



Australian Government

Department of Health and Aged Care

Indigenous Australians' Health Programme Tackling Indigenous Smoking Regional Tobacco Control Grants (2023-24 to 2025-26) Grant Opportunity Guidelines GO5803

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Administering entity	Community Grants Hub
Enquiries:	If you have any questions, contact the Department via email: grant.atm@health.gov.au Questions should be sent no later than 17:00 AEST 13 January 2023
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1. Indigenous Australians' Health Programme: Tackling Indigenous Smoking Regional Tobacco Control Grants (2023-24 to 2025-26) process

The Indigenous Australians' Health Programme: Tackling Indigenous Smoking Regional Tobacco Control Grants is designed to achieve Australian Government objectives.

This grant opportunity is part of the above grant Program which contributes to the Department of Health and Aged Care's Outcome 1, Program 1.3. The Department of Health and Aged Care works with stakeholders to plan and design the grant Program according to the [Commonwealth Grants Rules and Guidelines \(CGRGs\)](#).



The grant opportunity opens

We publish the grant guidelines on [GrantConnect](#)



You complete and submit a grant application

You complete the application form and address all of the eligibility and assessment criteria to be considered for a grant.



We assess all grant applications

We assess the applications against eligibility criteria and notify you if you are not eligible, if applicable. We assess your eligible application against the assessment criteria including an overall consideration of value with money and compare it to other applications, if applicable.



We make grant recommendations

We provide advice to the decision maker on the merits of each application.



Grant decisions are made

The decision maker decides which applications are successful.



We notify you of the outcome

We advise you of the outcome of your application. We may not notify unsuccessful applicants until grant agreements have been executed with successful applicants.



We enter into a grant agreement

We will enter into a grant agreement with you if successful. The type of grant agreement is based on the nature of the grant and will be proportional to the risks involved.



Delivery of grant

You undertake the grant activity as set out in your grant agreement. Community Grants Hub manage the grant by working with you, monitoring your progress and making payments.



Evaluation of the Indigenous Australians' Health Programme: Tackling Indigenous Smoking Regional Tobacco Control Grants

We evaluate your specific grant activity and Indigenous Australians' Health Programme: Tackling Indigenous Smoking Regional Tobacco Control Grants as a whole. We base this on information you provide to us and that we collect from various sources.

These guidelines contain information for the Tackling Indigenous Smoking (TIS) Regional Tobacco Control Grants (RTCG) Program 2023-24 to 2025-26 (TIS RTCG Program (2023-24 to 2025-26)).

You must read these guidelines before filling out an application.

This document sets out:

- the purpose of the grant opportunity.
- the eligibility and assessment criteria.
- how grant applications are considered and selected.
- how grantees are notified and receive grant payments.
- how grantees will be monitored and evaluated.
- responsibilities and expectations in relation to the opportunity.

This grant opportunity and process will be administered by the Community Grants Hub (CGH) on behalf of the Department of Health and Aged Care (Department).

2. About the grant Program

Policy Context

1. Indigenous Australians Health Programme

The Indigenous Australians' Health Programme (IAHP), established on 1 July 2014, provides First Nations people with access to effective high quality, comprehensive, culturally appropriate, primary health care services in urban, regional, rural and remote locations across Australia. This includes delivery of services through Aboriginal Community Controlled Health Services (ACCHS), wherever possible and appropriate, as well as mainstream services delivering comprehensive, culturally appropriate primary health care.

The IAHP is made available under Outcome 1 – Health Policy, Access and Support, Program 1.3 – Aboriginal and Torres Strait Islander Health from the Department's Portfolio Budget Statement.

2. National Agreement on Closing the Gap

The new National Agreement on Closing the Gap commits all governments to a new era of partnership and shared decision-making to close the gap in life outcomes for First Nations people. It recognises that First Nations people know what is best for their people and communities. It also

acknowledges that the unique strengths of First Nations knowledges and cultures are critical to driving real change. At the centre of the national agreement are four priority reforms to ensure we as governments change the way we work with First Nations peoples:

Priority Reform 1: Formal partnerships and shared decision making

Priority Reform 2: Building the community-controlled sector

Priority Reform 3: Transforming government organisations

Priority Reform 4: Shared access to data and information at a regional level.

The TIS RTCG Program (2023-24 to 2025-26) aligns with the new national agreement and recognises that self-determination, partnership and shared decision making as the best way to close the gap in health outcomes for First Nations people.

3. National Aboriginal and Torres Strait Islander Health Plan 2021-2031

The [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#) (Health Plan) changes the way governments work with First Nations people to achieve better health outcomes. Developed in real partnership with First Nations people, it reflects their priorities and embeds a holistic perspective of First Nations health. This perspective recognises the influence of social factors, and the strengths of culture as a protective influence on physical, social and emotional wellbeing.

The plan focuses on preventing health issues before they occur. It aims to embrace the skills and knowledge held by First Nations people and communities to; make healthy decisions, and effectively navigate the health system This includes through the delivery of health care that is; place based, person centred, culturally safe and responsive.

The TIS RTCG Program (2023-24 to 2025-26) recognises that holistic and place-based care will provide the best opportunity for First Nations people to live long, healthy lives that are centred in culture. It enables access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism.

4. National Preventive Health Strategy 2021 to 2031

The National Preventive Health Strategy 2021 to 2031 (National Preventive Health Strategy) provides the overarching, long-term approach to health prevention in Australia by building systemic change to ensure the best outcomes for all Australians. It identifies areas of focus for the next 10-years and outlines the key achievements Australia should be striving for by 2030.

The National Preventive Health Strategy recognises that ending the tobacco epidemic is a priority for all Australian governments and has a high-level of continued public support for policy measures to reduce tobacco-related harm. Significantly reducing and eventually eliminating tobacco use in Australia would dramatically reduce illness, increase quality of life and wellbeing, and reduce health, social and economic inequalities for smokers, their families and the wider Australian community.

Smoking prevalence remains disproportionately high among First Nations populations in comparison with the general population (particularly in remote areas). It also remains one of the main factors influencing the lower life expectancy of First Nations people.

In accordance with targets identified in the National Preventive Health Strategy 2021-2030, the Australian Government has committed to reducing smoking rates among First Nations people to

27 percent or less by 2030. This sets an ambitious target of reducing First Nations smoking rates by 10 percent within 10 years (2030).

