# Aged Care Collaborative Accelerator Grant Application Form

## Applicant Instructions

Please read and complete this application form with reference to [the accompanying Grant Guidelines](https://www.ariia.org.au/aged-care-collaborative/accelerator-grants#application-documents) for full details relating to the Accelerator Grants. The Grant Funding Agreement outlines the terms and conditions associated with the grant funding if the application is successful. A Grant Funding Agreement [template is provided here](https://www.ariia.org.au/aged-care-collaborative/accelerator-grants#application-documents). By completing and submitting this application form you consent to the collection, processing and disclosure of the personal information submitted in accordance with [ARIIA’s Privacy Policy here](https://www.ariia.org.au/privacy-policy).

Application forms and supporting attachments must be lodged by **5pm ACDT on Monday 31 March 2025**. Application forms and supporting attachments are to be lodged to Aged Care Research & Industry Innovation Australia (ARIIA) via email to agedcaredcollaborative@ariia.org.au.

For queries about the guidelines, deadlines, or questions in the form, please contact us via email agedcaredcollaborative@ariia.org.au. Enquiries regarding the application can be submitted via email until **5pm ACDT Wednesday 26 March 2025**.

### Using this Application Form

This application form is a fillable Word form. You will be able to save a copy of the form and save as you progress. Where word limits are applicable, information will be provided as help text in the bottom right corner of a text box.

The application form is supplemented by an Attachment Pack to be completed which contains:

* Excel Workbook including:
	+ Risk Management Plan Template
	+ Detailed Expenditure Template
	+ Key Personnel
	+ Expected Outcomes & Impacts
* Reference List Template

### Submitting Your Application

Application forms must be lodged by **5pm ACDT on Monday 31 March 2025**. Applications are to be lodged to Aged Care Research & Industry Innovation Australia (ARIIA) [via the online submission form linked here](https://www.ariia.org.au/aged-care-collaborative/accelerator-grants).

\*Indicates a required field

### By submitting your application, you are confirming that you have read and understood the above.

# Contact Details

Please provide relevant contact details for Lead Organisation and up to three Participating Organisations and one International Organisation (if applicable). Submit an attachment if providing details for more organisations.

## Lead Organisation

If the Lead Organisation is a university, the key person submitting the grant requires endorsement from the university’s research office. You will need to attach the relevant email as evidence of endorsement. This can be attached as a supporting document when submitting your application.

|  |
| --- |
| Lead Organisation Business Name\* [ ]  Endorsement Applies |
|       |

|  |
| --- |
| Lead Organisation ABN\* |
|       |

|  |
| --- |
| Lead Organisation Entity Name\* |
|       |

|  |
| --- |
| Lead Organisation Primary Address\* |
| Street Address        |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Lead Organisation Postal Address\*[ ]  Same as above |
| Street Address       |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Lead Organisation Contact\* |
| First Name       | Last Name       |
| Position       |
| Primary Phone Number       |
| Primary Email       |

## Participating Organisation/s

[ ]  Organisation 1

|  |
| --- |
| Organisation Name\* |
|       |

|  |
| --- |
| Organisation ABN\* |
|       |

|  |
| --- |
| Organisation Primary Address\* |
| Street Address       |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Organisation Postal Address\*[ ]  Same as above |
| Street Address       |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Organisation Contact\* |
| First Name       | Last Name       |
| Position       |
| Primary Phone Number       |
| Primary Email       |

|  |
| --- |
| Role in project |
|       |

No more than 200 words/1200 characters

[ ]  Organisation 2

|  |
| --- |
| Organisation Name\* |
|       |

|  |
| --- |
| Organisation ABN\* |
|       |

|  |
| --- |
| Organisation Primary Address\* |
| Street Address       |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Organisation Postal Address\*[ ]  Same as above |
| Street Address       |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Organisation Contact\* |
| First Name       | Last Name       |
| Position       |
| Primary Phone Number       |
| Primary Email       |

