



RBWH Foundation Grants

Aboriginal and Torres Strait Islander Grant Application Guidelines and Supporting Materials

The RBWH Foundation, with generous support of our donors, is pleased to provide the RBWH Foundation Aboriginal and/or Torres Strait Islander grant funding.

The purpose of the RBWH Foundation is to save lives through the extraordinary power of giving. Our mission is that together, we advance patient care and life-saving research.

Contents

Eligibility Criteria.....	2
Application Submission	2
Procurement.....	3
Guide to Application Questions.....	3
Review Process	4
Terms & Conditions	4
Appendix 1 Sample Application	i-vii
Appendix 2 Scoring Criteria	viii-ix

Eligibility Criteria

1. The project is led by a staff member (Lead applicant) who identifies as Aboriginal and/or Torres Strait Islander and holds an appointment with Metro North Health (MNH).
2. The project will benefit Aboriginal and/or Torres Strait Islander patients (and community) treated through the Herston Health Precinct by improving outcomes, enhancing wellbeing, and enriching the patient experience.
3. The project can be completed within 12 months of the award letter being received, and/or full governance approvals, if applicable.
4. As Lead applicant you do not hold a current RBWH Foundation grant.

Application Submission

- Applications to the RBWH Foundation Grants are accessible and submitted through our online grants platform: <https://rbwhfoundation.grantplatform.com/>.
- Applicants are to register using an @health.qld.gov.au email address. Applications are limited to **one submission per individual as lead applicant**, however there can be multiple submissions per department.
- A **lead applicant** may hold no more than one funded RBWH Foundation Grant at any one time. Where an applicant is in receipt of a RBWH Foundation Grant, they will not be eligible for any subsequent rounds until the project is completed, and the grant is fully acquitted. A grant recipient may be listed as a collaborator on other submissions.
- All **Collaborators, including mentors** should be listed. This may include staff on the Herston Health Precinct, and members of the community that will provide support to the project. There is no limit to the number of collaborators that may be included and a description of each collaborator's involvement in the project is required. There is no requirement for collaborators to sign their approval of the submission, however, applicants are required to confirm that collaborators are aware of the submission.
- The applicant has a responsibility to ensure project expenditure is in accordance with the approved application budget, and that they will liaise with the relevant Business Manager or Financial Delegate to monitor project expenditure.
- **Endorsement steps** upon submission, your listed Business Manager and Service Line Director will receive an automated notification to either approve or reject the application.
 - This will be facilitated by the applicant filling in the correct email addresses of their Business Manager (BM) and Service Line Director (SLD).
 - If the applicant is unsure of the SLD email address, please check with your appropriate BM.
 - The BM and SLD should be from MNH.
 - It is advised that the applicant discuss their project with their respective BM and SLD prior to submit their application.

Procurement

Project-related purchases/procurement of assets, goods or services must be coordinated through Metro North. The Foundation will not pay external suppliers directly.

Guide to Application Questions

- **Eligibility**
- **Applicant’s details**
 - We ask for all your relevant contact and role information
 - We ask about your Mob and connection to country
 - **For RBWH Foundation information only:**
Together, we advance patient care and life-saving research. Please provide a brief description of how you have, or would like, to engage with the RBWH Foundation.
- **Project information**
 - See the blank application form (Appendix 1), number of words are indicative of maximum word count, it is not mandatory to provide full number of words.
- **Budget (excluding GST) \$20,000 max per project**
 This can include staff time, cost of performing and evaluating the project, equipment purchase, dissemination of findings and must include acknowledgement of Foundation funding. Institute overheads and indirect costs cannot be funded.
 - Does your application include the purchase of equipment and/or medical devices. If you select yes, you’ll be asked to provide details.
 - Provide a detailed budget required for your project, encompassing all relevant items. Include in-kind contributions, existing funding sources, scholarships, and any other financial elements not applicable to this grant round.