Tackling Indigenous Smoking – Program Background

The TIS Program forms Annexure A3 of the IAHP Guidelines. The objective of the TIS Program is to reduce smoking rates among First Nations populations by preventing the uptake of smoking, e-cigarettes and promoting smoking cessation. Reductions in smoking prevalence will reduce rates of chronic disease and continue to improve the life expectancy for First Nations people.

The Australian Bureau of Statistics' (ABS) smoking prevalence data indicates that smoking rates for First Nations people are decreasing but remain unacceptably high, with smoking rates at almost four times the rate of other Australians. Smoking remains a leading cause of burden of disease amongst First Nations people, with smoking causing half of the deaths of First Nations adults aged 45 years and over.

The TIS Program, which commenced as part of the 2008 [Closing the Gap Agreement](#), is a well-established and internationally recognised population health promotion program that works with First Nations communities to reduce tobacco use.

Independent evaluations and best practice resources have identified that the population health approach of the TIS Program is internationally renowned, efficient, effective, culturally appropriate, and codesigned with First Nations people through an ongoing Continuous Quality Improvement (CQI) approach.

More information about the TIS Program can be found on the [Tackling Indigenous Smoking website](#) at <https://tacklingsmoking.org.au>.

Tackling Indigenous Smoking – Regional Tobacco Control Grants (2022)

The Australian Government is providing existing TIS RTCG Program (2022) funding to 39 organisations, which employ approximately 220 First Nations staff across a national network of regionally based teams. An independent evaluation of the TIS Program has estimated that current RTCG support is reaching approximately 76 percent of all First Nations people. Research findings also indicate that the TIS Program is having the desired positive impact on smoking related community attitudes and behaviours.

Tackling Indigenous Smoking – Regional Tobacco Control Grants (2023-24 to 2025-26)

A key priority for the TIS RTCG Program (2023-24 to 2025-26) is to strengthen the geographic reach and impact of the Program to ensure First Nations peoples, in all regions, have access to TIS Program support.

From 1 July 2023, the TIS Program will expand its coverage from 76 percent to 100 percent to assist First Nations people to ultimately quit tobacco use.

To achieve the new nationalised approach, the current TIS Program service regions will transition to an improved regionalised approach, defined according to the ABS Indigenous Regions 2021 (IREG). This approach ensures all First Nations people and communities will have access to TIS Program support and to ultimately support the reduction of smoking prevalence, in First Nations peoples, by 10 percent by 2030, in line with the targets identified in the National Preventive Health Strategy.

More information about the current TIS Program service areas, including gaps in coverage, can be found on the [Tackling Indigenous Smoking website](#) at <https://tacklingsmoking.org.au>.

Tackling Indigenous Smoking - National Support

TIS RTCG Program providers are supported by the TIS Program National Coordinator, Professor Tom Calma AO, and the National Best Practice Unit (NBPU).

The TIS Program National Coordinator (NC) undertakes a range of duties to support the TIS Program through the advocacy and promotion of smoking cessation and reduction in First Nations populations. The NC also works with the Department to provide high-level advice and insights, support and leadership to assist in the shaping of policy and program approaches with TIS RTCG Program recipients.

The TIS Program NC and the NBPU will play a critical role in supporting the implementation of the TIS RTCG Program (2023-24 to 2025-26) to ensure the activities are evidence-based and informed by CQI approaches. The NC and NBPU has been established to provide tailored support to organisations funded under the TIS Program and will undertake periodic site visits over the project period as required.

All TIS RTCG Program (2023-24 to 2025-26) recipients are expected to develop close working relationships with the TIS Program NC and the NBPU to ensure localised TIS RTCG Program (2023-24 to 2025-26) activities align to the overall objectives of the TIS Program.

Tackling Indigenous Smoking – Evaluation

The TIS Program was established to improve the health of First Nations peoples by preventing uptake of smoking and supporting smoking cessation. The TIS Program is a multi-component program that delivers evidence-based activities and focuses on tobacco reduction outcomes. Importantly, it promotes culturally tailored approaches designed for and by First Nations peoples.

The purpose of the TIS Program evaluation component is to assess the extent to which best practice and evidence-based interventions are in place and are effectively implemented to meet the objectives of the Program. The evaluation processes use a combination of qualitative and quantitative data to assess implementation quality and efficiency of regional TIS service delivery and national supports.

The Cultural & Indigenous Research Centre Australia (CIRCA) has been commissioned by the Department from 1 July 2022 to 30 June 2026 (period) to evaluate the TIS Program's implementation of best practice, evidence base and effectiveness. The Australian National University has also been commissioned over the period to assess the TIS Program's impacts and outcomes and links to boarder research and national data services.

Tackling Indigenous Smoking - National Projects

TIS Program funding will continue to invest in time-limited national projects and activities to support the objective of the TIS Program, particularly regarding priority groups, such as pregnant women, youth, and remote communities.

National Project priorities and related funding allocations are set by the Department and informed by independent evaluation findings.

The Department will establish administrative arrangements to support the delivery of national reach and priority projects that ensure appropriate transparency, accountability, and value with relevant money.

2.1 About the Tackling Indigenous Smoking Regional Tobacco Control Grants (2022-23 to 2025-26) grant opportunity

On 28 December 2021, the Australian Government announced a four-year extension of the TIS Program from 1 July 2022 to 30 June 2026. The announcement brings the Australian Government's total investment in the TIS Program to \$187.8 million (GST excl.) over the four-year period.

This funding announcement includes \$123.0 million (GST excl.) over three years (1 July 2023 to 30 June 2026) to implement the TIS RTCG Program (2023-24 to 2025-26) grant opportunity. This grant opportunity focuses on activities to prevent the uptake of smoking and to promote smoking cessation among First Nations people.

The key priorities of the TIS RTCG Program (2023-24 to 2025-26) are to:

- achieve national coverage of the TIS RTCG Program through an expanded service delivery model
- maintain a focus on priority groups, including remote communities, youth, and pregnant women
- begin steps to reduce smoking rates among First Nations people to 27 percent or less by 2030
- strengthen the focus on population health activities.

3. Grant amount and grant period

3.1 Grants available

For this grant opportunity, up to \$123.0 million (GST excl.) is available over three-years (2023-24 to 2025-26) to deliver the TIS RTCG Program (2023-24 to 2025-26). The available funding will be targeted to IREGs to achieve TIS Program national coverage.

The maximum annual and total grant funding amounts available, per IREG to deliver the TIS RTCG Program (2023-24 to 2025-26) is provided in Table 1 (see below).

