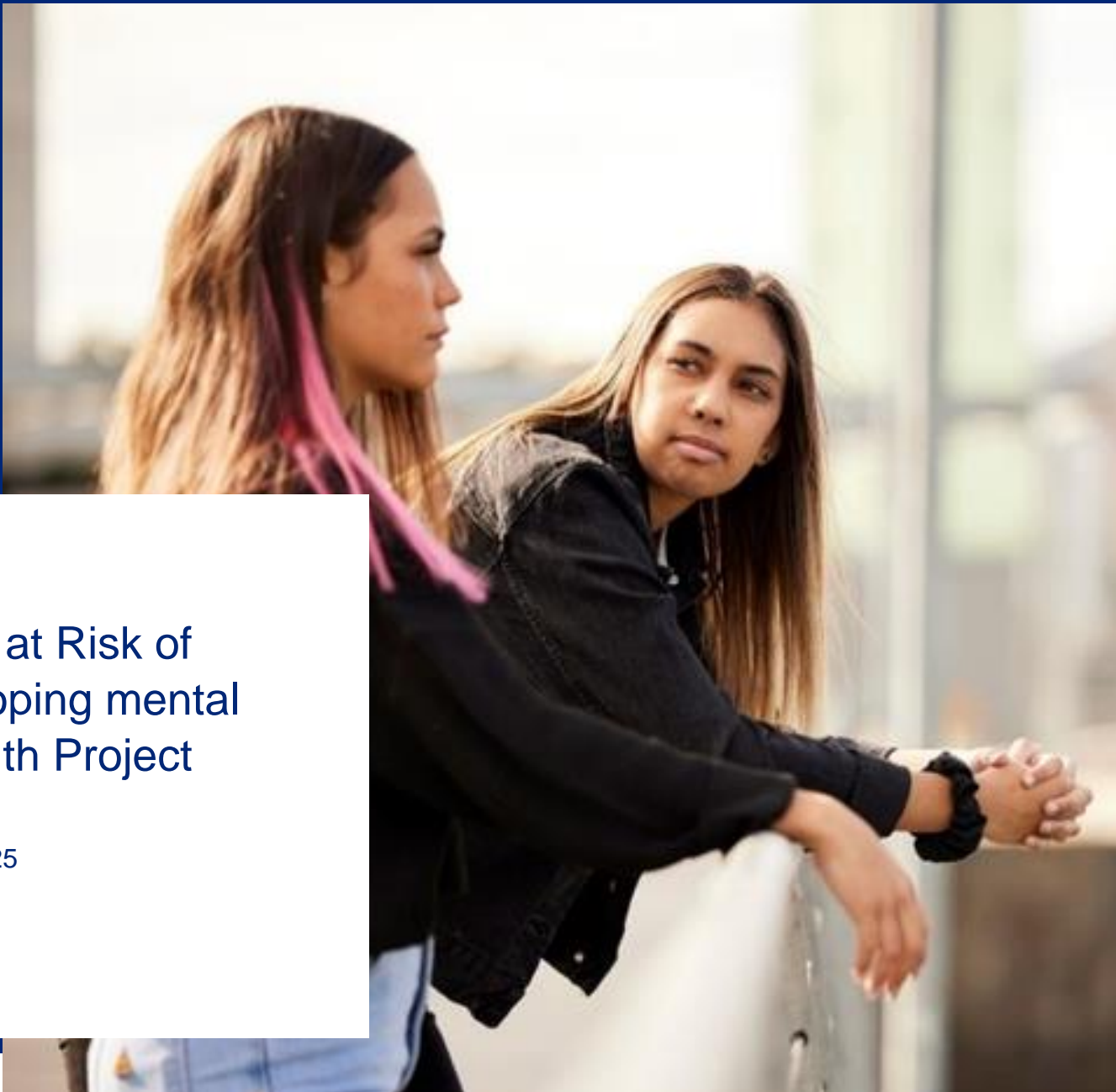




**ACT**  
Government

# Youth Trauma Service Grant Requirements – Stage 1



Youth at Risk of  
developing mental  
ill health Project

March 2025

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# 1. Introduction

## 1.1 Acronyms

<b>ACTHD</b>	ACT Health Directorate
<b>CYFSP</b>	Child, Youth and Family Services Program
<b>LGBTIQA+</b>	LGBTIQA+ stands for lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual and/or aromatic and other diverse sexualities, gender identities and variations in sex characteristics. The term LGBTIQA+ is not exhaustive and does not cover all forms of diversity in sex, gender or sexuality.
<b>NGO</b>	Non-Government Organisation

## 1.2 Definitions

<b>Community Sector Indexation</b>	The annual percentage increase set by the ACT Government and paid to Community Sector Organisations funded to deliver health and community services.
<b>Demographic Data</b>	Service providers must report on aggregated demographic data of participants who use their services, including, where available: <ul style="list-style-type: none"><li>a) Gender</li><li>b) Age</li><li>c) Aboriginal or Torres Strait Islander status</li><li>d) Cultural and Linguistically Diverse background</li><li>e) LGBTIQA+ status.</li></ul>
<b>Grant</b>	A grant is an arrangement where money is provided to a recipient as financial assistance by the Territory for a specified purpose that enables the recipient to achieve goals and objectives that are consistent with Territory policy.
<b>Grant Period</b>	The total period of the grant program.
<b>Grant Recipient</b>	A Service Provider that has an executed Agreement in place and has received funding from the Territory to undertake a grant activity.

