

# Blue Sky Fund Application Form

## Form Preview

### Eligibility

\* indicates a required field

#### Blue Sky Fund

Hunter New England and Central Coast Primary Health Network (the PHN) through the 2023-2028 Strategic Plan has a focus on **increasing equity of access** to primary care services for those in the Hunter, New England and Central Coast geographical area.

Being a leader through **innovation**, the PHN acknowledges that many ideas that are novel and innovative fall outside the scope or timing of the PHN grant program.

The PHN Blue Sky Fund is designed to provide flexibility in capturing these opportunities to trial projects that can deliver tangible positive health outcomes for the community.

The PHN's most recent [Health Needs assessment](#) identified a range of key disparities in health outcomes for people and communities in the region. These disparities have highlighted that poorer health outcomes are linked with socioeconomic disadvantage and increasing rurality, as well as older people, those from Culturally and Linguistically Diverse (CALD) backgrounds, infants and young people, those with a disability, and First Nations people.

The highest priority service issue identified in the needs assessment that contributes to these health disparities is **access to primary care services**. Key factors that contribute to poorer access to services include the lack of supply of the primary care clinician workforce, the resulting lack of local services, the lack of visibility and poor timeliness to book into affordable primary care services, and the distances and lack of integration between services. Other key issues include the ability for people to find and navigate their healthcare, and a range of issues relating to the prevention and management of key diseases and conditions.

**The PHN encourages submissions for consideration for funding, that have a strong emphasis on addressing the strategic priorities of the PHN particularly in the areas increasing access to primary care and/or for priority groups and/or digitally enabled services.**

Please read the grant guidelines before completing this application: [GUIDELINES](#)

Please read our strategic plan for more information on these areas of need.

[2023-to-2028-Strategic-Plan.pdf \(imgix.net\)](#)

Applications submitted via the PHN Blue Sky Fund will be panel assessed and sent to the appropriate internal department areas for consideration.

**NOTE: Submission of an application is no guarantee of funding.**

If funding is offered, it will be time-limited and not ongoing. Therefore, projects and ideas that are **innovative** and require **seed funding** or are a **pilot** (with evaluation) are encouraged, as are **collaborations**.

If you have any questions in relation to the eligibility criteria, please contact [grants@thephn.com.au](mailto:grants@thephn.com.au)

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### Confirmation of Eligibility

#### I confirm that the applicant ...

- has read and understands the submission [guidelines](#)
- is able to meet the criteria in the guidelines
- is an organisation delivering services within the [Hunter New England and Central Coast region](#)

#### Please select below: \*

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

#### Do you wish to declare a conflict of interest? \*

☐ Yes  
☐ No

Conflicts of interest include but not limited to association with the PHN Board of Directors, Clinical Council, Community Advisory Committee or other associations.

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [PHN Privacy Policy](#).

#### Please select if you would NOT like to be notified about forthcoming grant opportunities.

☐ I do not want to be notified about future grant opportunities

### Conflict of Interest

#### What is your conflict of interest? \*

#### Please upload supporting files. Eg. Declarations \*

Attach a file:

Upload as many as required.

### Contact Details

\* indicates a required field

### Applicant Details

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### Applicant \*

Organisation Name

Organisation Name

### Applicant Primary Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Applicant primary phone number \*

Must be an Australian phone number.

### Applicant email address \*

Must be an email address.

### Website

If applicable

### Applicant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

### Applicant Project Contact \*

Title First Name Last Name

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Person who is the main contact for the project

**Applicant Project Contact Position \***

**Applicant Project Contact Primary Phone Number \***

**Applicant Project Contact Primary Email \***

## Project Details

\* indicates a required field

Project - Area

**Which area is this submission for? \***

- ☐ Hunter
- ☐ Central Coast
- ☐ Mid Coast/Manning
- ☐ New England

At least 1 choice must be selected.

Choose all that apply.

**Project Title \***

Word count:

Must be between 1 and 20 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive.

**Brief Project Description/Summary \***

Must be no more than 150 words.