Table 1: Maximum Grant Funding Available by Indigenous Region (IREG)

IREG ID	Indigenous Region (IREG)	Jurisdiction	Annual IREG funding allocation	Total IREG funding allocation
101	Dubbo	NSW	\$675,073	\$2,025,219
102	North-Eastern NSW	NSW	\$910,536	\$2,731,609
103	North-Western NSW	NSW	\$936,224	\$2,808,672
104	NSW Central and North Coast	NSW	\$2,320,975	\$6,962,925
105	Riverina - Orange	NSW	\$1,349,950	\$4,049,851
106	South-Eastern NSW	NSW	\$1,348,133	\$4,044,399
107	Sydney - Wollongong	NSW	\$1,459,810	\$4,379,429
201	Melbourne	VIC	\$1,139,063	\$3,417,188
202	Victoria excl. Melbourne	VIC	\$2,194,542	\$6,583,627
301	Brisbane	QLD	\$1,459,810	\$4,379,429
302	Cairns - Atherton	QLD	\$910,536	\$2,731,609
303	Cape York	QLD	\$1,428,292	\$4,284,876
304	Mount Isa	QLD	\$964,097	\$2,892,292

305	Rockhampton	QLD	\$1,036,405	\$3,109,214
306	Toowoomba - Roma	QLD	\$1,046,680	\$3,140,040
307	Torres Strait	QLD	\$725,951	\$2,177,854
308	Townsville - Mackay	QLD	\$964,097	\$2,892,292
401	Adelaide	SA	\$1,071,264	\$3,213,793
402	Port Augusta	SA	\$1,217,692	\$3,653,076
403	Port Lincoln - Ceduna	SA	\$1,001,262	\$3,003,786
501	Broome	WA	\$725,951	\$2,177,854
502	Geraldton	WA	\$1,476,023	\$4,428,069
503	Kalgoorlie	WA	\$1,486,589	\$4,459,768
504	Kununurra	WA	\$775,060	\$2,325,179
505	Perth	WA	\$615,768	\$1,847,304
506	South Hedland	WA	\$1,850,949	\$5,552,846
507	South-Western WA	WA	\$817,625	\$2,452,874
508	West Kimberley	WA	\$757,445	\$2,272,334
601	Tasmania	TAS	\$674,066	\$2,022,198
701	Alice Springs	NT	\$906,816	\$2,720,447
702	Apatula	NT	\$775,060	\$2,325,179
703	Darwin	NT	\$500,000	\$1,500,000
704	Jabiru - Tiwi	NT	\$775,060	\$2,325,179
705	Katherine	NT	\$1,886,755	\$5,660,266
706	Nhulunbuy	NT	\$1,578,500	\$4,735,500
707	Tennant Creek	NT	\$641,275	\$1,923,824
801	Australian Capital Territory	ACT	\$573,139	\$1,719,417

3.2 Grant period

The maximum grant period is three-years (1 July 2023 to 30 June 2026). Successful providers will also be expected to submit performance and financial acquittal reports, for up to six-months after the grant period, to meet the obligations set out in the grant agreement.

4. Eligibility criteria

We cannot consider your application unless you:

- 1) satisfy the eligibility criteria; and
- 2) are an eligible organisation listed below (Table 2: Organisations Eligible to Apply)

4.1 Who is eligible to apply for a grant?

Only organisations listed in Table 2 are eligible to apply for a grant.

You must also:

- have an Australian Business Number (ABN)
- be registered for the purposes of GST (unless exempt)
- have an account with an Australian financial institution.

Table 2: Organisations Eligible to Apply

To be eligible you must be one of the listed organisations in Section 4.1, Table 2 (see below).

You are not eligible if you are an organisation, or your project partner is an organisation, included on the [National Redress Scheme's website](#) on the list of 'Institutions that have not joined or signified their intent to join the Scheme'.

If the potential grantee does not satisfy the eligibility criteria, it will not be considered.

Eligible Organisations	ABN
Awabakal Newcastle Aboriginal Cooperative Ltd	93865911384
Aboriginal Health and Medical Research Council of NSW	66085654397
Aboriginal Health Council of South Australia Limited	89287854542
Aboriginal Health Council of Western Australia	48114220478
Aboriginal Medical Services Alliance Northern Territory	26263401676
Anyinginyi Health Aboriginal Corporation	97329483372
Apunipima Cape York Health Council Limited	26089437717
Armajun Aboriginal Health Service Incorporated	98587746234
Bega Garnbirringu Health Services Incorporated	47976288533
Bullinah Aboriginal Health Service Aboriginal Corporation	32309494532
Carbal Aboriginal and Torres Strait Islander Health Services Ltd	50275271535
Central Australian Aboriginal Congress Aboriginal Corporation	76210591710
Dandenong & District Aborigines Co-Operative Limited	34256073685
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation	57024747460
Flinders Island Aboriginal Association Incorporated	22604123914
Galambila Aboriginal Corporation	23584198987
Geraldton Regional Aboriginal Medical Service	98653603543
Gippsland Lakes Entrance Aboriginal Health Association Inc.	39041514660
Grand Pacific Health Limited	49062587071
Griffith Aboriginal Medical Service Aboriginal Corporation	98484570405
Institute for Urban Indigenous Health Ltd	32140019290
Katherine West Health Board Aboriginal Corporation	23351866925
Katungal Aboriginal Corporation Community & Medical Services	35679076545
Kimberley Aboriginal Medical Services Limited	67169851861
La Perouse Local Aboriginal Land Council	89136607167
Maari Ma Health Aboriginal Corporation	39056645930
Mawarnkarra Health Service	68139453348
Miwatj Health Aboriginal Corporation	96843428729

Ngaanyatjarra Health Service (Aboriginal Corporation)	69635513283
Nganampa Health Council Incorporated	25284162604
Nunkuwarnin Yunti of South Australia Incorporated	59643754108
Pangula Mannamurna Aboriginal Corporation	73627520658
Puntuturnu Aboriginal Medical Service	49134881272
Queensland Aboriginal and Islander Health Council	971111116762
Red Lily Health Board	45827246402
Rumbalara Aboriginal Cooperative Ltd	84530647942
South Coast Medical Service Aboriginal Corporation	46897866758
South West Aboriginal Medical Service	98241772591
Sunrise Health Service Aboriginal Corporation	26778213582
Tharawal Aboriginal Corporation	34539456306
The North Coast Aboriginal Corporation for Community Health	53413469595
The Victorian Aboriginal Health Service Co-operative Limited	51825578859
Torres Health Indigenous Corporation	84645746728
Victorian Aboriginal Community Controlled Health Organisation Inc	67498114972
WA Country Health Service	28680145816
Waltja Tjutangku Palyapayi Aboriginal Corporation	82572914004
Waminda South Coast Women's Health & Welfare	97639372729
Wellington Aboriginal Corporation Health Service	21471474869
Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (Purple House)	94755012884
Winnunga Nimmitjyah Aboriginal Health and Community Services Ltd	52618179061
Wuchopperen Health Service	15010112580
Wurli-Wurlinjang Aboriginal Corporation	96997270879
Yadu Health Aboriginal Corporation	92498922417

The list of eligible applicants listed in Section 4.1; Table 2 includes all organisations currently delivering activities under the TIS RTCG Program in 2022-23. The list also includes other community controlled, or First Nations led organisations that are currently operating in jurisdictions that have been identified as having service gaps in TIS Program coverage.

