****

The purpose of this program is to seed-fund projects to develop and advance clinical simulation and training in WA to improve healthcare outcomes. Proposals are sought from organisations for specific, time-limited projects, programs, course development or research that will align with one or more Elements of the Clinical Simulation and Training Framework for the WA health system.

Clinical Simulation and Training Advisory Network Grants PrograM

Applicants are required to respond to Sections 1 to 4. The panel will be assessing the application against the Clinical Simulation and Training Advisory Network (CSTAN) Grant Review Criteria Scoring checklist ([refer Section 14](#_Applicants_can_refer)).

### Grant Eligibility Criteria & Application Guidelines

See linked document below for full details   
**‘**[**Clinical Simulation and Training Grants Application Guide**](https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/CSTAN/CSTAN-Application-Guidelines.docx)**’**

### Details of Principal Applicant

|  |  |
| --- | --- |
| **Name of Program** |  |
| **Organisation** |  |
| **Postal Address** |  |
| **Website** |  |
| **Contact Person(s)** |  |
| **Position** |  |
| **Email** |  |
| **Contact Number** |  |
| **ACN / ABN** |  |

### Response Questions – [applicant to note there is a maximum of 1500 words allowed over all questions in section 3, please also refer to section 14 Assessment Matrix when responding to the criteria below]

1. Please nominate the primary Clinical Simulation and Training Framework (CSTF) Element your application addresses (tick one box only).

* Evidence and Planning
* Effective Collaboration
* Quality, Safety and Innovation
* Sustainability

Please describe in 1-2 sentences why/how your project addresses the primary Element:

1. Please nominate one other important but secondary Element you feel the application addresses (tick one box only)
   * Evidence and Planning
   * Effective Collaboration
   * Quality, Safety and Innovation
   * Sustainability

Please describe in 1-2 sentences why/how your project addresses the secondary Element:

1. Please provide a brief overview of your proposal including the headline project title, indicating the simulation area most appropriate (simulation training and course development, clinical simulation testing or scenario, simulation research) – [word count guide 200 or less]
2. Outline the demand for the work proposed, including evidence of consumer consultation – [word count guide 200 or less]
3. Describe the design of the project including resources, timelines, and capacity to deliver. Projects over three years are considered outside the parameters of seed funding. Please ensure the timeline to secure ethics approvals (if required) is clearly defined – [word count guide 250 or less - note a Gantt Chart does not contribute to the word count].
4. Describe the proposed delivery of the project, educational approaches, learner or staff engagement methods etc. [word count guide 250 or less]
5. Describe how the proposal’s outcomes are linked to key priorities for the WA Health System including patient safety and clinical quality, service improvement, sustainability, how the outcomes will be disseminated; and potential for [WA Health Excellence Awards](https://ww2.health.wa.gov.au/en/Improving-WA-Health/WA-Health-Excellence-Awards) – [word count guide 200 or less].
6. Please describe the project governance including which organisation will lead the project and any collaborative arrangements – [word count guide 100 or less]

### Activity Budget

|  |  |  |
| --- | --- | --- |
| In the table below, please outline the budget for your project. Projects with insufficient detail of proposed budgets will not be considered. On-costs for FTE must be disclosed. **Applicant to complete:** | | |
| **Item** | **Amount** | **Reason for item** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **\*Overheads** | $ |  |
|  | $ |  |
| **Total Cost** | $ |  |

\*Overheads or corporate administration charges must be disclosed.

Please be aware that you must use the Funding to carry out the activities described in your proposal and for no other purpose. If the Funding is insufficient to properly fulfil all your obligations, then you must still fulfil your obligations at your organisation’s own cost.

### In-kind support

Will there be any in-kind support?

If YES, please provide the total amount and describe how this support will be used to enhance the project.

NB: In-kind support refers to charitable giving in which, instead of giving money to buy needed goods and services, the goods and services themselves are given. This can include staff time that is not included in the budget.

|  |
| --- |
| **Applicant to complete:** |
| Will there be any in-kind support? YES/NO |
| If yes, provide the detail requested (100 words or less): |

### Alternate sources of funding and resources

Will you receive, or will you be seeking alternate project funding and/or resources?

If YES, please provide the total contribution amount and describe;

* the amount(s);
* the funding source(s);
* how the funding will add value to the project; and
* if the project is dependent on the additional money or support to be implemented.

|  |
| --- |
| **Applicant to complete:** |
| Will you receive, or will you be seeking alternate funding and/or resources? YES/NO |
| If yes, provide the detail requested (150 words or less): |

### Existing or previous grants

Please briefly outline whether the applicant has any current or previous (three years) simulation grants from this program in the table below:

|  |  |  |
| --- | --- | --- |
| Year | Brief Description | Funder |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Sub-Contracting (if applicable)

Please state your intention, if successful, to sub-contract any part or whole of the agreement.