<b>Identified Respondent</b>	In a two-stage grant process, an identified Respondent is a provider selected to progress to Stage 2 of the process to submit a detailed grant application, based on the Grant Assessment Panel’s assessment of their Stage 1 Proposal.
<b>Non-Preferred Respondent</b>	A Respondent whose grant application has not been selected as a preferred application, however an executed Agreement is not yet in place. Should negotiations with the Preferred Respondent break down, the Territory reserves the right to engage a Non-Preferred Respondent in an Agreement for a grant activity.
<b>Objectives</b>	Objectives are what the ACT Government wants achieved by the Youth Trauma Service. Objectives may not be realised for a long time following initiation of services and programs and may only be met if other conditions outside of the service are addressed. Services may contribute to Objectives being met, but not solely, and attribution of individual Service’s achievement to Objectives being met may be difficult to quantify.  <i>Example: Reduce barriers to service navigation.</i>
<b>Outcome</b>	The level of performance or achievement that occurs because of the delivery or service provided by a Service. The actual change or difference resulting from intervention.  <i>Example: Service User has improved wellbeing following treatment.</i>
<b>Outcome reporting</b>	Reporting about how the service is delivering the agreed outcomes for the community, and meeting the needs of the community.
<b>Output</b>	What specific activities will be produced or created. This can include descriptions of: <ul style="list-style-type: none"> <li>• Service types,</li> <li>• Service levels, and</li> <li>• Audiences or targets delivered by the program.</li> </ul> <p>I.e., milestones, products, services delivered.</p> <p><i>Example: Number of Service Users who received treatment during the reporting period.</i></p>

<b>Preferred Respondent</b>	A Respondent whose grant application has been selected as a preferred application, however an executed Agreement is not yet in place.
<b>Program</b>	Subset of a service. <i>Example: Counselling program.</i>
<b>Respondent</b>	An organisation that applies for funding to undertake a grant activity.
<b>Invitation to a Grant Proposal</b>	An invitation to nongovernment organisations to respond to the first stage of a grant opportunity.
<b>Service</b>	The set of activities the grant Recipient is funded to provide, i.e., the Youth Trauma Service.
<b>Service Provider</b>	Refers to the organisation delivering the Youth Trauma Service.
<b>Service User</b>	A person who attempts to access a Service, a person who uses a Service, or a person who has recently ceased using a Service, and may include carers or family members of a person.
<b>Stakeholder</b>	Used as an all-encompassing term for individuals, groups or sectors with an interest in, or are affected by, the delivery of the Youth Trauma Service. Stakeholders may include NGOs, people with lived and living experience and their families and carers, government workers, peak organisations, and academics.
<b>Territory</b>	As represented by the ACT Health Directorate.

## 1.3 About the grant

The Territory is pleased to release this open grant opportunity to establish and deliver the Youth Trauma Service (the Service).

The Youth at Risk of developing mental ill health Project (the Youth at Risk Project) was established in 2022, as part of the Commonwealth-ACT Mental Health and Suicide Prevention Bilateral Agreement (the Bilateral Agreement), to improve the ACT sector response to young people presenting with complex needs and trauma, with or at risk of developing moderate mental ill health.

The Youth at Risk Project has two key deliverables:

- A Territory-wide collaborative response for youth with complex trauma, through improving integration of services, streamlining transitions between services and enhancing the existing networks and partnerships across the existing ACT youth mental health service sector to support a collective-impact approach
- A youth trauma service to fill identified gaps in the ACT service system to support young people aged 13 to 17 years, or up to 18 years if attending school, with or at risk of moderate mental ill health and complex needs.

**Through this grant opportunity, the Territory is seeking innovative proposals from the Non-Government Organisation (NGO) sector to establish and deliver the Youth Trauma Service (key deliverable number two).**

To date, the Youth at Risk Project has undertaken significant engagement activities to inform the Service. This is summarised in the following documents:

- [Listening Report 1: Discover and Strategise phases](#)
- [Listening Report 2: Position Statement on Trauma Informed Practice for Children and Young People](#)
- [ACT Position Statement on Trauma Informed Practice for Children and Young People](#)
- [Listening Report 3: Co-designing a new Youth Trauma Service](#)
- [Service Design Report for the Youth Trauma Service](#)

This grant opportunity is informed by the lived experience and expertise of young people and their families and carers across the ACT, and the health and wellbeing professionals who work with them. It is integral that these voices, experiences and expertise are centred fully in the design and delivery of the Youth Trauma Service.

## Funding

Under the Bilateral Agreement, a total of \$4.056 million (GST exclusive) for two (2) years is available for the Service.

At the end of each financial year of the grant period, the Territory will increase the base Funds by the Community Sector Funding Rate of Indexation (Indexation) calculated by the Territory. The Territory has also committed to out years funding of \$1.378 million plus indexation. The Territory will notify the grant Recipient of the relevant indexation rate applied from financial year to financial year and the revised Funding amount payable.

## Timeframe

This grant is for a period of two (2) years. There is a possibility of an extension for up to 3 years, subject to evaluation.