4.2 Who is not eligible to apply for a grant?

You are not eligible to apply if you are:

- any organisation not listed in section 4.1, Table 2.

- an organisation, or your project partner is an organisation, included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme' (www.nationalredress.gov.au)

Any organisation that is, or has recently been, under special administration or grant administration or review by the Department may be subject to additional conditions in the grant agreement.

5. What the grant money can be used for

5.1 Eligible grant activities

To be eligible, your grant activity must:

- be delivered with a preventive population health approach that effectively achieves the required reach to all First Nations people within the IREG for which you are applying.
- directly relate to the TIS RTCG Program, which include:
 - community education and engagement (training, social activities, and events)
 - developing smoke free policies in social settings (workplaces, cars, homes, sporting, and community events)
 - mass media/social media campaigns (television, radio, print media, social media)
 - promotional resources (posters, pamphlets, smoke free signage)
 - community events (World No Tobacco Day, NAIDOC, fun runs)
 - anti-vaping and e-cigarette activities.

Eligible grant activities include:

- TIS Program workshop and intervention materials.
- TIS Program marketing, promotional activities and merchandise.
- in-person attendance at NBPU training sessions and TIS Program workshops for the jurisdiction where your nominated ABS IREG is geographically located.

5.2 Eligible locations

As part of the application process, you will be required to nominate the IREG that you will service over the grant period. TIS Program service areas are defined as ABS Indigenous Regions (IREGs 2021). Applicants are expected to deliver the TIS RTCG Program to all First Nations people within the IREG for which they apply.

You are only eligible to apply to deliver the TIS RCTG Program (2023-24 to 2025-26) in IREGs that are within the same state or territory in which your organisation primarily operates.

There will only be one lead organisation selected to deliver the TIS RCTG Program (2023-24 to 2025-26) in each IREG.

Please refer to the [ABS 2021 Indigenous Regions map](#) to determine which IREG your organisation is eligible to apply. More information about the TIS Program, including the IREG map, can be found on the [Tackling Indigenous Smoking website](https://tacklingsmoking.org.au) at <https://tacklingsmoking.org.au>.

5.3 Eligible expenditure

You can only expend grant funding on the eligible grant activities listed in item 1.6 (Eligible Activities) or other project activities agreed to by the Department.

Eligible grant expenditure includes:

- staff wages and training (i.e., TIS Program workforce development and training in delivering preventive population health approaches).
- travel and accommodation costs related to TIS Program activities (e.g., outreach).
- administration costs related to TIS Program activities (i.e., Activity Work Planning and performance reporting, data collection, and national evaluation-related activities).
- administrative costs related to hosting TIS Program consortium and/or partnership arrangements (not exceeding 15 per cent of the total value of the grant).
- Other reasonable operational expenses required to deliver the TIS Program.

You must expend grant funding on eligible grant activities in accordance with your approved Activity Work Plan (AWP) on an annual basis each financial year over the grant period.

5.4 What the grant money cannot be used for

Ineligible grant activities include:

- wages, training, and travel costs for non-TIS Program staff
- sporting team sponsorships
- purchase of land
- major capital expenditure including vehicle purchase, major construction, capital works and temporary buildings
- retrospective costs of TIS RTCG Program activities
- costs incurred in the preparation of a grant application or related documentation
- Nicotine Replacement Therapies (NRTs) or other smoking cessation products or services
- direct or indirect delivery of smoking cessation services
- international travel
- activities for which other Commonwealth, state, territory, or local government bodies have primary responsibility, including smoking cessation supports in correctional settings
- activities not directly related to the TIS RTCG Program.

6. The assessment criteria

You must address the following assessment criterion in the application. We will assess your application based on the weighting of each criterion.

This is a competitive process to select the most suitable organisation for each IREG.

The application form includes text limits.

The application is required to provide sufficient information to allow the following assessment criteria to be assessed.

Criterion 1 – Organisational Governance and Risk Management (Weighting 30%)

In addressing this criterion, you must:

- outline your organisation’s capability (and partner organisations if applicable), and the experience of key personnel in delivering evidence-based and culturally appropriate TIS RTCG Program activities and/or other health promotion and population health activities in your current service region.
- develop a risk management plan (included in the attachment pack) that identifies the proposed risks and mitigations in delivering the TIS RTCG Program (2023-24 to 2025-26) within the respective IREG.

In addition to responding to the criterion above, you must complete the indicative budget template for each IREG for which you are applying (included in the attachment pack), demonstrating the value with relevant money offered by funding these additional activities – i.e. is the proposed budget for the activities commensurate with the scale of the project or activities to be undertaken. The indicative budget is exempt from the word limit in the application.

Criterion 2 – Organisational Capacity and Capability, and Suitability of the Activity (Weighting 40%)

In addressing this criterion, you must:

- describe your organisation’s approach to implementing tobacco-focused preventive population health activities that target all First Nations people within the IREG for which you are applying, including how you will measure success of your proposed approach.
- describe your organisation’s CQI approach and how it will be applied to achieve reduced Indigenous smoking uptake and prevalence in your delivery of the TIS RTCG Program (2023-24 to 2025-26) within the IREG for which you are applying.
- provide an overarching three-year project plan and an AWP for the first year of the TIS RTCG Program (2023-24), including:
 - geographical locations, within the IREG for which you are applying, to be serviced.
 - description of TIS RTCG Program (2023-24 to 2025-26) activities that will target all First Nations people within the respective IREG.
 - number of staff to be employed to deliver the TIS RTCG Program (2023-24 to 2025-26), including the roles and responsibilities. Where a position carries out non-TIS Program activities, the percentage of the non-TIS Program component must be identified.
 - evidence that the proposed AWP is consistent with TIS best-practice as outlined here [Planning - Tackling Indigenous Smoking \(tacklingsmoking.org.au\)](https://tacklingsmoking.org.au)
- describe your organisation’s capability and approach to recruit and retain skilled staff to effectively deliver the TIS RTCG Program (2023-24 to 2025-26) over the project period.
- any other relevant supporting information on all parties to the application, including organisational smoke-free workplace policies.