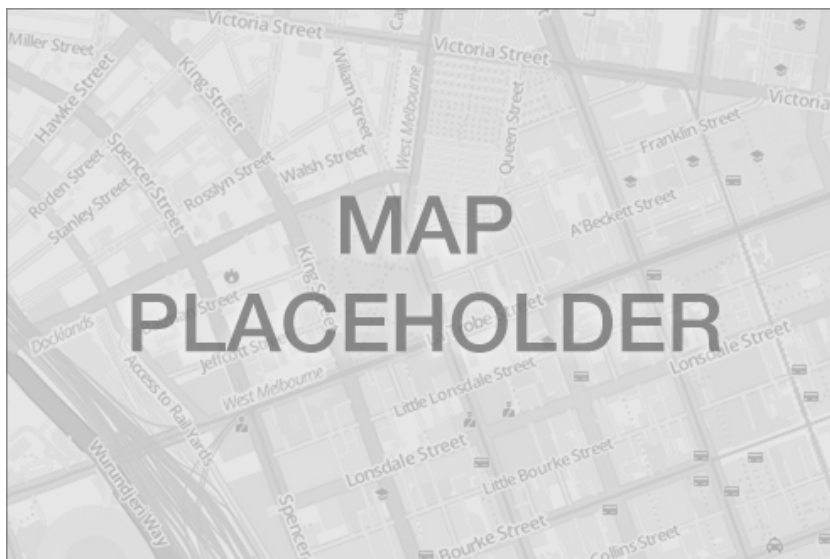
Provide a short description of your project

**Project Location \***

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.  
This is the main address or suburb the project will be located in

### **Description of your activity or project and the intended benefit or aims showing innovation or different approach to addressing identified needs \***

Word count:

Must be no more than 400 words.

Describe the specific issue or need you want to address and backing evidence. Please read the grant guidelines.

### **How the activity or project addresses the strategic priorities of the PHN \***

Must be no more than 400 words.

Please include the priority population and rationale as to why.

### **What are the expected outcomes? How will you measure these? \***

Word count:

Must be no more than 250 words.

### **Evidence of the need or research as to the benefits of the project \***

Word count:

Must be no more than 250 words.

### **How will you ensure your project is inclusive and culturally safe? \***

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Must be no more than 150 words.

### Is your project sustainable? \*

Word count:

Must be no more than 150 words.

### Do you have any partners for this project? \*

- ☐ Yes  
☐ No

### Partner Organisations

Partner Organisation Name	ABN of Partner Organisation
	If applicable

### Partner Support

Please upload a signed support letter from your partner organisation(s).

You may upload more than 1 file.

### Support Letters \*

Attach a file:

Max 25mb

### Risks

Please note the main risks of the project (minimum of 3) and what mitigation strategies will be incorporated into your planning.

Identified Risks	Mitigation Strategy
	At least 3 must be addressed

### Activity Plan and Budget

\* indicates a required field

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### Project Start Date \*

Must be a date.

Can be an estimate

### Project End Date \*

Must be a date.

Can be an estimate.

### What are the planned activities? \*

Briefly list the specific activities that will take place and where they will take place (200 words recommended)

## Milestones

Please provide a brief overview of main activities only. A detailed project plan will be required if shortlisted.

Please add additional lines as required.

Milestone/Activity	Start Date	End Date
	If not known, an estimate is required Must be a date.	If not known, an estimate is required Must be a date.

## Budget

Please provide a budget overview. Note that successful applicants will be required to submit a more detailed budget.

Add additional lines as required.

Expenditure Item	Amount	Notes
	Ex GST Must be a number.	

### Total Amount Requested

\$

This number/amount is calculated.

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### Additional Expenditure Items and/or In Kind Support \*

Other expenses and how these are being covered.

### Total Project Cost \*

\$

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

## Certification and Feedback

\* indicates a required field

### Competency

### Describe how your organisation is qualified to deliver this project to the chosen cohorts \*

Must be no more than 200 words.

### Please upload a copy of your insurances or checks that are applicable to your application: Public Liability, Professional Indemnity, Workers Compensation and WWCC (if applicable) \*

Attach a file:

Upload as many files as required

### Bank Details

#### Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

#### Bank Name \*

To expediate payment, a **supplier form must be completed, signed, and uploaded below.**

Please download the template:

[Supplier Form](#)



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### Completed Supplier Form \*

Attach a file:

A minimum of 1 file must be attached.  
Upload the completed form.

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

**I certify that to the best of my knowledge the statements made within this application are true and correct.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

**Position \***

Position held in applicant organisation

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback..

**Please indicate how you found the online application process:**

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

**How many minutes in total did it take you to complete this application?**

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

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**Word count:**  
Must be no more than 250 words.