Example budget:

	Item	In Kind	Expense
1	In-kind Lead applicant (0.2 FTE, 6 months)	\$30,000	
2	In-kind HP4.4 (mentor, 0.1 FTE, 6 months)	\$15,000	
3	Clinical back-fill salary (HP3, 0.2 FTE, 3 months)		\$15,000
4	Consumer reimbursement (\$50 x 20 participants)		\$1,000
	Total		\$61,000

 - a. Specify the amount you’re requesting from the RBWH Foundation at this round.
Example: \$16,000.
 - b. Specify for what numbered items from your full budget you are requesting Foundation funds.
Example: Items 3 and 4.
 - c. Budget justification: briefly justify the funds requested and the reasoning for each item requested (max 200 words).
- **List your collaborators**
 - these can be community partners, your mentor, and your workplace colleagues in MNH
- **Upload of any supporting documents** (e.g. Quotes for items)
- **Endorsements**
 - Include contact details of BM and SLD



Review Process

Completed applications that meet the eligibility criteria and align with the Foundation Mission will be assessed by at least three reviewers and an Advisory Panel with representation from RBWH, STARS and consumers. The RBWH Foundation and the Advisory Panel may liaise with other funding agencies to discuss any overlap between applications and avoid duplication of funding.

Applications will be evaluated based upon the information submitted, no further clarification will be sought. Applications will be evaluated on the Impact and Improvement (40%), the described Methodology, including risks and mitigation strategies (30%) and Project Feasibility (30%), according to the **Scoring Criteria for Research** (Appendix 2).

There is an opportunity to upload supporting documents that provides evidence of feasibility (e.g. methodology, evaluation techniques, quotes).

Terms & Conditions

The grant is conditional upon the following:

1. The total amount of the grant will be applied to the nominated project and no other project, and that expenditure will be in accordance with the budget specified in the grant application.
2. The applicant must hold an appointment at RBWH, STARS, a Metro North Institute*, or the Metro North Office of Chief Executive on the Herston Health Precinct for the duration of the grant.
3. The project receives appropriate ethical and governance approval specific to the awarded project, with evidence of submission within 3 months of acceptance; OR that ethical exemption be provided.
4. The submission of two reports via the online grant platform:
 - A progress report to be submitted six months after commencement date.
 - A final report to be provided on completion of the project.
5. Appropriate acknowledgment and recognition that the project was made possible through RBWH Foundation funding and our generous donors:
 - Physical contributions (i.e., equipment, furniture, etc.) are to be acknowledged with a plaque or a framed certificate on spaces, using templates with approved branding, provided by RBWH Foundation, and in accordance with Metro North Health guidelines.
 - The cost of the RBWH Foundation acknowledgement will be part of the approved funding.
6. Any equipment purchased using the grant funding is to remain within and property of Metro North Health (MNH) at the end of the project.
7. The recipient agrees to participate in media activities, such as photography and videography, and gives permission for their image to be featured alongside their research on the Foundation's website and other suitable promotional materials. The recipient agrees to attend and speak at Foundation events for the purpose of engaging with donors and community partners in an Ambassadorial role.
8. You must notify the Foundation, as soon as reasonably possible, if any of these conditions have not been or are unlikely to be met.

* MNH Institutes on the Herston Health Precinct: Comprehensive Breast Cancer Institute, Herston Biofabrication Institute, Herston Infectious Diseases Institute, Jamieson Trauma Institute

Sample form, not for offline completion.

Visit <https://rbwhfoundation.grantplatform.com> to apply.



RBWH Foundation

Advancing patient care and life-saving research

RBWHF Grant Round 6 - Aboriginal and Torres Strait Islander

Project title

To confirm eligibility and proceed with your application, please click the purple 'Check Eligibility' button.

Do you identify as Aboriginal and/or Torres Strait Islander, and hold an appointment with the Metro North Health?

Yes

No

This grant scheme requires the lead applicant to identify as Aboriginal and/or Torres Strait Islander.

Will your proposed research or quality improvement activity benefit Aboriginal and/or Torres Strait Islander patients treated through the Herston Health Precinct by improving outcomes, enhancing wellbeing, and enriching the patient experience and/or environment?

Yes

No

This grant scheme requires the project to directly involve and/or benefit Aboriginal and/or Torres Strait Islander patients (and/or their families).