Criterion 3 – Understanding the Target Population (Weighting 30%)

In addressing this criterion, you must:

- demonstrate an understanding of the demographics of the target population, including the identified need (e.g., current smoking rates and other data), and how all First Nations people in the IREG for which you are applying will benefit from the TIS RTCG Program (2023-24 to 2025-26).

We will use the Descriptive Classification Rating Scale to assess your application.

Table 3: Descriptive Classification Rating Scale

Rating (for individual criterion)	Rank
High quality – response to this criterion addresses all or most sub-criteria to a higher-than-average standard. Evidence is available and confirms good performance against this criterion	Highly Suitable
Good quality – response against this criterion meets most sub-criteria to an average and acceptable level. Some evidence is available and provides some support for claims against this criterion.	Suitable
Poor quality – poor claims against this criterion, meets some or none of the sub-criteria. Evidence is unavailable, not relevant or lacking in detail.	Not Suitable

When assessing the extent to which the application represents value with relevant money, we will have regard to:

- the relative value of the grant funding sought
- the extent to which the evidence in the application demonstrates that it will contribute to meeting the objectives and outcomes of the TIS Program
- how the grant activities will target priority groups or communities, particularly those not currently serviced under the TIS RTCG Program; and
- past performance of existing (or previously funded) TIS Program organisations, including meeting of performance reporting against AWP and contribution to TIS Program national evaluations.

7. How to apply

Before applying, you must read and understand these guidelines found at [GrantConnect](#).

Any alterations and addenda¹ will be published on [GrantConnect](#). and by registering on this website, you will be automatically notified on any changes. [GrantConnect](#) is the authoritative source for grants information.

To apply you must:

- complete a grant opportunity application form on [GrantConnect](#) for each IREG for which you are applying to deliver the TIS RTCG Program (2023-24 to 2025-26).
- provide all the information requested.
- address all eligibility criteria and assessment criteria.
- include all necessary attachments.
- submit your application/s on [GrantConnect](#) by **14.00 AEST on 20 January 2023**.

¹ Alterations and addenda include but are not limited to: corrections to currently published documents, changes to close times for applications, Questions and Answers (Q&A) documents and Frequently Asked Questions (FAQ) documents

You are responsible for ensuring that your application is complete and accurate. Giving false or misleading information is a serious offence under the [Criminal Code 1995](#) and we will investigate any false or misleading information and may exclude your application from further consideration.

If you find an error in your application after submitting it, you should contact us immediately by email Grant.ATM@health.gov.au. We do not have to accept any additional information, nor requests from you to correct your application after the closing time.

You cannot change your application after the closing date and time.

If we find an error or information that is missing, we may ask for clarification or additional information from you that will not change the nature of your application. However, we can refuse to accept any additional information from you that would change your submission after the application closing time.

You should keep a copy of your application and any supporting documents.

If you need further guidance around the application process or if you are unable to submit an application contact us at Grant.ATM@health.gov.au or by calling 02 6289 5600.

7.1 Attachments to the application

We require the following documents with your application. Refer to the Application Attachment Pack provided with the application form:

- an indicative budget for the entire project period.
- an activity work plan covering the period 1 July 2023 to 30 June 2024.
- a project management plan covering the period 1 July 2023 to 30 June 2026.
- a risk management plan.
- evidence of support (letter) from your organisation's board, CEO or equivalent.
- accountant declaration (sample template provided on [GrantConnect](#), excluded from the word limit).

You must attach supporting documentation to the application form in line with the instructions provided within the form. You should only attach requested documents. We will not consider information in attachments that we do not request.

7.2 Joint (consortia) applications

We recognise that some organisations may wish to partner with other organisations to deliver the TIS RTCG Program (2023-24 to 2025-26) in an IREG. It is anticipated that Lead Organisations may facilitate partnerships in two methods:

1. Informal partnerships for the purposes of delivering the TIS RTCG Program (2023-24 to 2025-26) within an IREG which would include appropriate financial administration, reporting and participation in evaluation activities (e.g., a partnership in the form of subcontracting).
2. Informal community-level partnerships, where TIS RTCG Program (2023-24 to 2025-26) teams would be expected to develop and report against activities to the Lead Organisation (e.g., delivery in schools).

In both circumstances, you must appoint a Lead Organisation. Only the Lead Organisation can submit the application form and enter into a grant agreement with the Department. The application form must identify all members of the proposed consortia and include letters of support from each partner.

Each letter of support should include:

- details of the Partner Organisation.
- description on how the Partner Organisation will work with the Lead Organisation and any other Partner Organisations in the proposed consortia to successfully complete the TIS RTCG Program (2023-24 to 2025-26).
- description of the relevant experience/s and expertise that the Partner Organisation brings to the consortia, including local community engagement, cultural appropriateness, and preventive population health approaches to tobacco control (where relevant).
- roles/responsibilities of the Partner Organisation and any in-kind support to be provided (if any).
- contact details of a nominated contact officer (senior management) from the Partner Organisation.

You must have a formal arrangement in place with all parties within the consortia prior to execution of the agreement.

The Lead Organisation will be the primary contact for the TIS RTCG Program (2023-24 to 2025-26), including the recipient for all payments and for all payment and reporting milestones.

7.3 Timing of grant opportunity processes

You must apply between the published opening and closing dates. We cannot accept late applications.

If you are successful, we expect you will be able to commence your grant activity from 1 July 2023.

Table 4: Expected Timing for this Grant Opportunity

Activity	Estimated Timeframe
Open on GrantConnect	8 weeks
Assessment of applications	3 weeks
Approval of outcomes of selection process	4 weeks
Negotiations and award of grant agreements	1-3 weeks
Notification to unsuccessful applicants	2 weeks
Earliest start date of grant activity	1 July 2023
End date of grant activity or agreement	30 June 2026

7.4 Questions during the application process

If you have any questions during the application period, contact Health and Aged Care Grants Team by emailing Grant.ATM@health.gov.au or by calling 02 6289 5600.

