

**2022-2023**

**SMICS Funding Program**

Grant Application Form

Quality & Service Improvement

**Prepared By:**

**Date:**



SMICS acknowledges the support of the Victorian Government

Department of Health

Contents

Project Overview……………………………………………………………………………… 3

The funding an applicant is seeking …………………………………………………………. 3

Project duration………………………………………………………………………………… 3

Nominate health services to be included in the project……………………………………. 3

Identify Tumour streams to be included in the project……………………………………….3

Indicate which VICS priorities areas will be addressed by the project……………………. 4

Outline how your project relates to local health service priority areas…………………… 4

List the Project Team…………………………………………………………………………… 4

[Project Plan 5](#_Toc119319617)

[Project Commencement Date 5](#_Toc119319618)

[Project Completion Date 5](#_Toc119319619)

[Scope 5](#_Toc119319620)

[Project Background 5](#_Toc119319621)

[Objectives 5](#_Toc119319622)

[Project Methodology (up to 1,000 words) 6](#_Toc119319623)

[Evaluation Strategy 6](#_Toc119319624)

[Sustainability 6](#_Toc119319625)

[Governance Arrangements 6](#_Toc119319626)

[Project Milestones, Deliverables and Timeframes 7](#_Toc119319627)

[Milestones first 3 months 7](#_Toc119319628)

[Milestones first 6 months 7](#_Toc119319629)

[Milestones first 12 months (note: for projects that are 18 months only) 7](#_Toc119319630)

[Milestones Final Report - completion of project 8](#_Toc119319631)

[Proposed Budget and Project Resources 8](#_Toc119319632)

[Identify and Address Key Project Risks 8](#_Toc119319633)

[Project Communication Plan 9](#_Toc119319634)

[Project Gantt Chart 10](#_Toc119319635)

**Project Overview**

|  |  |  |
| --- | --- | --- |
| **Project Lead Name**: |  | |
| **Lead Organisation Name:** |  | |
| **Eligible organisations for funding** support people affected by cancer (including carers) in the SMICS catchment, have an ABN or are Incorporated  **Indicate your Organisation Type (TICK):** | Public or not for profit health services: |  |
| GP clinics: |  |
| Community or Aboriginal Controlled Community Health Services: |  |
| Non-profit organisations or peak bodies: |  |
| **Contact Email:** |  | |
| **Contact Phone Number:** |  | |

**How much funding is the applicant seeking for the activity? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Duration (in months): \_\_\_\_\_**

**Nominate all the health services to be included in this project:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Alfred Health |  | Cabrini Health |
|  | Monash Health |  | Peninsula Health |
|  | Other organisations **(list):** | | |

**Identify tumour stream(s) to be included in this project:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Breast |  | Central Nervous System |
|  | Colorectal |  | Endocrine/Thyroid |
|  | Genitourinary |  | Gynaecology |
|  | Haematology |  | Head & Neck |
|  | Lung |  | Skin/Melanoma |
|  | Upper GI |  | All |
|  | Other **(please specify):** | | |

**Indicate which Victorian Integrated Cancer Services (VICS) Priority areas(s) will be addressed in this project:**

|  |  |
| --- | --- |
| **Improve equity of access to high quality cancer care** | |
|  | Improve adoption of quality cancer care closer to home |
|  | Increase alignment with the Multidisciplinary Meeting Quality Framework |
|  | Address the needs of the elderly in routine cancer care |
| **Support the effective implementation of the Optimal Care Pathways (OCPs)** | |
|  | Implement the Aboriginal and Torres Strait Islander OCP |
|  | Address variation in quality and timeliness of cancer care |
|  | Monitor and communicate alignment with OCPs |
| **Improve well-being and support for all Victorians affected by cancer** | |
|  | Facilitate high quality supportive care |
|  | Facilitate high quality survivorship care |
|  | Address variation in palliative care referrals and advance care planning |

**Outline how your project relates to a local health service priority area(s):**

|  |
| --- |
|  |

**Please list the project team:** (add additional rows as required)

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Position held at health service** |
| **Project Lead** |  |  |
| Experience and capacity to undertake project: | | |
| **Clinical Lead** |  |  |
| Experience and capacity to undertake project: | | |
| **Team member** |  |  |
| Experience and capacity to undertake project: | | |

# Project Plan

**Note:** The project plan is intended to inform the grant assessment panel about the full detail of your proposed initiative and will determine if your application will be funded.