Is your proposed research or quality improvement activity able to be completed within 12 months?

Yes

No

4. Are you a Lead Applicant on an currently funded RBWH Foundation Grant?

Yes

No

This applies to all our funding schemes, i.e. if you currently have a Research grant you are still ineligible to apply for a Patient Care grant and vice versa.

To streamline application, documentation and communications processes, we strongly recommend that Lead Applicant and the grant writer are the same individual, using the same email address and name.

Title

▼

Associate Professor

Doctor

Mr

Mrs

Ms

Professor

Other

First name

Last name

Position/Role

Department and/or Service Line

Primary Organisation

▼

RBWH

STARS

MNH Institute

Other

Email

It is recommended to use your individual email rather than a shared inbox email address.

Phone

Mobile (optional)

Connection to Community and Mob

This question is to assist RBWH Foundation and the Advisory Panel regarding eligibility - identify your Mob.

Together, we advance patient care and life-saving research. Please provide a brief description of how you have, 150 or would like, to engage with and/or support the RBWH Foundation. 150 words

While Foundation support isn't an eligibility criterion for funding, it is only through our collective community effort that funds are available for research and patient care through our Grant rounds.

Project Title

10 words

Select the Key Priority Area (from MNH Health Equity Strategy) that best aligns with your project:

▼

Eliminate Racism : Actively eliminate racial discrimination and institutional racism within the service.

Healthcare Access: Increasing access to services for Aboriginal and/or Torres Strait Islander communities

Culturally Safe: delivering sustainable, culturally safe and responsive services.

Working with Aboriginal and/or Torres Strait Islander Peoples: to design, deliver, and monitor health services.

Please select one option from the drop-down that best aligns with your project.

Use the Project Outline to include information about how your project aligns with the selected Key Priority Area.

Impact and Improvement

200 words

Outline your project or quality improvement activity

Your outline should address the scoring criteria (**Impact and Improvement**) and include:

- Background information about why this work is needed.
- Importance to Aboriginal and/or Torres Strait Islander patients and families.
- Clear rationale and objectives and intended outcomes.
- Engagement or Partnership with Aboriginal and/or Torres Strait Islander Community.

Please specify the number of people who will be positively impacted by your project/activity

Number of people

1	Patients
2	Family members
3	Carers or community members
4	Staff (clinical/Admin)

Your project is likely to have positive impact beyond the patients themselves. Use this table to indicate the approximate number of people that will be positively impacted by your initiative within each group.

Methodology

200 words

How will the methods and outcomes of this project influence positive practice?

How will success be measured?

Include outcome measures and indicate how you will evaluate these (e.g. surveys, feedback forms, yarning circle).

These evaluations should show how you will measure the success of your project/activity, e.g. enhancement of patient experience, improvement of patient/family wellbeing during stay, improvement of communication, staff and other resources alleviated.

Project Feasibility

200 words

Include information about team support/mentorship

Include any potential delays you may encounter

There can be risks associated with any project. List at least 1 (max 3) identified risks and the ways (strategies) you intend to use to remove or reduce the risk(s). 100 words

Consider any risk related to the estimated cost of delivering your project (including changes to equipment pricing, wages).

Consumer and Community Engagement

Describe how community members, including patients, are meaningfully involved in this project.

This might include project design, decision-making, and/or developing shared goals.

Do you believe your project could have secured funding from other sources? (yes/no, and provide information if you have tried before)

Note: The purpose of this question is for RBWH Foundation data collection. **Your response will not be visible to reviewers and Advisory Panel, and will not influence the assessment of this application.**

Please note that Grant funding is capped at \$20,000.

Does your application include the purchase of equipment and/or a medical device?

Yes

No

Please provide a full itemised budget for your initiative, encompassing all relevant items. Including, but not limited to, in-kind contributions, existing funding sources, scholarships, and any other financial elements.

Institute overheads and indirect costs cannot be funded.

Item	In Kind costing	Costed Items
1		0.00
2		0.00
3		0.00

This can include staff time, the cost of performing and evaluating the initiative, equipment purchase cost, cost of disseminating results (**excluding journal publication costs**), and acknowledgement of Foundation funding.