Questions close at 17.00pm AEST (Canberra time) 13 January 2023. This allows a reasonable period for the department to respond with information that applicants can consider for their application. The department will continue to assist with technical related enquiries regarding the submission of applications beyond the question close deadline.

8. The grant selection process

8.1 Assessment of grant applications

We first review your application against the eligibility criteria. Only eligible applications will then move to the next stage. We consider eligible applications through a targeted competitive grant process which assesses your application against the assessment criteria (see Section 6) and against other applications for the same IREG. We will consider your application on its merits, based on:

- how well it meets the criteria.
- how it compares to other applications received for the same IREG.
- whether it provides value with relevant money;²

When assessing the extent to which the application represents value with relevant money, we will have regard to:

- the overall objective/s to be achieved in providing the grant.
- the relative value of the grant sought.
- extent to which the application matches identified priorities of the IREG/s you have applied for.
- the extent to which the evidence in the application demonstrates that it will contribute to meeting the TIS Program outcomes/objectives
- how the grant activities will target all Aboriginal and Torres Strait Islander people within the IREG/s you have applied for.

8.2 Who will assess applications?

The assessment committee will assess each application on its merit and compare it to other eligible applications made for the same ABS IREG/s, before recommending which grant applications should be awarded a grant.

The assessment committee will be made up of departmental officers from Child, Family and Preventative Health Branch, First Nations Health Division (formerly, Indigenous Health Division) and will include an independent representative. The assessment committee will be chaired by the Director/Assistant Director with responsibility for the TIS Program in the Preventative Health and Communicable Disease Section, First Nations Health Division. We may ask external experts/advisors to inform the assessment process. Any expert/advisor, who is not a Commonwealth Official, will be required to perform their duties in accordance with the CGRGs.

The assessment committee may seek additional information about you or your application. They may do this from within the Commonwealth, even if the sources are not nominated by you as referees. The assessment committee may also consider information about you or your application that is available through the normal course of business.

The assessment committee will make a recommendation to the Program Delegate regarding the applications to approve for a grant.

² See glossary for an explanation of 'value with money'.

8.3 Who will approve grants?

The Assistant Secretary of the Child, Family and Preventive Health Branch, First Nations Health Division decides which grants to approve considering the recommendations of the assessment committee/s and the availability of grant funds for the purposes of the grant Program.

The decision of the Assistant Secretary is final in all matters, including:

- the approval of the grant.
- the grant funding amount to be awarded.
- the terms and conditions of the grant.

There is no appeal mechanism for decisions to approve or not approve a grant.

9. Notification of application outcomes

We will advise you of the outcome of your application in writing. If you are successful, we will advise you of any specific conditions attached to the grant. If you are unsuccessful, we will give you an opportunity to discuss the outcome.

9.1 Feedback on your application

If you are unsuccessful, you may ask for feedback within one month of being advised of the outcome. We will give written feedback within one month of your request.

9.2 Further grant opportunities

Any further grant opportunities will be advertised on [GrantConnect](#).

10. Successful grant applications

10.1 The grant agreement

You must enter into a legally binding grant agreement with the Commonwealth. We use the standard grant agreement in this Program, which may include supplementary clauses that apply to Indigenous Health grants.

Each agreement has general terms and conditions that cannot be changed. Sample grant agreements are available on [GrantConnect](#). We will use a schedule to outline the specific grant requirements.

We must execute a grant agreement with you before we can make any payments. We are not responsible for any of your expenditure until a grant agreement is executed. If you choose to start your grant activities before you have an executed grant agreement, you do so at your own risk.

Your grant agreement may have specific conditions determined by the assessment process or other considerations made by the Assistant Secretary of Child, Family and Preventive Health Branch. We will identify these in the agreement.

The Commonwealth may recover grant funds if there is a breach of the grant agreement.

You will have 30 days from the date of a written offer to execute this grant agreement with the Commonwealth ('execute' means both you and the Commonwealth have signed the agreement). During this time, we will work with you to finalise details.

The offer may lapse if both parties do not sign the grant agreement within this time. Under certain circumstances, we may extend this period. We base the approval of your grant on the information you provide in your application.

You may request changes to the grant agreement. However, we will review any required changes to these details to ensure they do not impact the grant as approved by the Assistant Secretary of Child, Family and Preventive Health Branch.

10.2 How we pay the grant

Where relevant, the grant agreement will state the:

- maximum grant amount to be paid
- proportion of eligible expenditure covered by the grant (grant percentage)
- any financial contributions you must make
- any in-kind contributions you will make
- any financial contribution provided by a third party.

If you incur extra costs that exceed the maximum grant amount, you must meet them yourself.

We will make payments according to an agreed schedule set out in the grant agreement. Payments are subject to satisfactory progress on the grant activity or project/services.

10.3 Grants Payments and GST

Payments will be GST inclusive. If you are registered for the [Goods and Services Tax \(GST\)](#), where applicable, we will add GST to your grant payment and issue you with a [Recipient Created Tax Invoice](#). Grants are assessable income for taxation purposes, unless exempted by a taxation law. We recommend you seek independent professional advice on your taxation obligations or seek assistance from the [Australian Taxation Office](#).³ We do not provide advice on your particular taxation circumstances.

11. Announcement of grants

If successful, your grant will be listed on the GrantConnect website 21 calendar days after the date of effect as required by Section 5.3 of the [CGRGs](#).

12. How we monitor your grant activity

12.1 Keeping us informed

You should let us know if anything is likely to affect your grant activity or organisation. We need to know of any key changes to your organisation or its business activities, particularly if it affects your ability to complete your grant, carry on business and pay debts due.

You must also inform us of any changes to your organisation, including

- Name and/or addresses.
- nominated contact details; or
- bank account details.

If you become aware of a breach of terms and conditions under the grant agreement, you must contact us immediately.

³ <https://www.ato.gov.au/>

12.2 Reporting

You must submit reports in-line with the grant agreement. We will provide you with sample templates for these reports. We will expect you to report on:

- planned activities to be delivered in each financial year across the IREG for which you are applying
- progress against agreed grant activity milestones and outcomes
- expenditure of the grant
- activities that may be required for performance and/or evaluation purposes.

The reporting templates will provide you with clear guidance about the information you will need to provide and by when, including the amount of detail required and evidence that you have appropriately sought and incorporated feedback from the NBPU.

We will monitor progress by assessing reports you submit and may conduct site visits or request records to confirm details of your reports if necessary. Occasionally we may need to re-examine claims, seek further information, or request an independent audit of claims and payments.