## 1.4 Objectives

The Service will contribute to the primary objectives of the Bilateral Agreement as follows:

- Address gaps in the mental health and suicide prevention system.
- Improve mental health outcomes for all people in the ACT.
- Prevent and reduce suicidal behaviour.
- Deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.

Additionally, the Service will:

- Respond to community need, both existing and emerging, through increased flexibility and opportunities for innovation.
- Contribute to improvements in coordination and collaboration across the health and community service system to support seamless and holistic care, and transitions between services.
- Reduce pressure on hospital and crisis services.
- Contribute to improved sector sustainability through closer partnerships and by ensuring the ACT Government better understands service needs.
- Contribute to improved inclusivity in the youth mental health service sector in the ACT, particularly for those with complex needs and from diverse backgrounds. This includes but is not limited to Aboriginal and Torres Strait Islander young people, young people from culturally and linguistically diverse and/or refugee backgrounds, young people with disability, and LGBTIQ+ young people.
- Contribute to a trauma informed change in the culture of the youth mental health service sector in the ACT.

## 1.5 Outcomes

Outcomes of the grant opportunity are aligned with the ACT Wellbeing Framework, including the domains of:

- Health - being healthy and supported with the right care.
- Identity and belonging – being able to express identity, feel a sense of belonging, and participate fully in society.
- Access and connectivity – getting around to places we value and accessing the services we need.

- Governance and institutions – having a say, being heard, and working together for better outcomes.
- Safety – feeling safe and being safe.
- Social connection – being connected with family, friends and community.

The outcomes of this grant, and their connection with the ACT Wellbeing Framework and the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028, are detailed in Table 1.

*Table 1: Outcomes of the Youth Trauma Service*

Outcome	Alignment with ACT Wellbeing Framework Domains	Alignment with ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 Focus Areas
Young people from diverse backgrounds (including young people with disability, LGBTIQ+ young people, Aboriginal and Torres Strait Islander young people or young people from culturally and linguistically diverse and/or refugee backgrounds) and their families and carers feel safe, comfortable and welcomed when they access the service.	<ul style="list-style-type: none"> <li>• Health</li> <li>• Access and Connectivity</li> <li>• Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Children and Young People (core focus area)</li> <li>• Health and Wellbeing (significant focus area)</li> </ul>
Young people from diverse backgrounds have their complex needs met.	<ul style="list-style-type: none"> <li>• Health</li> <li>• Access and Connectivity</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Wellbeing (significant focus area)</li> </ul>
Effective collaboration within the mental health sector (specifically services relating to young people).	<ul style="list-style-type: none"> <li>• Access and Connectivity</li> <li>• Governance and Institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Children and Young People (core focus area)</li> <li>• Health and Wellbeing (significant focus area)</li> </ul>
Practitioners in the sector have best-practice knowledge, understanding and skills to assist young people who have experienced trauma.	<ul style="list-style-type: none"> <li>• Governance and Institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Wellbeing (significant focus area)</li> </ul>
Young people from diverse backgrounds have positive, supportive and safe relationships.	<ul style="list-style-type: none"> <li>• Social connection</li> <li>• Identity and Belonging</li> </ul>	<ul style="list-style-type: none"> <li>• Connecting the Community (core focus area)</li> </ul>

Young people from diverse backgrounds, and their families and carers, have a voice in the design and delivery of the Service.

- Identity and Belonging
- Governance and Institutions

- Inclusive Community (core focus area)

Young people from diverse backgrounds, especially those who have intersecting needs, have access to mental health care that is inclusive, affirming and reflects cultural competence that is appropriate to the ACT community.

- Health
- Access and Connectivity
- Identity and Belonging

- Health and Wellbeing (significant focus area)
- Inclusive Community (core focus area)

Young people from diverse backgrounds receive evidence-informed interventions in the treatment of trauma.

- Health

- Health and Wellbeing (significant focus area)

Young people from diverse backgrounds receive care where, when and how they need it through responsive, flexible and innovative service delivery.

- Health
- Access and Connectivity

- Health and Wellbeing (significant focus area)

The Service has a culture of safety for all staff members, including embedded trauma informed practice training and a strong focus on reflective practice, supportive supervision and staff wellbeing.

- Identity and Belonging
- Social connection
- Governance and Institutions

- Cultural integrity (core focus area)

A peer/lived experience workforce has been established and developed, with strong links to the lived experience community.

- Governance and Institutions
- Social connection
- Access and Connectivity

- Community leadership (core focus area)

Young people with complex needs experience reduced need to access acute and emergency services.

- Health

- Health and Wellbeing (significant focus area)

## 2. Eligibility Criteria

To be eligible the Respondent must:

- have an Australian Business Number (ABN) or Australian Company Number (ACN)
- be registered for the purposes of GST
- be compliant with ACT policy priorities and, where applicable, Secure Local Jobs Code (SLJC) certification. Where SLJC certification is not applicable, it is highly recommended that the Respondent is SLJC certified or is working towards certification.
- have an account with an Australian financial institution and be one of the following entity types:
  - a company incorporated in Australia;
  - a company incorporated by guarantee;
  - an incorporated trustee on behalf of a trust;
  - an incorporated association;
  - a partnership;
  - a joint (consortia) application with a lead organisation;
  - a registered charity or not-for-profit organisation; or
  - a publicly funded research organisation.

