cmhdaresearchnetwork.com.au**](mailto:info@cmhdaresearchnetwork.com.au)

***Applicants must read the “CMHDARN INNOVATION AND EVALUATION GRANT Guidelines for Applicants”*** ***prior to compLeting this APPLICATION***

|  |
| --- |
| ***SUBMISSIOn CHECKLIST: Please ensure you have completed the following before submitting this application:***  *Eligibility criteria have been met*  *All questions have been answered*  *Signature from the Chief Executive or relevant person provided by the applicant organisation / organisations* |

**GRANT DETAILS**

The CMHDARN Innovation Grant will be funded from **December 2024 - December 2025**

**One $20,000** (excluding GST) grant is available

Applicants must be able to demonstrate that the funds will be used to investigate and innovate in both mental health (MH) and alcohol and other drugs (AOD), e.g., the project funded will need to cover **both** areas rather than a singular in focus on either MH or AOD. Projects with lived experience collaboration and leadership are highly encouraged.

We encourage you to apply if:

* you have an innovative program that you would like to evaluate;
* you want to address a gap in your service delivery or practice;
* you want to find solutions to curious questions which continue to arise in your service

The successful applicant will be expected to meet the following milestones and three funding instalments will be issued at the completion of the first and final stage:

1. Completed project proposal submitted (application form for successful grant recipient)
2. Mid-grant report (due May 2025)
3. Final report (due December 2025)

The successful grant recipient **will be expected to lodge a request with the** **CMHDARN Research Ethics Consultation Committee (RECC)**. For further information on the RECC, please click [here](https://cmhdaresearchnetwork.com.au/our-activities/ethics-and-research/).

**SECTION A: PROJECT SUMMARY**

|  |  |  |
| --- | --- | --- |
| **Project title:** |  | |
| **Project site (i.e., setting and geographical location):** |  | |
| **Project timeframe:** | Project to commence: |  |
| Project to be completed: |  |

**SECTION B: OrganisationAL DETAILS**

|  |  |
| --- | --- |
| **LEAD ORGANISATION** | |
| **Legal Name** |  |
| **Trading name** |  |
| **Australian Business Number (ABN):** |  |
| **Registered for GST** | Yes  No |
| **Organisation size** | 10 staff or less  11 to 49 staff  50 to 99 staff  100 staff or more |
| **Core business**  **(e.g., psychosocial support)** |  |
| **Postal address** |  |
| **Main contact person**  **(Name and position)** |  |
| **Contact Details** |  |
| **Alternate contact person (Name and position)** |  |
| **Contact Details** |  |
| **Membership/s**  **(note: if member of both, select both boxes)** | MHCC  NADA |

|  |  |
| --- | --- |
| **SECONDARY ORGANISATION (if applicable)** | |
| **Legal Name** |  |
| **Trading name** |  |
| **Australian Business Number (ABN):** |  |
| **Registered for GST** | Yes  No |
| **Organisation size** | 10 staff or less  11 to 49 staff  50 to 99 staff  100 staff or more |
| **Core business**  **(e.g., psychosocial support)** |  |
| **Postal address** |  |
| **Main contact person**  **(Name and position)** |  |
| **Contact Details** |  |
| **Alternate contact person (Name and position)** |  |
| **Contact Details** |  |
| **Membership/s**  **(note: if member of both, select both boxes)** | MHCC  NADA |

**SECTION C: ELIGIBILITY CRITERIA**

**C1.** At least one applicant must be a member of the Mental Health Coordinating Council or the Network for Alcohol and Other Drugs Agency.

|  |  |  |
| --- | --- | --- |
| **The applicant is a member of: (please tick both if applicable)** | NADA | MHCC |
| **The project is a collaboration between a MHCC member organisation and NADA member organisation** | Yes | |
| **Lead Organisation:** | **Secondary organisation:** |

**C2.** Does the project enhance innovation and evaluation capacity in the community based / non-government mental health (MH) and alcohol and other drug (AOD) sectors?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **If yes, please describe how:** |  | |

**C3.** Applicants must provide evidence of organisational support and capacity.

|  |  |
| --- | --- |
| **Certification and agreement signed by CEO or equivalent of the organisation / both organisations** | Yes |

**C4.** Applicants must provide confirmation that they will adhere to funding provisions should their application be successful, namely that:

|  |  |
| --- | --- |
| Funding will be quarantined for the research project only | Yes |
| The project will be completed by 1 **December 2025** | Yes |
| Accountability reports, as documented in the Funding Agreement, will be submitted by the project completion date | Yes |
| The project will be conducted in NSW | Yes |

**SECTION D: SELECTION CRITERIA**

*Project Design*

**D1. Purpose:** Outline the purpose of your project. Include the aims and objectives and any expected outcomes/outputs / resources etc.

|  |
| --- |
|  |

(Max 300 words)

**D2. Research question/s:** List the question/s that your project will investigate and/or address.

|  |
| --- |
|  |

(Max 200 words)

**D3. Methods and approach:** Describe how you will conduct the project (i.e., detail the research methodology).

|  |
| --- |
|  |

(Max 250 words)