Performance reports

Performance Reports must:

- include evidence of your progress towards completion of agreed activities and outcomes
- include evidence of your feedback from NBPU
- state the total eligible expenditure incurred to date
- be submitted by the report due date (you can submit reports ahead of time if you have completed relevant activities).

You must discuss any reporting delays with Community Grants Hub (CGH) as soon as you become aware of them.

Ad-hoc Reports

We may ask you for Ad-Hoc Reports on your grant. This may be to provide an update on progress, or any significant delays or difficulties in completing the delivery of TIS RTCG Program (2023-24 to 2025-26) in your IREG.

Final Report

When the three-year grant activity period ends, you must submit a Final Report.

The Final Report is to contain information on the performance of the project during the activity period (1 July 2023 to 30 June 2026), on a template that will be supplied.

Submission of Reports

You must submit reports in line with the processes and timeframes as outlined in the [grant agreement](#). This includes seeking feedback from the NBPU on draft workplans, budgets and reports prior to finalisation and submission to the Department. Sample templates are provided for these reports in the grant agreement. Reports will include:

- annual activity workplan and budget
- six-monthly performance report/s
- annual financial report.

The grantee will also be responsible for:

- meeting the terms and conditions of the grant agreement and managing the grant activity efficiently and effectively

- complying with record keeping, reporting and acquittal requirements as set out in the grant agreement
- working constructively with the National Coordinator and the NBPU
- in-person attendance at NBPU training sessions and workshops in the state/territory for which the IREG you service is geographically located
- participating in all grant TIS Program evaluation activities as required under the grant agreement.

12.3 Grant agreement variations

We recognise that unexpected events may affect your progress. In these circumstances, you can request a variation to your grant agreement. You can request a variation by contacting your Funding Arrangement Manager (FAM).

You should not assume that a variation request will be successful. We will consider your request based on provisions in the grant agreement and the likely impact on achieving outcomes.

12.4 Compliance visits

We may visit you during or at the completion of your grant activity to review your compliance with the grant agreement. We will provide you with reasonable notice of any compliance visit.

12.5 Record keeping

We may also inspect the records you are required to keep under the grant agreement.

12.6 Evaluation

We will evaluate the grant opportunity to measure how well the outcomes and objectives have been achieved. We may use information from your application and reports for this purpose. We may also interview you or ask you for more information to help us understand how the grant impacted you and to evaluate how effective the Program was in achieving its outcomes.

Your grant agreement will require you to provide regular, timely and accurate information and data related to your TIS Program-funded grant activities for independent national evaluation purposes. We may contact you up to two years after you finish your grant for more information to assist with national evaluations.

12.7 Acknowledgement

If you make a public statement about the TIS RTCG Program (2023-24 to 2025-26) grant activity, we require you to acknowledge the grant by using the following statement:

'This Tackling Indigenous Smoking (TIS) Program activity received grant funding from the Australian Government.'

13. Probity

The Australian Government will make sure that the grant opportunity process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities and other inappropriate conduct and is consistent with the CGRGs.

13.1 Enquiries and feedback

The Department's [Complaint Handling Process](#) apply to complaints about this grant opportunity. All complaints about a grant process must be lodged in writing.

Any questions you have about grant decisions for this grant opportunity should be sent to Grant.ATM@health.gov.au

If you do not agree with the way the Department has handled your complaint, you may complain to the Commonwealth Ombudsman. The Ombudsman will not usually investigate a complaint unless the matter has first been raised directly with the Department.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072
Email: ombudsman@ombudsman.gov.au
Website: www.ombudsman.gov.au

13.2 Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or Program. There may be a conflict of interest, or perceived conflict of interest, if the Department of Health and Aged Care staff, any member of a committee or advisor and/or you or any of your personnel:

- has a professional, commercial, or personal relationship with a party who can influence the application selection process, such as an Australian Government officer or an external member of the assessment committee.
- has a relationship with or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; or
- has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant Program/ grant opportunity.

You will be asked to declare, as part of your application, any perceived or existing conflicts of interests or that, to the best of your knowledge, there is no conflict of interest.

If you later identify an actual, apparent, or perceived conflict of interest, you must inform the Department of Health and Aged Care in writing immediately by email IndigenousTobacco@health.gov.au.

Conflicts of interest for Australian Government staff will be handled as set out in the Australian [Public Service Code of Conduct \(Section 13\(7\)\)](#) of the [Public Service Act 1999](#). Committee members and other officials including the decision maker must also declare any conflicts of interest.

We publish our conflict-of-interest policy on the Department of Health and Aged Care website.

13.3 Privacy

We treat your personal information according to the [Privacy Act 1988](#) and the [Australian Privacy Principles](#). This includes letting you know:

- what personal information we collect
- why we collect your personal information; and
- who we give your personal information to.

Your personal information can only be disclosed to someone else for the primary purpose for which it was collected unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant opportunity in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

We may share the information you give us with other Commonwealth entities for purposes including government administration, research, or service delivery, according to Australian laws.

As part of your application, you declare your ability to comply with the *Privacy Act 1988* and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents, and subcontractors that you engage to assist with the activity, in respect of personal information you collect, use, store, or disclose in connection with the activity. Accordingly, you must not do anything, which if done by the Department would breach an Australian Privacy Principle as defined in the Act.

13.4 Confidential Information

Other than information available in the public domain, you agree not to disclose to any person, other than us, any confidential information relating to the grant application and/or agreement, without our prior written approval. The obligation will not be breached where you are required by law, Parliament, or a stock exchange to disclose the relevant information or where the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation).

We may at any time, require you to arrange for you; or your employees, agents, or subcontractors to give a written undertaking relating to nondisclosure of our confidential information in a form we consider acceptable.

We will keep any information in connection with the grant agreement confidential to the extent that it meets all the three conditions below:

1. you clearly identify the information as confidential and explain why we should treat it as confidential.
2. the information is commercially sensitive.
3. revealing the information would cause unreasonable harm to you or someone else.

We will not be in breach of any confidentiality agreement if the information is disclosed to:

- the committee and other Commonwealth employees and contractors to help us manage the Program effectively.
- employees and contractors of our Department so we can research, assess, monitor, and analyse our Programs and activities.
- employees and contractors of other Commonwealth agencies for any purposes, including government administration, research, or service delivery.
- other Commonwealth, State, Territory or local government agencies in Program reports and consultations.
- the Auditor-General, Ombudsman or Privacy Commissioner.
- the responsible Minister or Parliamentary Secretary, and
- a House or a Committee of the Australian Parliament.