Ineligible Respondents include:

- Commonwealth, state, territory or local government agencies or bodies (including government business enterprises).
- individuals.
- unincorporated associations.
- overseas residents or organisations.

## 3. About the Youth Trauma Service

### 3.1 Service Design Report for the Youth Trauma Service

Following extensive community engagement, the Youth at Risk Project Team developed the Service Design Report for the Youth Trauma Service (March 2025). This report synthesises what young people and their families and carers need from the Service and makes recommendations for the Service's model of care based on this information. Applications must reflect a comprehensive understanding of the Service Design Report, and the accompanying Listening Report 3: Co-designing a new Youth Trauma Service. Respondents should be guided by the recommendations made in these key documents when designing their proposed models of care.

### 3.2 Target group

The target group for the Service is young people aged 13-17 years (inclusive), and up to 18 years if the young person is attending school, with complex needs **and** psychosocial complexities. Whilst the target group will likely be engaged with other services to meet some of these needs, the complex needs and psychosocial complexities must be able to be simultaneously managed with therapeutic interventions for trauma.

A young person is considered to have complex needs if they have two or more of the following:

- A history of complex developmental trauma
- Mental health issues (diagnosis not required)
- Alcohol and other drugs (AOD) issues
- Neurodiversity, developmental delay and disability (diagnosis not required).

Psychosocial complexities include:

- Physical health issues
- Disengagement from school
- Family violence
- Homelessness
- Out-of-home-care involvement
- Having intersecting needs, such as being an Aboriginal and Torres Strait Islander young person, a young person from a culturally and linguistically diverse and/or refugee background, a young person with disability, and/or an LGBTIQ+ young person, and especially those who are not currently accessing support services.

### 3.3 Model of care

The Service will provide a trauma informed, wraparound response to young people and their families and carers, delivered by multidisciplinary clinicians in a community-based setting. The Service will enhance flexible outreach service provision as well as delivering services in a location that young people and families and carers can easily access for therapeutic support. Furthermore, it will offer evidence-led therapeutic interventions, and also provide liaison functions.

Proposed Models of Care should include:

- Integrated care, which includes working with issues such as mental health, AOD, housing, and family violence.
- A liaison function to proactively facilitate the sharing of information and establishing referral pathways.
- Trauma informed therapeutic approaches, such as attachment informed interventions, emotional regulation skill building, motivational interviewing and health literacy coaching.
- Joint care planning to support the values and preferences of the young person and their family and carers as well as seamless transfer of care and transition between services.
- Cultural competence and safety to ensure that Aboriginal and Torres Strait Islander young people, young people from culturally and linguistically diverse and/or refugee backgrounds, young people with disability and/or LGBTIQ+ young people and their supports receive quality services and equity of care.
- Outpatient/outreach nursing and allied health care, to prevent avoidable tertiary level intervention such as Emergency Department presentations or hospital admission for minor/non-acute health issues, police and/or Child and Youth Protection Services interventions for non-statutory issues.
  - Therapeutic interventions, guided by assessment and review processes, including client centred goal orientated practices.

### 3.4 Service characteristics

Proposed models of care must include service characteristics outlined below.

- The Service must be trauma-informed and trauma responsive.
- The Service must be informed by the Phased Therapeutic Approach as outlined in the Blue Knot Foundation's 'Practice Guidelines for Clinical Treatment of Complex Trauma' (2019).
- Cultural safety must be embedded throughout the Service and supported by leadership, planning and policy.

- The Service must be accessible for young people in that it will be free, and delivery of the Service will be flexible and innovative. This includes providing outreach and opening hours to fit with young people’s preferences.
- The duration of service must not be highly structured or time limited.
- Young people must have the opportunity to step out and back into the Service.
- Young people must not be punished, put back on a waitlist or have their case closed for failure to attend appointments.
- The Service must have a therapeutic environment across all interactions; aware that every interaction can help reassure or push young people away.
- Confidentiality and transparency can be extremely important for young people. The Service must be transparent about the limits of confidentiality, and when workers need to break this.
- The Service must prioritise integrated care to promote recovery, including establishing service level agreements to promote:
  - simultaneous engagement with multiple services, rather than services ‘closing the file’ upon referral to another practitioner or service
  - information sharing to ensure young people are not needing to repeat information and transitions between practitioners are smooth
  - collaborative approaches to treatment planning, such as inter-agency meetings and multi-disciplinary team approaches
  - improved referral pathways, including warm transfer protocols
  - Communities of Practice for professionals across the sector.
- The Service must demonstrate a commitment to evidence-informed best practice and continuous quality improvement. This includes having feedback mechanisms in place which are promoted to service users, and processes for actioning the feedback received to enhance service provision.
- The Service must ensure there is appropriate clinical supervision, professional development, and training opportunities to support the team to deliver client-centred care and maintain their own wellbeing.
- The Service must develop the relevant knowledge, skills, and experience of its workforce to deliver appropriate services to a diverse range of young people including young people with disability, young people from culturally and linguistically diverse and/or refugee backgrounds, LGBTIQ+ young people and Aboriginal and Torres Strait Islander young people.
- The Service must work closely with the provider of Youth at Risk Project-developed Trauma Informed Practice training as part of its leadership in trauma-centred care. A

Community of Practice should be established and led by the service to facilitate continued and shared learning and improve clinical and management practices.