Tell us which line items from the budget table you are requesting funds from the RBWH Foundation?

E.g. "Items 1-3 and 5"

What is the total funds you are requesting from the RBWH Foundation? (Capped at \$20,000)

This funding total should match the total of the line items indicated in the above response.

Budget Justification. Include wage/salary/FTE of staff funding request and staff in-kind details, any equipment, printed resources, and consumables etc.

200
words

Remember to include costs for Foundation Acknowledgement.

Appropriate acknowledgment and recognition that the project/initiative was made possible through RBWH Foundation funding and our generous donors:

- Physical contributions (e.g. equipment, furniture, refurbishment) are to be acknowledged with a plaque or a framed certificate in clinical and/or patient areas, using templates with approved branding, provided by RBWH Foundation, and in accordance with Metro North Health guidelines.

Will this project require collaboration across Herston Health Precinct, with other team members, and/or community?

Yes

No

I confirm that all collaborators listed here are aware and supportive of this application.

There is no requirement for collaborators to sign their approval of the submission, however, lead applicants are required to confirm that they have communicated the listed collaborators about the submission.

Title

Full name (first and last name)

Email

Position/Role

Involvement

100 words

Please describe the collaborator's involvement in your project and/or in mentoring you during this project.

It is advised that the applicant **discuss their project/initiative with their respective Business Manager (BM) and Service Line Director (SLD) prior to submit their application.**

- The endorsement process will be facilitated by the applicant filling in the **correct email addresses of their BM and SLD.**
- Upon submission, the platform will automatically notify BM, followed by SLD, requesting their endorsement. **There is no requirement of their signature in any document.**
- If the applicant is unsure of the SLD email address, please check with your appropriate BM.
- BM and SLD should be from RBWH, STARS, and/or MNH (please do not nominate an academic affiliated cost centre).

I confirm that I have discussed this application with my Business Manager prior to submission.

Yes

Your Business Manager (BM) is the relevant person from your department that will review your budget and general aspects of your application.

Your BM will be responsible for oversight the financial aspects of your funds if you are successful. Make sure you discuss your application with the right BM and provide their correct details. This will facilitate the endorsement period.

Business Manager

First and last name

Business Manager Email

Phone number

Service Line Director

First and last name

Service Line Director Email

Phone number

P 1300 363 786 **E** info@rbwhfoundation.com.au

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SAMPLE

RBWH Foundation Aboriginal and Torres Strait Islander Grant – Scoring Criteria

	Impact and Improvement (40%)	Methodology (30%)	Project Feasibility (30%)
5	<u>Highly developed and well-articulated project plan</u> , that will directly improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients and community.	The project aims and activity plan have: <ul style="list-style-type: none"> • A well-developed rationale with clear and robust objectives • The ability to influence positive practice • The ability to build and/or support workforce capacity 	<u>Applicant: Evidence of connection with Community</u> , with excellent support identified through listed collaborators, and their <u>mentorship is well described</u> .
	<u>Addresses an important identified unmet need</u> for Aboriginal and/or Torres Strait Islander patients (and community) treated through services on Herston Health Precinct.	<u>Project has defined and robust evaluation mechanisms</u> such as surveys, feedback, and methods described to assess improvement activity.	<u>Risks and potential delays</u> have been identified, and strategies to manage these have been described. The project is highly likely to be <u>delivered</u> in 12 months.
	<u>Strong evidence of Partnership or engagement</u> with Aboriginal and/or Torres Strait Islander <u>Community</u> .	<u>Project strongly aligns with at least one MNH Health Equity strategic priority</u> and/or Reconciliation Action and has explained how the need was identified.	<u>Comprehensive budget</u> that <u>aligns</u> with project proposal and is <u>strongly justified</u> (e.g. cost estimates, recent quotes upload).
4	<u>Clearly articulated plans</u> for quality improvement activity that will improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients.	The project aims and activity plan have: <ul style="list-style-type: none"> • A well-developed rationale with clear objectives • The ability to influence positive practice • The potential to build workforce capacity 	<u>Applicant: Evidence of some connection with Community</u> , with their <u>mentorship well described</u> , and support evident through listed collaborators.
	<u>Addresses an identified unmet need</u> for Aboriginal and/or Torres Strait Islander patients and community, treated through Herston Health Precinct.	<u>Project has defined evaluation mechanisms</u> such as surveys, feedback, and methods described to assess improvement activity.	<u>Risks and potential delays</u> have been identified, and some strategies to manage that have been described. The project is likely to be <u>delivered</u> in 12 months.
	<u>Strong evidence</u> of engagement with patients and <u>Community</u> and/or proposed partnership with Community.	<u>Project aligns</u> with at least one selected MNH Health Equity strategy and/or Reconciliation Action and has explained how the need was identified.	<u>Appropriate budget</u> that <u>aligns</u> with project proposal and is <u>well justified</u> (e.g. cost estimates, recent quotes upload).