The grant agreement may also include any specific requirements about special categories of information collected, created, or held under the grant agreement.

13.5 Freedom of information

All documents in the possession of the Australian Government, including those about this grant opportunity, are subject to the [Freedom of Information Act 1982](#) (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to information held by the Australian Government and its entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. This right of access is limited only by the exceptions and exemptions necessary to protect essential public interests and private and business affairs of persons in respect of whom the information relates.

All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
FOI Unit
Department of Health
GPO Box 9848
CANBERRA ACT 2601

By email: foi@health.gov.au

14. Consultation

Consultation has been undertaken as part of the development of this grant opportunity. Input was sought by TIS Program experts and relevant other government agencies involved in the delivery of First Nations population health grant activities. Comprehensive consultation with key stakeholders including TIS Program staff and local Indigenous community members, has been undertaken as part of the robust, independent TIS Program evaluation that has informed the development of this grant opportunity.

15. Glossary

Term	Definition
Aboriginal and Torres Strait Islander/First Nations population	all the inhabitants of a particular place who are of Aboriginal and/or Torres Strait Islander descent, identifying as Aboriginal and/or Torres Strait Islander and accepted by the Indigenous community in which he or she lives.

Term	Definition
<p>Australian Bureau of Statistics (ABS) Indigenous regions (IREGs 2021)</p>	<p>also, IREG or ABS IREG used interchangeably. The TIS Program service areas are defined as ABS Indigenous Regions (IREGs 2021).</p> <p>IREGs are large geographic areas built from whole Indigenous Areas and are based on historical boundaries. The larger population of Indigenous regions enable highly detailed analysis.</p> <p>Indigenous Regions were originally designed based on the former Aboriginal and Torres Strait Islander Commission boundaries, which are no longer maintained.</p> <p>They are created by combining one or more Indigenous Areas. Changes to Indigenous regions are determined through consultation with the ABS Centre for Aboriginal and Torres Strait Islander Statistics based on statistical and community requirements.</p>
<p>accountable authority</p>	<p>see subsection 12(2) of the Public Governance, Performance and Accountability Act 2013</p>
<p>administering entity</p>	<p>when an entity that is not responsible for the policy, is responsible for the administration of part or all the grant administration processes</p>
<p>assessment criteria</p>	<p>are the specified principles or standards, against which applications will be judged. These criteria are also used to assess the merits of proposals and, in the case of a competitive grant opportunity, to determine application rankings.</p>
<p>commencement date</p>	<p>the expected start date for the grant activity</p>
<p>completion date</p>	<p>the expected date that the grant activity must be completed, and the grant spent by</p>
<p>co-sponsoring entity</p>	<p>when two or more entities are responsible for the policy and the appropriation for outcomes associated with it</p>
<p>date of effect</p>	<p>can be the date on which a grant agreement is signed or a specified starting date. Where there is no grant agreement, entities must publish information on individual grants as soon as practicable.</p>
<p>decision maker</p>	<p>the person who makes a decision to award a grant</p>
<p>eligibility criteria</p>	<p>refer to the mandatory criteria which must be met to qualify for a grant. Assessment criteria may apply in addition to eligibility criteria.</p>

Term	Definition
Commonwealth entity	a Department of State, or a Parliamentary Department, or a listed entity or a body corporate established by a law of the Commonwealth. See subsections 10(1) and (2) of the PGPA Act
Commonwealth Grants Rules and Guidelines (CGRGs)	establish the overarching Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. Under this overarching framework, non-corporate Commonwealth entities undertake grants administration based on the mandatory requirements and key principles of grants administration.
grant	for the purposes of the CGRGs, a ‘grant’ is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth: <ul style="list-style-type: none"> a. under which relevant money⁴ or other Consolidated Revenue Fund (CRF) money⁵ is to be paid to a grantee other than the Commonwealth; and b. which is intended to help address one or more of the Australian Government’s policy outcomes while assisting the grantee achieve its objectives.
grant activity/activities	refers to the project/tasks/services that the grantee is required to undertake
grant agreement	sets out the relationship between the parties to the agreement, and specifies the details of the grant
GrantConnect	is the Australian Government’s whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs
grant opportunity	refers to the specific grant round or process where a Commonwealth grant is made available to potential grantees. Grant opportunities may be open or targeted and will reflect the relevant grant selection process.
grant Program	a ‘Program’ carries its natural meaning and is intended to cover a potentially wide range of related activities aimed at achieving government policy outcomes. A grant Program is a group of one or more grant opportunities under a single [entity] Portfolio Budget Statement Program.

⁴ Relevant money is defined in the PGPA Act. See section 8, Dictionary.

⁵ Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.

Term	Definition
grantee	the individual/organisation which has been selected to receive a grant
PBS Program	described within the entity's Portfolio Budget Statement , PBS Programs each link to a single outcome and provide transparency for funding decisions. These high-level PBS Programs often comprise several lower level, more publicly recognised Programs, some of which will be Grant Programs. A PBS Program may have more than one Grant Program associated with it, and each of these may have one or more grant opportunities.
Tackling Indigenous Smoking (TIS) Program target population	refers all Aboriginal and Torres Strait Islanders people residing in a nominated ABS IREG, particularly those not accessing Aboriginal Community Controlled Health Organisations.
Population health activity	Programs or services that aim to improve the health of the population through interventions which promote behaviour changes to reduce susceptibility to (tobacco related) morbidity and mortality; alter the environment to promote the health of the population and promote interventions that remove or mitigate population health (tobacco) hazards. Population health refers to the health status and health outcomes within a group of people rather than considering the health of one person at a time.
selection criteria	comprise eligibility criteria and assessment criteria.
selection process	the method used to select potential grantees. This process may involve comparative assessment of applications or the assessment of applications against the eligibility criteria and/or the assessment criteria.
Tackling Indigenous Smoking (TIS) Program staff	employee whose position is funded by Regional Tobacco Control Grant funds. Role and responsibilities are dedicated to the delivery of TIS Program population health activities. Please see the TIS Program Guidelines for further detail.

Term	Definition
value with money	<p>value with money in this document refers to ‘value with relevant money’ which is a judgement based on the grant proposal representing an efficient, effective, economical, and ethical use of public resources and determined from a variety of considerations.</p> <p>When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to:</p> <ul style="list-style-type: none"> • the quality of the project proposal and activities. • fitness for purpose of the proposal in contributing to government objectives. • that the absence of a grant is likely to prevent the grantee and government’s outcomes being achieved; and • the potential grantee’s relevant experience and performance history.