- The Service must work closely with the Youth at Risk Project-procured evaluation provider/s to ensure the ongoing evaluation and service improvement, as well as providing useful learnings for the sector. They must be able to implement any recommendations advised in the Evaluation Report/s when published.
- The Service must work closely with CYFSP-commissioned services to ensure care coordination and service navigation functions are carried out for the young people engaged with the Youth Trauma Service.

## 3.5 Workforce

Preferred positions for the Service include:

- Administration and reception staff
- Allied Health Assistants/Tech Officer 2/Youth workers/Carer consultants/Peer workers
- Occupational therapists
- Speech therapists
- Registered nurses
- Psychologists
- Social workers
- Students (appropriately supervised and as part of tertiary-institution endorsed internship or practicum)
- Creative arts therapists.

In addition to these positions, it would be helpful to access the services of animal assisted therapists, educators and others to provide a range of creative and helpful interventions for young people.

## 3.6 Scope

### Excluded service providers

Services that are out of scope include the following, noting that the Service will work to complement and provide referral pathways to these services:

- Services provided by private for-profit organisations and/or businesses

- Government-run services
- Consultation liaison services delivered in hospital/acute care settings
- Disability support services provided through a young person’s NDIS plan. However, this determination should be made on an individual basis.
- Primary Health Care Services which are provided by other child, youth and family health services in the geographical area for example, immunisation, development checks or screening programs
- Services targeting the mental health of children (12 years or younger) and adults (18 years and over), or services that are more appropriately provided by headspace, Child and Adolescent Mental Health Services/Child and Youth Mental Health Service or Medicare Mental Health Centres. It is also recognised that, at times, treatment for other family members and carers may be most appropriately provided by staff at the Service
- Crisis support services (for example – domestic and family violence, sexual assault service, drug and alcohol support, legal services, and housing) where these are more appropriately provided by other dedicated services.

### **3.7 Qualifications and resourcing**

All staff working in the Service will be appropriately qualified and will maintain their professional accreditation and competency standards as required by their relevant professional body under legislative and organisational requirements.

All staff will undertake specific training as relevant, to ensure they are able to practice and deliver care consistent with the service principles and goals.

Respondents must also ensure that they are appropriately accredited to deliver the Service. This includes, but is not limited to, accreditation against the [National Standards for Mental Health Services](#).

### **3.8 Risk Management and Business Continuity**

The Service Provider must ensure that they have appropriate business continuity plan documents to ensure the continuity of service in the event of natural disasters, power outages, medical emergencies/pandemics, or other significant events that would otherwise impact the delivery of regular services.

### **3.9 Work Health and Safety Requirements**

The Service Provider must comply with all relevant legislation to ensure the health and safety of staff and clients through the assessment and mitigation of risks in the Service.

## 3.10 Privacy

In respect of any Personal Information (defined in section 8 of the *Information Privacy Act 2014* (ACT)) that is held in connection with the Contract, the Service Provider must:

- Comply with the Territory Privacy Principles (TPPs) and any applicable TPP Code (sections 21(1) and (3) of the Information Privacy Act refer) as though the Service Provider is a public sector agency and must not (and procure that any subcontractor engaged by the Service Provider under this Agreement does not) act or engage in a practice that breaches a TPP or a TPP Code, and
- Co-operate with any reasonable requests or directions of the Territory arising directly from, or in connection with, the exercise of the functions of the Information Privacy Commissioner under the Information Privacy Act.

Providers must also manage all Personal Health Information in accordance with the *Health Records (Privacy and Access) Act 1997*.

## 4. How to apply

Respondents will be required to access the grants package for Stage 1 and submit their Proposals via the [SmartyGrants Platform](#). Based on an assessment of Stage 1 Proposals, selected Respondents will be provided with the grants package for Stage 2 and invited to submit a grant response via the SmartyGrants Platform.

Respondents will need to be familiar with the following documents in order to develop a strong application for Stage 1:

- [Listening Report 1: Discover and Strategise phases](#)
- [Listening Report 2: Position Statement on Trauma Informed Practice for Children and Young People](#)
- [ACT Position Statement on Trauma Informed Practice for Children and Young People](#)
- [Listening Report 3: Co-designing a new Youth Trauma Service](#)
- [Service Design Report for the Youth Trauma Service](#)

### 4.1 Timeframe

You must submit a grant application between the published opening and closing dates. We will not accept late applications, unless it is the direct result of mishandling by ACTHD.

If you are successful, ACTHD expects that you will be able to commence your grant activity in December 2025.

*Table 2: Expected timing for this grant opportunity*

Activity	Expected timeframe
Open Grant Proposal released	Late May 2025
Industry briefing	Late May 2025
Open Grant Proposal closes	Early June 2025
Assessment of Proposals	Mid-June 2025 – Early July 2025
Notification of applicants selected to complete detailed Grant Requirements (commencement of Stage 2)	Early-Mid July 2025
Notification of applicants not selected to complete Stage 2	Mid-Late July 2025

## 4.2 Questions during the application process

During the application period, if you require clarification of grant information or you experience technical or process difficulties, please contact the Youth at Risk Project Team at [youthatriskproject@act.gov.au](mailto:youthatriskproject@act.gov.au). The opportunity to ask questions or seek clarification will close two (2) full days before the end of the application period. This allows ACTHD to disseminate information to all Respondents (in line with principles of probity), with sufficient time for Respondents to consider the impact of the response on their application.