Please provide full details of the proposed sub-contractor, including:

* + name and address of sub-contractor;
  + the nature and extent of the services to be sub-contracted; and

The Applicant shall guarantee that all services provided by any sub-contractor under the Agreement shall be in accordance with the grant and is free from deficiencies in performance.

Note that if it is too early to determine whether services will be contracted or the sub-contractor at this stage in project development, you must provide full details as soon as they are available and ensure they are approved by the Grantor.

|  |
| --- |
| **Applicant to complete:** |
| Do you intend, if successful, to sub-contract any part or whole of the Agreement? YES/NO |
| If yes, provide the detail requested (150 words or less): |

### Assets or equipment

Grants funding is intended for services, research and projects aimed at improving healthcare. Assets **can** be funded as part of these grants. Applicants that consider the purchase of an asset or equipment as a critical component of a project are invited to provide details including the type of equipment, cost, supplier and which organisation will be the asset owner. Further information may be requested by the Department of Health, including details of in-kind support, how the equipment could be funded from an alternative source and what the maintenance (recurring) costs will be. Applicants should consider providing as much detail as necessary to demonstrate criticality of the purchase and the benefits over the cost.

There is no guarantee that equipment and assets will be funded. The Department will not fund any recurrent costs for equipment including but not limited to maintenance, warranties, servicing, repairs, depreciation, or technical support. Applicants must ensure that recurrent costs have been planned for and approved to be funded by the asset owner.

### Insurance

Non state-government organisations will be required to provide insurance information on successful award if the proposal involves activities that will be undertaken on third party premises (e.g. for training delivery, clinical scenario testing).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Example of Insurance Information to be provided** | | | | | | |
|  | **Insurer** | **ABN** | **Policy No** | **Insured Amount** | **Expiry Date** | **Exclusions, if any** |
| 1. Public and Product Liability Insurance |  |  |  |  |  |  |
| 1. Professional Indemnity |  |  |  |  |  |  |
| 1. Workers’ Compensation including common law liability of $50 million |  |  |  |  |  |  |
| Does the Applicant confirm that if it they are awarded the Grant, then they will obtain and/or provide the insurance policies information set out above prior to the Commencement Date of the Grant?  (Yes / No)  If no, the reasons why. | | | | | | |

### Compliance Checklist

To assist you in lodging a complete and valid submission, the following check list is provided.

|  |  |
| --- | --- |
| **Applicant to complete:** | |
| **Compliance Checklist** | **Yes / No** |
| Have all questions in sections 2-9 in the Response Form been addressed? |  |
| Has evidence of insurance been provided (if applicable section 9)? |  |
| Have the terms and conditions for the grant (provided in Appendix A) been read and understood? |  |
| Has the Declaration in Section 11 been signed and witnessed? |  |

If you answer ‘No’ to any of the above questions the evaluation panel will consider your application to be incomplete and therefore not assessable.

### Promotion information

Please provide information to facilitate announcement and promotion of your project, in the event that your application is awarded funding:

|  |  |
| --- | --- |
| **Applicant to complete:** | |
| Project leads (maximum 3) |  |
| Project co-investigators |  |
| Project advisors (if applicable) |  |
| Contact email/s (can be a project email; for public listing) |  |

### Declaration (please read carefully)

This Declaration is to be made by the Applicant;

* I declare that all the information provided in this application is true and correct.
* I give permission for the Grantor to contact any persons or organisations in the processing of this application and understand that information may be provided to other agencies, as appropriate.
* I am authorised to sign this document and **I agree to accept the terms and conditions** under which the grant is made if I am awarded funding (refer Appendix A).
* If the grant funding is provided, I agree to ensure that applicable insurances (if required) are in place as stipulated.
* The project will be carried out as stated during the funding period.
* The ongoing costs of any assets and equipment purchased as part of the grant will be the responsibility of the Applicant’s organisation or the asset owner.
* I understand that a grant is both time-limited and fixed funding; and is for seed-funding a project, conducting research or trials etc. and I can confirm that should a grant-funded program successfully transition to recurrent activity my organisation is supportive and prepared to identify a source of ongoing funding.
* A final report signed by an office bearer including a statement of financial income and expenditure will be provided to the Grantor within eight weeks of project completion. The report will outline how the grant funds were utilised and how the project aims, and objectives were achieved.
* I declare that the organisation is financially viable and is able to meet all accountability requirements.