**D4. Project risks and ethical considerations:**

* Identify key project risksand ethical considerations and indicate how these will be addressed
* Identify any risks and/or ethical considerations due to working across two organisations

|  |
| --- |
|  |

(Max 200 words)

**D5. Outcomes and evaluation:**

* Describe how you will evaluate the project
* How will you know if your project outcomes were met?

|  |
| --- |
|  |

(Max 300 words)

*RELEVANCE / IMPACT*

**D6. Significance**

Detail the rationale for the project and identify its importance for the growth and development of your organisation/service. Please include references, where appropriate, to existing research and/or practice approach and/or how the project may align with national or state priorities.

|  |
| --- |
|  |

(Max 400 words)

**D7.** **Impact / Outcomes**

Describe the project’s potential and anticipated impact and outcomes, to include:

* Will the project generate new or improved practice knowledge, contribute to building evidence-based practice, or build capacity in the organisation or in a broader context?
* Does the project represent an organisational quality improvement activity?
  + How will the project improve client/consumer/carer outcomes?
  + Will the project improve organisational culture and practice?
  + How will the project foster MH and AOD collaboration and outcomes?

|  |
| --- |
|  |

(Max 400 words)

*Mental Health and AOD focus*

**D8. Mental Health and AOD focus:**

* Describe how the project will incorporate MH and AOD elements
* Describe how the project will incorporate lived experience researchers from across the mental health and AOD fields

|  |
| --- |
|  |

(Max 300 words)

*Collaboration*

**D9. Collaboration**

List other potential partners in the table provided below. Partnerships with other service delivery organisations, universities, and lived experience researchers are encouraged.

|  |  |  |
| --- | --- | --- |
| **Name and position title (if known)** | **Organisation** | **Potential role and contribution to project** |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION E: OTHER PROJECT DETAILS**

**E1. Timeline and resources**

Outline the key milestones of the project. List all resources needed and include whether in-kind financial and other resources will be provided to support project delivery from both organisations and any other collaborators.

|  |
| --- |
|  |

(Max 300 words)

**E2. Academic mentor**

CMHDARN can facilitate the support of an academic mentor from the Matilda Centre at University of Sydney for the successful applicant. If the project could benefit from an academic mentor, please indicate the areas in which support might be useful.

|  |  |  |
| --- | --- | --- |
| **Would you benefit from having an academic mentor** | Yes | No |
| **If yes, please identify the areas in which support might be useful:** | ☐ Developing a research question  ☐ Study design and methodology ☐ Survey/Questionnaire design  ☐ Practice approach/s  ☐ Data collection  ☐ Qualitative analysis  ☐ Quantitative analysis ☐ Statistical advice  ☐ Outcomes and evaluation  ☐ Literature review  ☐ Ethics applications and guidance  ☐ Report writing | |

**E3. Budget** ($20,000 excluding GST).

Outline the proposed budget for the project. To be reported against as part of the Accountability Reports

|  |  |
| --- | --- |
| **Budget item** | **Funding requested** (GST exclusive) |
| **Personnel/Salaries/Consultant fees** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Administration costs** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Materials/Equipment** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Other** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

**SECTION F: CERTIFICATION AND AGREEMENT (LEAD ORGANISATION)**

In submitting this application, the Lead Organisation named in Section B (Organisational Details) certifies that:

* The organisation has the capacity to manage the project and will provide appropriate support.
* The organisation is committed to implementing practice change, based on the results and outcomes of the project.
* This application does not guarantee funding.

If the Application is successful, the Lead Organisation agrees that:

* The project will be completed by **1 December 2025**.
* The applicant will be required to enter into a Funding agreement with the Mental Health Coordinating Council.
* Grant funds will be quarantined for this specific project.
* As the Lead Organisation, you will receive the grant on behalf of both agencies and be expected to handle the grant funding / acquittal (if applicable)
* Accountability reports will be provided as documented in the Funding Agreement and will be submitted in full by the Project Completion Date.
* Reporting information will be used by CMHDARN/MHCC/NADA to monitor the progress of projects, for publicity purposes and to report on outcomes of the CMHDARN Innovation and Evaluation Grant program 2024/2025.

**Authorised by Chief Executive or equivalent (lead organisation)**

|  |  |
| --- | --- |
| Name and position |  |
| Signature |  |
| Date |  |

**SECTION G: CERTIFICATION AND AGREEMENT (SECONDARY ORGANISATION)**

In submitting this application, the Secondary Organisation named in Section B (Organisational Details) certifies that:

* The organisation has the capacity to manage the project and will provide appropriate support.
* The organisation is committed to implementing practice change, based on the results and outcomes of the project.
* This application does not guarantee funding.

If the Application is successful, the Secondary Organisations agrees that:

* The project will be completed by **1 December 2025**.
* The Lead Organisation will receive the grant on behalf of both agencies and be expected to handle the grant funding / account
* Reporting information will be used by CMHDARN/MHCC/NADA to monitor the progress of projects, for publicity purposes and to report on outcomes of the CMHDARN Innovation and Evaluation Grant program 2024/2025.

**Authorised by Chief Executive or equivalent (Secondary Organisation)**

|  |  |
| --- | --- |
| Name and position |  |
| Signature |  |
| Date |  |