Questions received that are related to the grant opportunity and subsequent responses will be communicated to all potential respondents.

ACTHD cannot assist you to address assessment criteria, determine eligibility or otherwise complete your application.

# 5. How we will assess your application

## 5.1 Grant Application Questions – Stage 1

The grant assessment process will include an assessment of Mandatory and Weighted Criteria.

- a) Mandatory Criteria are compulsory assessment items that must be addressed by a Respondent for the overall response to be deemed legitimate and valid. Responses that do not satisfy the Mandatory Criteria will be excluded from further consideration. Mandatory Criteria are scored as pass/fail.
- b) Weighted Criteria describe the elements that enable a detailed comparative assessment to be undertaken.

Mandatory Criteria	
Grant Governance and Compliance Declaration	
<p>The below Governance and Compliance Declaration assures the Territory that the grant recipient has the capacity to govern, plan and manage the required approach/model of service delivery in accordance with ACT Government policies and procedures, and industry and legislative requirements.</p> <p><b>Respondents must:</b></p> <ol style="list-style-type: none"> <li>1. Complete the Compliance and Governance Declaration as part of their grant application (within SmartyGrants).</li> <li>2. If a Respondent answers <b>No</b> to questions 1-8, 10 (and 11 if applicable) or <b>Yes</b> to question 9, they must provide supplementary explanation/commentary and appropriate evidence as part of their grant application.</li> <li>3. Complete, have witnessed and upload into SmartyGrants a Statutory Declaration to support responses to the Governance and Compliance Declaration.</li> </ol>	
<b>MC1</b>	<p>Does the Respondent have a Board or similar governance structure that oversees its functions, processes, and funding?</p> <p><i>Note: The Respondent must be able to provide evidence of structures and processes <u>if requested by the Territory.</u></i></p>
<b>MC2</b>	<p>Does the Respondent have a formal process which describes how the organisation ensures continuous quality improvement?</p> <p><i>Note: The Respondent must be able to provide evidence of formal processes <u>if requested by the Territory.</u></i></p>
<b>MC3</b>	<p>Does the Respondent have a formal process which describes how the organisation obtains, uses, stores and shares information in line with relevant national/Territory legislation and</p>

	<p>policy (e.g., confidentiality, information security and specific technology/data management systems, policies and practices used by the organisation)?</p> <p><i>Note: The Respondent must be able to provide evidence of formal processes <u>if requested by the Territory.</u></i></p>
<b>MC4</b>	<p>Does the Respondent have a formal process which describes how risks are identified, managed, and reported?</p> <p><i>Note: The Respondent must be able to provide evidence of formal processes <u>if requested by the Territory.</u></i></p>
<b>MC5</b>	<p>Does the Respondent have appropriate insurance to cover delivery of the approach/model of service delivery (including public liability and professional indemnity insurance, if required and as specified in Grant Requirements above).</p> <p><i>Note: The Respondent must be able to provide evidence/copies of insurance <u>when requested by the Territory.</u></i></p>
<b>MC6</b>	<p>Is the Respondent compliant with relevant legislation, regulation, and policy (as required by the approach/model of service delivery), for example:</p> <ul style="list-style-type: none"> <li>• relevant Commonwealth and Territory legislation (e.g., Aged Care Act, Australian Aged Care Quality and Safety Commission Aged Care Quality Standards, work health and safety legislation and privacy legislation)</li> <li>• ACT Government policy, including ‘fair and ethical treatment of workers and prioritisation of local and secure employment.’</li> <li>• The successful Respondent is required to be compliant with ACT policy priorities, and where applicable Secure Local Jobs Code (SLJC) certification. Where SLJC certification is not applicable, it is highly recommended that the successful Respondent is SLJC certified or is working towards certification.</li> </ul> <p><i>Note: The Respondent must be able to provide evidence/copies of relevant accreditation, industry certifications, professional qualifications/registration <u>if requested by the Territory.</u></i></p>
<b>MC7</b>	<p>Does the Respondent hold relevant accreditation and do personnel possess appropriate qualifications and certifications (as required by the approach/model of service delivery), for example:</p> <ul style="list-style-type: none"> <li>• Relevant accreditation standards/requirements</li> <li>• Relevant industry/role certifications (e.g., Working with Vulnerable People registration)</li> <li>• Relevant professional qualifications/registration (e.g., Australian Health Practitioner Regulation)</li> </ul>
<b>MC8</b>	<p>Is the Respondent financially viable to support the sustainable delivery of the approach/model of service delivery over the term of the grant agreement, and can your organisation provide audited financial statements for the last 3 years?</p> <p><i>Note: The Respondent must provide evidence/copies of audited financial statements <u>if requested by the Territory.</u></i></p>
<b>MC9</b>	<p>Has the Respondent identified any issues or risks* to disclose which may impact their ability/capacity to provide the approach/model of service delivery, or which may adversely</p>

