

DoH Grant Management System User Guide: Application submission

SEC	CTION A: Applicant instructions	2
1	Create an account	2
	Registration unsuccessful	3
2	. Multi-Factor Authentication	4
	Microsoft Authenticator	4
	Google Authenticator	5
3	User profile	5
	Personal details	5
	Phone details	6
	Employment, titles and affiliations	6
4	. Home page	7
5	. Apply for funding	7
	Downloading the application form	8
	Responsible Entity	9
	Inviting team members	9
	Certification by consumer representatives (if applicable)	10
	Certification by team members	10
	Activity Lead invites the Responsible Entity to certify	11
SEC	CTION B: Responsible Entity instructions	13
1	Application invitation	13
2	Pre-award contact certification	13
3	Finance contact certification	14
4	. Application submission (by pre-award contact)	16

Please note this document is updated regularly. The version date is provided in the footer.

SECTION A: Applicant instructions

1. Create an account

Go to https://grants.health.wa.gov.au/.

- If you are employed by WA Health, select 'Log in with WA Health Single Sign-On (SSO)'.
- If you are not employed by WA Health, select the 'Register now' weblink at the bottom.

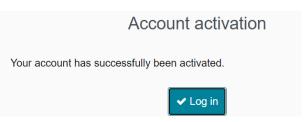
Welcome to DOH Grants		
皆 Log in with WA Hea	alth Single Sign-On (SSO) - employees only	
	OR	
User name*		
User name is required. Password *		
Password is required.	© Show password	
	● Log in	
	s your account? <u>Reset your password</u> i External Portal account? <u>Register now</u>	

Enter the email address you wish to use in the system (this will be your username), your first and last name, and select a password, noting the password must be a minimum of 10 characters in length and contain uppercase, lowercase, numeric and non-alphanumeric characters. Select 'Register an account' and you should see this screen:

Registration Successful
Your account has been registered successfully.
Please check your email for confirmation of your registration.
➔ Return to logon page

Go to your email and open the email from <u>no-reply@mail.grants.health.wa.gov.au</u> (it may take up to 20 minutes for you to receive this email – also check your 'Junk' folder). Open the weblink in the email to activate your account. The Account activation screen will appear:

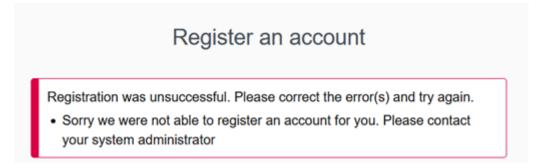
A Health, select the 'Regis



Select '✓ Log in' and use the details you entered to register.

Registration unsuccessful

If you receive the following error message, a user account may already exist for you:



Try selecting 'Reset your password' on the log in page:

➡ Log in Can't access your account? <u>Reset your password</u> Don't have an DoH Grants account? <u>Register now</u>

Enter your email address as your user name on the next screen, select the checkbox 'I'm not a robot' and select ' \checkmark Reset password':

	Reset password	
Enter your user name*		
I		
	I'm not a robot	reCAPTCHA Privacy - Terms
	✓ Re	set password

Check your email for an email from <u>no-reply@mail.grants.health.wa.gov.au</u> with the subject 'DoH Grants reset password confirmation'. If you receive this email, click on the link to reset your password. If this does not work, email <u>DOH.GMS@health.wa.gov.au</u> for assistance.

2. Multi-Factor Authentication

When you first log in, the system requires Multi-Factor Authentication (MFA) using either Microsoft Authenticator or Google Authenticator on your device. Users are responsible for maintaining the security of the device that is set up for MFA and ensuring appropriate steps are taken if the device is lost or compromised.

Manag	ge multifactor authentication
To enable multifactor a	uthentication:
 Open the Google or Find the one time pa 	Microsoft Authenticator app on your Android or iPhone Microsoft Authenticator app and scan the QR code below issword for the newly added account assword in the text box below and click submit
One time password*	
One time password *	

Microsoft Authenticator



Install the <u>Microsoft Authenticator</u> app on your phone. The QR codes to download the app for iOS and Android devices are below:

To install Authenticator on your iOS device

Scan the QR code



To install Authenticator on your Android device

Scan the QR code



Once downloaded, open the Microsoft Authenticator app and add your 'Grant Management System' account by selecting the blue circle at the bottom right (or select the + on the top menu bar and in the 'Add account' page, select 'Other account'), which will bring up the 'Scan QR Code' screen. Scan the QR code showing on your computer to add your Grant Management System user account, which will show as 'DoH+Grants' in the Authentication app. Select 'DoH+Grants' in the app to obtain a one-time password code to enter on the computer to log in.

Google Authenticator



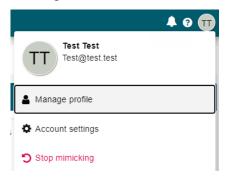
Android: Google Authenticator (Google Play)

iOS: Google Authenticator (App Store)

Once downloaded, open the Google Authenticator app and add your 'Grant Management System' account by selecting the '+' at the bottom right, then select 'Scan a QR Code'. Scan the QR code showing on your computer to add your Grant Management System user account, which will show as 'DoH Grants: your user email address' in the Authentication app. Enter the one-time password code showing for DoH Grants to log in.

3. User profile

Once you have successfully logged in, the first thing you need to do is set up your profile, as this contains data that will auto-populate application forms. Select the avatar icon at the top-right of the screen, then select 'Manage Profile':



Personal details

The first profile screen is the **Personal details** screen. Please note that most of this information is collected for statistical purposes only and is not visible to the Responsible Entity. Some information may be used to auto-populate application forms if you are the **Activity Lead** or a **team member**, for example, Residency, Discipline/Profession, Clinician Profession. Once you enter all the mandatory fields (those with a red asterisk), select 'Save'. Please ensure you select your 'Title' from the drop-down options.