Project Title (up to 50 words)

## Project Commencement Date

**Insert text**

## Project Completion Date

**Insert text**

Scope

*List health services/sites involved, any inclusion or exclusion criteria.*

**Insert text**

Project Background(up to 500 words)

*Provide a background to your project, ie problem definition and describe how the problem affects the organisation/patients/staff. Describe the performance gap you are trying to address or the risk you are minimising and use data as evidence to demonstrate need.*

**Insert text**

Objectives

*Describe what you want to achieve. Articulate how the project will improve patient experience of care and how the health service will benefit from the project.*

**Insert text**

Project Methodology (up to 1,000 words)

*Describe how you will implement the project and what methods you will use. Demonstrate how the project will be delivered within the project timelines and within the allocated resources.*

**Insert text**

Evaluation Strategy

*Identify how the outcomes of the project will be measured and describe what successful implementation looks like.*

**Insert text**

Sustainability

*What is your strategy to sustain the project beyond the planned timeframe? (note: in most cases a business case is not an acceptable strategy for demonstrating sustainability)*

**Insert text**

Governance Arrangements

*List relevant committee meetings/TOR, Identify key stakeholders*

**Insert text**

## Project Milestones, Deliverables and Timeframes

*It is expected that all projects will report on progress against milestones, risk and targets at 3 months, 6 months and at the completion of the project. In the event a project runs for 18 months, a report will be due at 3 ,6, 12 and 18 months. A final written report must always include an acquittal financial statement****.***

Please identify and list realistic milestones in the boxes provided below. These will be used to measure your project progress.

* Each milestone should be clear and succinct. Include milestones for ethics approvals and staff appointments where relevant.
* Should the application be successful, these milestones will be included in the funding contract between Monash Health (as the host agency) and the Applicant.

**Identify the milestones to be achieved in each progress phase.**

### Milestones first 3 months

*Please list the milestones*

|  |
| --- |
|  |

### Milestones first 6 months

*Please list the milestones*

|  |
| --- |
|  |

### Mile Milestones first 12 months (note: for projects that are 18 months only)

*Please list the milestones*

|  |
| --- |
|  |

### 

### Milestones – Final Report at completion of project, ensure full financial acquittal at this stage.

*Please list the milestones*

|  |
| --- |
|  |

Proposed Budget and Project Resources

**Detail budget/resource requirements to fulfil project** *(please add additional rows as needed)*

|  |  |  |
| --- | --- | --- |
| Proposed budget | Cost | In-Kind |
| Staff resources (specify EFT, classification etc) | $ |  |
| Other (please specify budget for each item) | $ |  |
| Total budget | $ |  |

# Identify and Address Key Project Risks

**Provide information regarding your key project risks** **and how you intend to manage these** *(please add additional rows as needed)*

|  |  |  |  |
| --- | --- | --- | --- |
| Risk | Controls *(strategies for mitigating risk)* | Likelihood *(almost certain, likely, possible,  unlikely, rare)* | Consequence  *(severe, major, moderate, minor, negligible)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Project Communication Plan

**Provide a brief outline of specific communication activities, target audience and key messages using the proforma below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Communication activity | Tasks | Key messages | Target audience | Target completion date | Responsibility |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Project Gantt Chart

Fill in the table identifying relevant project activities and block out timelines using shading as shown.

| Week | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week Beginning (date) | | **July 5** | **July 12** |  |  |  |  |  |
| **Activity** | |  | | | | | | | |
| 1 | *Eg. Project plan completed* |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |

There is no limit to the number of applications per health service, however applicants must ensure projects align with local priorities and are supported by Executive Management.

**All final grant applications are due for submission to SMICS by 5PM EST 14 April 2023** via [SMICS.Quality@monashhealth.org](mailto:SMICS.Quality@monashhealth.org)

Successful applicants will be notified via email.

Approval and Sign-Off

|  |  |  |  |
| --- | --- | --- | --- |
|  | Print name | Signature | Date |
| Project Lead: |  |  |  |
| Head of Department: |  |  |  |
| Executive Project Sponsor: |  |  |  |