	<p>impact the reputation of the respondent organisation or the Territory as the funding provider?</p> <p>*Risks include any disciplinary action (current or historical) on the part of the organisation taken by a funding body, criminal/civil action taken against the organisation or staff members/contractors in the context of their employment, critical incidents, or failed accreditation, or if any of the services may be sub-contracted.</p> <p><b>Note:</b> <i>If no, the Respondent must provide additional information <u>when requested by the Territory.</u></i></p>
MC 10	<p>Does the Respondent agree to all Performance Requirements under the grant?</p> <p><b>Note:</b> <i>if no, the Respondent must provide additional information <u>when requested by the Territory</u> (additional information may include a request/justification for exemption to the performance requirements, for consideration by the Territory).</i></p>
<p><b>Additional question just for respondents involved in a consortium</b></p>	
MC 11	<p>Can the respondent provide letters of commitment from all agencies identified in a consortium as well as consortium governance arrangements (including financial management, risk management and reporting arrangements)?</p> <p><i>*If a brokerage or other model of service delivery is proposed, the Respondent should describe how they will ensure that the services being delivered are compliant with relevant legislation, regulation, and policy (as above).</i></p> <p><b>Note:</b> <i>The Respondent must provide these documents <u>if requested by the Territory.</u></i></p>

Weighted Criteria		Weighted score
WC1	<p>In 900 words or less, tell us how your organisation will deliver specialised trauma therapy for young people aged 13 to 17 years (inclusive), or 18 years if the young person is attending school. We are keen to hear how your organisation works in a trauma informed way in line with principles such as:</p> <ol style="list-style-type: none"> <li>providing evidenced informed and innovative interventions that respond to children and young people’s experiences of trauma and are guided by contemporary research and understandings</li> <li>working in collaborative and integrated ways with other key stakeholders for young people, such as the Child, Youth and Family Support Programs, Child and Adolescent Mental Health Services, and ACT Education Directorate</li> <li>embedded engagement with young people to ensure control, autonomy and choice, offering genuine opportunities to participate in decision making, and respecting their choices, culture, and values</li> <li>creating culturally safe and inclusive spaces for diverse groups such as Aboriginal and Torres Strait Islander young people, LGBTQIA+ young people, young people with disabilities and those with complex needs.</li> <li>sharing power and governance, recognising relational power imbalances, continuously building capacity and competence with a focus on workforce wellbeing, training, and supervision.</li> </ol>	/10

## 5.2 Grant Assessment

ACTHD will establish a Stage 1 Grant Assessment Panel (the Panel) to assess each application against the weighted criteria.

During the assessment process, the Panel may seek further information about you or your application by requesting additional documentation or evidence.

Table 3: Assessment Criteria Scoring Matrix used to assess Applications

ASSESSMENT CRITERIA SCORING MATRIX		
DESCRIPTOR	RESPONSE TO ASSESSMENT CRITERIA	RATING
<b>Outstanding</b>	Response to Weighted Assessment Criterion far exceeds all the relevant requirements and provides significant additional value to the Territory.	<b>10</b>

	Response demonstrates an outstanding understanding of the requirements as assessed against the Weighted Assessment Criterion and presents a strategic view of the requirement within the broader Territory context. Information provided is concise, extensive and offers some knowledge gain to the Territory. All claims are fully substantiated.	
<b>Excellent</b>	Response to Weighted Assessment Criterion exceeds all the relevant requirements such that the Territory will receive some additional value above the grant requirements. Response demonstrates an excellent understanding of the requirements as assessed against the Weighted Assessment Criterion. Information provided is comprehensive. All claims are fully substantiated.	<b>9</b>
<b>Very Good</b>	Response to Weighted Assessment Criterion meets all the relevant requirements and exceeds some relevant requirements such that the Territory will receive minor value above the grant requirements for those. Response demonstrates a very good understanding of the requirements as assessed against the Weighted Assessment Criterion. All claims are soundly substantiated. Some minor omissions in substantiation may be evident, however the overall claim is well supported.	<b>8</b>
<b>Good</b>	Response to Weighted Assessment Criterion meets all the relevant requirements and may marginally exceed some relevant requirements. Response demonstrates a good understanding of the requirements as assessed against the Weighted Assessment Criterion. Some insignificant uncertainties are evident, however claims or documentation contains most of the information expected of this Weighted Assessment Criterion.	<b>7</b>
<b>Adequate</b>	Response to Weighted Assessment Criterion meets all the relevant requirements. Response demonstrates an adequate understanding of the requirements as assessed against the Weighted Assessment Criterion. Some minor uncertainties or information gaps are evident, however claims or documentation generally contains the information expected of this Weighted Assessment Criterion.	<b>6</b>
<b>Reservations</b>	Response to Weighted Assessment Criterion meets most of the relevant requirements. Response demonstrates a general understanding of the requirements as assessed against the Weighted Assessment Criterion, however detail is lacking in specific areas. Some uncertainties or information gaps are evident within the key requirements.	<b>5</b>
<b>Poor</b>	Response to Weighted Assessment Criterion does not meet a minority of the relevant requirements. Response demonstrates a poor understanding of the requirements as assessed against the Assessment Weighted Assessment Criterion, with some shortcomings or deficiencies noted. Claims and documentation omit or are unable to substantiate key requirements of the Weighted Assessment Criterion.	<b>4</b>
<b>Very Poor</b>	Response to Weighted Assessment Criterion does not meet a majority of the relevant requirements.	<b>3</b>