	Impact and Improvement (40%)	Methodology (30%)	Project Feasibility (30%)
3	<u>Clearly potential</u> for quality improvement activity that will improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients.	The project aims and activity plan have: <ul style="list-style-type: none"> • A rationale with indicated objectives • The ability to influence work practice • Possibility to build workforce capacity. 	<u>Applicant has some support and mentorship</u> , but with one or more clear weaknesses or gaps in expertise and <u>limited connection with Community</u> .
	<u>Builds on work addressing an identified need</u> for Aboriginal and/or Torres Strait Islander patients and community, treated through Herston Health Precinct.	<u>Project has some evaluation mechanisms</u> such as surveys, feedback, and methods described that potentially assess the quality improvement activity.	<u>No risks</u> or potential delays identified and described. Highly unlikely to be delivered in 12 months.
	<u>Some engagement</u> with patients and consumers and Community is indicated/planned.	<u>Project somewhat aligns</u> with at least one selected MNH Health Equity strategy or Reconciliation Action and has explained how the need was identified.	<u>Appropriate budget</u> that <u>aligns</u> with project proposal and is <u>reasonably justified</u> (e.g. cost estimates, recent quotes upload).
2	<u>Possible potential</u> for the quality improvement activity to improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients.	The project aims and activity plan have: <ul style="list-style-type: none"> • A rationale with indicated objectives • Possibility to influence work practice • Low potential to build workforce capacity. 	<u>Applicant has provided limited information</u> about mentorship and support, <u>clear and obvious gaps in expertise</u> , <u>no connection with Community</u> .
	Possibility that it addresses an <u>identified need</u> for Aboriginal and/or Torres Strait Islander patients.	<u>Project has limited evaluation mechanisms</u> such as surveys, feedback, and poorly described methods to assess the quality improvement activity.	<u>No risks</u> or potential delays identified and described. Highly unlikely to be delivered in 12 months.
	<u>Little evidence of engagement</u> with patients, consumers and/or Community.	<u>Project somewhat aligns</u> with at least one selected MNH Health Equity strategy or Reconciliation Action, with limited explanation of identified need.	<u>Inappropriate budget</u> that <u>does not align</u> with improvement activity proposal.
1	<u>No clear potential</u> for the quality improvement activity to improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients.	The project aims and activity plan have: <ul style="list-style-type: none"> • Poorly described objectives • Low potential to influence work practice, or build workforce capacity. 	<u>Applicant has no connection with Mob or Community</u> . <u>Feasibility of overall project is doubtful</u> . Evident lack of support, mentorship, and expertise.
	<u>Repetition of previous work</u> addressing an <u>identified clinical need</u> for Aboriginal and Torres Strait Islander patients.	<u>Project has limited evaluation mechanisms</u> and poorly described methods to assess the quality improvement activity.	<u>No risks</u> or potential delays identified and described. Highly unlikely to be delivered in 12 months.
	<u>Little to no evidence of engagement</u> with patients, consumers, and Community	<u>Project does not align</u> with at least one selected MNH Health Equity strategy or Reconciliation Action and no explanation of identified need.	<u>Inappropriate budget</u> that <u>does not align</u> with improvement activity proposal.