\* IMPORTANT: The application must be signed by the person legally able to enter into agreements on behalf of the organisation. The application may be signed by an authorised delegate, according to the organisation’s constitution or as bound by law.

Authorised Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE      /     /

OFFICIAL POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF SIGNATORY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE      /     /

### CSTAN Grant Review Criteria Scoring Matrix

CSTF

Element 1 – Evidence and Planning

Element 2 – Effective Collaboration

Element 3 – Quality Safety & Innovation

Element 4 - Sustainability

Assessment Matrix Clinical Simulation and Training Grants Program Doc Version Final 2020069

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5**  **Outstanding** | **4**  **Excellent** | **3**  **Suitable** | **2**  **Requires Development** | **1**  **Unsuitable** | **Score out of 5** |
| **DEMAND** |  |  |  |  |  |  |
| * Demonstrated demand. * Addresses gaps in practice. * Innovation, adaptation or scalability? * Consumer consultation? * Multi-professional? * Aligns to state priorities. * Benefits the community. | Comprehensive explanation of how the initiative fills a need within the WA community and beyond. | Comprehensive explanation of how the initiative will contribute to the needs of the WA community. | Some explanation of how the initiative is consistent with the needs of the WA community. | Little to no explanation of consistency with the needs of the WA community. | Significant weaknesses |  |
| **DESIGN** |  |  |  |  |  |  |
| * A clear timeline. * Conclusion (end-point), or eventual self-sustaining. * Capacity to deliver. * Clear outline of resourcing requirements. * Ethics approval. * Executive approvals. * Collaboration (internal and/or external). | Comprehensive and well documented plan, an evaluation strategy with at least 3 measurable outcomes. Data collection methods identified. High degree of confidence. | A sound plan identified measurable outcomes are able to be supported by data, high degree of confidence. | A sound plan, sufficient evaluation strategy, project may need monitoring. | Unconvincing, plan, has not demonstrated an evaluation strategy. Low degree of confidence. | Significant weaknesses |  |
| **DELIVERY** |  |  |  |  |  |  |
| * Mode of delivery? * Feasibility? * Staff engagement plan. * Accreditation (if required). | Organisation has a history of delivering similar initiatives, has other funding sources, and has strong capacity to deliver the initiative | Organisation has strong capacity to deliver the initiative | Organisation has some capacity although doubts remain about ability to deliver the initiative | Organisation has no experience delivering similar initiatives, has no other funding income, and is unlikely to be able to deliver the initiative | Significant weaknesses |  |
| **BUDGET** |  |  |  |  |  |  |
| * Budget is detailed and reasonable. * Identified sources of revenue? * Travel considerations (policies etc.) | A detailed explanation of the funding required and how it is intended to be spent including an itemised breakdown of the expenditure and estimated timeframes | A detailed explanation of the funding required and how its intended to be spent | Some explanation of the funding required and/or how it is intended to be spent | No explanation of the funding required and/or how the funding will be spent | Significant weaknesses |  |
| **OUTCOMES** |  |  |  |  |  |  |
| * Return on investment. * Includes a plan for dissemination. * Describes implications, potential and utility of findings. | Comprehensive explanation of how the initiative benefits the WA Community with a clear link to an evaluation strategy | Some explanation of how the initiative benefits the WA Community with reference to an evaluation strategy | Some explanation of how the initiative benefits the WA Community | No explanation of how the initiative benefits the WA Community | Significant weaknesses |  |
| Maximum Score | | | | | | 25 |
| Score | | | | | |  |

# 

# Appendix A – Grant Funding Agreement Terms and Conditions

This application for grants funding must be prepared and submitted using the [Department of Health Grant Funding Agreement Terms and Conditions Version 1.1 – October 2017](https://hss-healthpoint.hdwa.health.wa.gov.au/business-at-health/supply-chain/ocpo/Documents/Grant%20Funding%20Agreement%20Terms%20and%20Conditions%20-%20v1.1%20-%202017%20October.docx) available at the following website:

<https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/CSTAN/Grant-Funding-Agreement-Terms-and-Conditions.docx>

The Department will not consider negotiating any amendments to the Grant Funding Agreement Terms and Conditions unless the Applicant can clearly demonstrate that without amendment the terms and conditions will:

1. compromise the outcomes of the project, and/or
2. create a level of risk to the organisations or participants involved in the project that will outweigh the benefits of the funding being sought for the project.