	Response does not demonstrate an understanding of the requirements as assessed against the Weighted Assessment Criterion, through lack of provided detail or information. Claims and documentation omit or are unable to substantiate requirements of the Weighted Assessment Criterion.	
<b>Inadequate</b>	Response to Weighted Assessment Criterion meets only a negligible number of the relevant requirements. Response demonstrates a minor misunderstanding of the requirements as assessed against the Weighted Assessment Criterion. Significant flaws in approach are evident. Claims and documentation are largely unsubstantiated.	<b>2</b>
<b>Not Acceptable</b>	Response to Weighted Assessment Criterion does not meet any of the relevant requirements. Response demonstrates a significant misunderstanding of the requirements as assessed against the Weighted Assessment Criterion. The response lacks fundamental details to address this Weighted Assessment Criterion. Claims and documentation are unsubstantiated and unreliable.	<b>1</b>
<b>Not able to access</b>	Response did not address this Weighted Assessment Criterion. (NOTE: There needs to be confirmed evidence of this circumstance). Response was not evaluated, as it did not provide any requested information.	<b>0</b>
<p><b>Guidance Note: Each Assessment Panel member must assess and score each Response for each Weighted Assessment Criterion using the Scoring Matrix. A total weighted score for each Response will be calculated from the sum of each individual Weighted Assessment Criterion rating and multiplied by the individual Weighted Assessment Criterion weighting.</b></p> <p><b>Following discussion and moderation of scores by Assessment Panel members, the agreed consensus score provides the overall score for each Weighted Assessment Criterion. All Weighted Assessment Criteria consensus scores will be multiplied by their respective weighting with the resulting figures tallied to give a total score out of a possible 100% for each Response.</b></p> <p><b>NOTE: The descriptions in the “Response to Assessment Criterion” column are intended to act only as guidance on assessing ratings. They are not intended to be wholly exclusive of the issues to be considered, nor to be applied literally.</b></p>		

## 5.3 Selection of identified Respondents for Stage 2

Once the Panel has finalised the assessments, the Chair of the Panel will provide a formal recommendation of identified providers selected to submit a detailed application (Stage 2) to the Delegate for their approval.

The Coordinator General of Mental Health and Wellbeing, ACTHD is the Delegate for Stage 1 of this grant. The Delegate will make a final determination based on the recommendations put forward by the Chair of the Panel.

The Delegate’s decision is final in all matters.

## 5.4 Notification of application outcomes

The Panel will advise you of the outcome of your application by phone and in writing. If you are selected to submit a detailed grant application (Stage 2), we will provide the Grant Package – Stage 2.

If you are notified that you are a Non-Preferred Respondent for Stage 1, that means that your application has been unsuccessful in the short-term. From time to time however, contract negotiations with Preferred Respondents break down, and in such circumstances, ACTHD reserves the right to invite Non-Preferred Respondents to submit a detailed grant application.

Once Stage 2 has been completed, Non-Preferred Respondents will be formally notified that they have been unsuccessful in the grant process (an Unsuccessful Respondent). Unsuccessful Respondents are able to request a formal debrief. Debrief requests should be made to [youthatriskproject@act.gov.au](mailto:youthatriskproject@act.gov.au) within five (5) working days of being notified as an Unsuccessful Respondent. The Youth at Risk Project team will respond to your request via email as soon as practicable.

## 6. Ethical process

### 6.1 Probity

The ACT Government defines probity as “*complete and confirmed integrity, uprightness and honesty in a particular process*”. Compliance with probity assists in ensuring that an investment can withstand internal and external scrutiny. In pursuing value for money in a grant process, the Territory must have regard, amongst other things, to probity and ethical behaviour. More information about probity can be found on the [Procurement ACT website](#).

Furthermore, the ACT Government will make sure that the grant opportunity process is fair, according to the published guidelines and that it incorporates appropriate safeguards against fraud, or other unlawful activities. This grant process will also be undertaken in a manner which is consistent with the ACT Government’s framework and best practice policy for the [Administration of Government Grants in the ACT](#).

### 6.2 Conflicts of interest

Conflicts of interest have the potential to compromise the integrity of the grant opportunity or program. A conflict of interest, or perceived conflict of interest may arise for an ACT Public Service employee, a member of a Grant Assessment Panel, a member of a committee, an advisor or a Grant Respondent (or personnel within a Grant Respondent organisation). Conflicts of interest include:

- Professional, commercial or personal relationships with a party who is able to influence a grant assessment or application selection process, such as an ACT Government officer

- Someone who 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.

Grant Respondents will be asked to declare, as part of a grant application, any perceived or existing conflicts of interest.

If a Grant Respondent identifies a potential, actual, apparent, or perceived conflict of interest after a grant application has been submitted, or at any time during the grant assessment or selection process, they must inform ACTHD in writing immediately.

Territory employees also have existing confidentiality obligations and an ongoing requirement to disclose and take steps to avoid any actual, perceived, or potential conflicts of interest in connection with ACT Public Service employment. These obligations arise from such sources as:

- *ACT Public Service Code of Conduct 2022*
- *ACTPS Code of Ethics 2010*
- *Public Sector Management Act 1994*
- *Crimes Act 1900.*

To promote best practice, the Delegate, all Grant Assessment Panel members, and other individuals involved with the grant assessment process must read and sign a Conflict of Interest Disclosure and the Confidentiality Undertaking prior to undertaking a grant assessment.

## Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

## Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

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