|  |
| --- |
| Role in project |
|       |

No more than 200 words/1200 characters

[ ]  Organisation 3

|  |
| --- |
| Organisation Name\* |
|       |

|  |
| --- |
| Organisation ABN\* |
|       |

|  |
| --- |
| Organisation Primary Address\* |
| Street Address       |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Organisation Postal Address\*[ ]  Same as above |
| Street Address       |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Organisation Contact\* |
| First Name       | Last Name       |
| Position       |
| Primary Phone Number       |
| Primary Email       |

|  |
| --- |
| Role in project |
|       |

No more than 200 words/1200 characters

## Participating Organisation – International (if applicable)

|  |
| --- |
| Organisation Name – International |
|       |

|  |
| --- |
| Organisation Address – International  |
| Street Address       |
| Suburb       |
| State       |
| Post Code      |

|  |
| --- |
| Organisation Contact – International |
| First Name       | Last Name       |
| Position       |
| Primary Phone Number       |
| Primary Email       |

|  |
| --- |
| Role in project |
|       |

No more than 200 words/1200 characters

Submit an attachment if providing details for more organisations (including international).

# Application Information

## Priority Topic

This application addresses the project topic of Workforce Augmentation via:

Please select any/all options that apply:

[ ]  Digital or assistive technology

[ ]  Telehealth

[ ]  Innovative workforce models

[ ]  Innovative service models

## Project Information

|  |
| --- |
| Project Title\* |
|       |

Please provide a concise title in lay terms that accurately describes the project to be conducted and the context of the setting and affected workforce.  Note that the title will be used by ARIIA to publicise successful grant applications. No more than 20 words/130 characters.

|  |
| --- |
| Short project description\* |
|       |

Please provide a brief and non-confidential description of the project in clear, non-technical language. Include the context of the setting and relevant workforce. Note that this project description will be used by ARIIA to publicise successful grant applications. No more than 200 words/1200 characters.

|  |
| --- |
| Describe the problem to be addressed in the context of your organisation\* |
|       |

No more than 500 words/3000 characters.

|  |
| --- |
| Describe the problem to be addressed in the context of the aged care sector nationally\* |
|       |

No more than 500 words/3000 characters.

|  |
| --- |
| Describe the proposed solution\* |
|       |

No more than 500 words/3000 characters.

|  |
| --- |
| Describe the existing evidence that supports the proposed solution\* |
|       |

No more than 500 words/3000 characters.

|  |
| --- |
| Briefly describe your proposed approach to implementation of the evidence into practice\* |
|       |

No more than 500 words/3000 characters.

|  |
| --- |
| List the aims of the project\* |
|       |

No more than 200 words/1200 characters.

## Milestones

|  |
| --- |
| Provide a project timeline with key milestones\* |
| Task Name | MilestoneStart Datedd/mm/yyyy | MilestoneEnd Datedd/mm/yyyy |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

## Location and Participants

|  |
| --- |
| Provide a description of location/s and setting/s where the project will be conducted\* |
|       |

Please include metropolitan, regional or remote location and describe the setting/s e.g. community, retirement village, residential aged care setting, etc. No more than 100 words/600 characters.

|  |
| --- |
| Provide a short description of the participants involved in the project and how they will be recruited. This might include individuals and/or organisations\* |
|       |

Please include any elements of diversity. No more than 200 words/1200 characters.

### Please complete the Risk Management Plan in the template provided in the Attachment Pack.

[ ]  Risk Management Plan is completed\*

# Project Budget\*

Please enter your total project expenses (for the grant amount requested and the co-contribution) over 12 months. Please complete a detailed expenditure breakdown in the template provided in the Attachment Pack.

All project budget line items are to be included as exclusive of GST. Any ineligible expenditure, that constitutes in-kind contributions provided (if relevant), should be in addition to the 1:1 co-contribution.

In addition to the matched contribution, the applicant must agree to provide and fund the following business as usual facilities to support the project where required:

* Basic computing facilities such as desktop computers, portable computer devices, printers, word processing and other standard software.
* Use of photocopiers, telephones, mail, email and internet services.

Please note that the Cash co-contribution + In-kind co-contribution must be 1:1 minimum match to the Grant Amount Requested.

The maximum grant amount that can be requested from ARIIA is $100,000 (ex GST).

|  |
| --- |
| Budget Overview\* |
| Total Project CostTotal budgeted cost for your project (ex GST) |       |
| Funding Request from ARIIA |       |
| Promised Cash Co-contribution |       |
| Total In-kind Co-contribution: Cash co-contribution + In-kind co-contribution must be 1:1 minimum match to the Grant Amount Requested |       |
| Additional Contribution (additional project spend not listed under Eligible Expenditure)  |       |

[ ]  I have completed the Detailed Expenditure template provided in the Attachment Pack\*

# Key Project Personnel

## Key Project Personnel\*

In the Attachment Pack provided, list all key project personnel with the roles and responsibilities they will undertake, and capability based on experience in these roles and responsibilities including any history of working together.

### FTEs involved in the project\*

Provide an FTE estimate of the total number of personnel working across the lead and other participating organisations highlighting the number of Aboriginal or Torres Strait Islander people.

|  |
| --- |
|       |

No more than 300 words/1800 characters.

### Governance\*

Provide a brief description of the governance arrangements including project meetings and advisory groups that provide a clear approach to tracking, assessing, and reporting on progress. Include any partnership or other agreements such as sub-contractor agreements that may impact the feasibility of the completion of the project.

|  |
| --- |
|       |

No more than 500 words/3000 characters.

### Co-design and Co-production\*

Provide a short description of the co-design and co-production to be used in your project including consumer involvement in your project.

|  |
| --- |
|       |

No more than 250 words/1500 characters.

[ ]  I have completed the Key Project Personnel in the Attachment Pack provided\*

# Outcomes, Impact and Dissemination

### Outcomes\*

Please complete the Expected Outcomes and Impact matrix in the Attachments template provided

[ ]  I have completed the Expected Outcomes and Impacts in the Attachment Pack provided\*

### Dissemination\*

Describe your plan to disseminate project outcomes with other organisations and the aged care sector, and any plans for translational research. Include specific activities and the stakeholders you will target.

|  |
| --- |
|       |

No more than 300 words/1800 characters.

### Reference List

Add a reference list (if applicable to your application). Note that ARIIA prefers to use the [Vancouver referencing system](https://guides.library.uq.edu.au/referencing/vancouver-ama).

[ ]  I have completed a Reference List (if applicable)

# Non-Compliance and Declarations

### Non-Compliance\*

Please see the Grant Funding Agreement template.

List any matters of non-compliance with the Grant Funding Agreement below including any proposed amendments that you wish to negotiate.

|  |
| --- |
|       |

No more than 800 words/4750 characters.

## Declaration

I declare that the information in this application and attachments are, to the best of my knowledge, true and correct.

I will notify ARIIA of any changes to this information and any circumstances that may affect this application.

I acknowledge that ARIIA may refer this application to external experts or other departments for assessment, reporting, advice, comment of for discussions regarding alternative or collaborative grant funding opportunities.

I understand that this is an application only and may not necessarily result in funding approval.

By completing and submitting this application form I consent to the collection, processing and disclosure of the personal information submitted in accordance with the ARIIA Privacy Policy.

Material may be subject to the Freedom of Information Act 1991 (SA) and that if a Freedom of Information request is made, ARIIA will take all steps reasonably practice to consult with the applicant before any decision is made to release the application or supporting documentation.

**I have read and agree to the above\***

[ ]  Yes

|  |
| --- |
| Lead Organisation authorised representative\* |
| First Name       | Last Name       |
| Position       |
| Phone Number       |
| Email       |

**I understand the following documents must be submitted with this Application in order to be considered complete: \***

|  |  |
| --- | --- |
| Detailed Budget [ ]  Yes | Risk Management [ ]  Yes |
| Expected Outcomes and Impact [ ]  Yes | Key Personnel [ ]  Yes |
| Email of endorsement (if applicable) [ ]  Yes | Reference List (if applicable) [ ]  Yes |

## More information and technical assistance

Enquiries regarding the application can be submitted via email (agedcarecollaborative@ariia.org.au) until **5pm ACDT Wednesday 26 March 2025**.