Title		
First name*	Other names	Last name *
Preferred name		
Has disability		
ORCID iD		
Gender*	ATSI*	Residency*
Discipline/Profession *	Clinician Profession *	Research career stage*
Postgraduate research degree *	Date degree awarded dd/mm/yyyy	Number of months of career disruption
WA Health employee •	Within which area are you located *	
🖺 Save 🍤 Reset		

If you enter your ORCID iD, the following will appear:

View ORCID record
 Synchronise with ORCID

Select 'Synchronise with ORCID' to synchronise your DoH Grants user profile with ORCID. You will need to log into your ORCID account.

Phone details

Select **Phone details** from the menu on the left of the screen, then '+ Add new phone number'. This will auto-populate your phone number on application forms.

i Personal details	Phone details
Address details	You can manage your profile on this page.
☑ Email details	+ Add new phone number
C Phone details	There are no records to display. Use the add button to create a new record.

Employment, titles and affiliations

Select **Employment** from the menu on the left of the screen, then '+ Add new employment' for <u>all the entities that you are employed by or have an affiliation with</u>. 'Title' here is the position/title at the Entity you are employed by or affiliated with. Follow the instructions at the top of the screen. Employment information is required if you are an **Activity Lead** or a **team member** on an application, as this data will automatically populate the 'employment and affiliations' section of the application form.

i Personal details	Employment				
Address details	Please "Add new employment" Identify in the "Title" field if it is				esearch Fellow, Adjunct Associate Professor, Clinical Professor.
Email details	For Department, if there is no	Department in the En			WA Health employees it is the name of the Health Service Provider (HSP).
C Phone details	For Region please enter the S If the row data has been impor		cannot edit it here and have to	update the data in ORC	GiD.
Social media contacts	Title *				
Appointments	Entity*				Department*
P Qualifications					
F Publications	City*				Region *
Funding	Country*				
② Employment	Australia				~
Documents	Start date * dd/mm/yyyy	E	End date dd/mm/yyyy	Ē	
\$ [®] ₆ Account settings	🖺 Save 🗮 Cancel				
Availability	There is no employment data.	To import data from O	RCID click here. This link will re	direct you to the perso	onal details page where an ORCID can be entered to allow data to be imported.

Note that if you have synchronised your profile with ORCID, you cannot edit the employment data imported from ORCID on this screen – you must update it in ORCID.

Important note: the 'Entity' name in the **Employment** screen <u>must</u> match the Entity name on <u>https://abr.business.gov.au/</u> exactly, as that is what is used by the system for the 'Responsible Entity' name, and if this is not entered correctly, the user will not be linked to that Responsible Entity in the system. For example:

Current details for ABN 11 297 417 435

Current details	Historical details	
 ABN details 		
Entity name:		EAST METROPOLITAN HEALTH SERVICE

Once you have completed setting up your user profile, select 'External Portal' next to the Department of Health logo in the top menu to return to the home page.

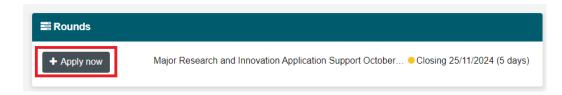
4. Home page

On this page you will find available funding program rounds, applications in progress, your grants, upcoming milestones, activities and applications. You can return here at any time by selecting 'DoH Grants' next to the Department of Health logo in the top menu.

Covernment of Watern Australia DoH Grantis 🖬 Applications 🖵 Grants 🧭 Survey	4 o o ()
Welcome to the DoH Grants online portal	
■ Rounds	I≣ Your activities
There are no records to display.	O You don't have any activities yet.
■ Top 5 in progress applications	■ Top 5 applications
O There are no records to display.	There are no records to display.
🖵 Top 5 grants	♀ Top 5 milestones due
• There are no records to display.	There are no records to display.

5. Apply for funding

To create a new application, in the section 'Rounds' select '+ Apply now' next to the funding program round you wish to apply to:



Enter the application title (use the 'Activity title') and select ' Done':

Please provide a name for the new application below (this will be used as a part of the submission process).
Application title *
✓ Done X Cancel

Note: if you change the Activity title during the application, the Application title will only update once the application is submitted. The relevant application form will open. Answer the application questions in each section and select 'Next' to go to the next section. If there are any mandatory questions that have not been answered, a red error message will appear under each mandatory question not answered when you select 'Next'.

Project Summary	0
Contacts	0
External Program	0
Activity	8
Budget	8
Certification	0

If you wish to move to another section without answering all mandatory questions, select the section from the menu on the left of the screen (example shown opposite).

Once all mandatory fields in a section are answered, the section will be marked with a green tick. If there are any mandatory questions that have been left blank, there will be a red cross. Please note the 'Activity' and 'Budget' sections for the Major Research and Innovation Application Support (MRIAS) application form are showing a cross even when all data has been entered. We are working with the vendor to fix this.

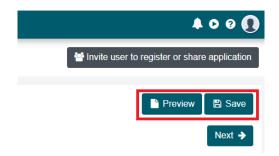
Important note: fields that are greyed out in the application form are automatically populated from the relevant user's profile. If there is no data in the greyed out field, then the relevant user needs to enter the data in their user profile so that it appears in the application form.

Activity Lead

Activity Lead name ଡ *			
Title *	First Name *	Last Name *	ORCiD (if relevant) @
Primary phone number *	Primary email address *		
Citizenship/residency status * Note: this answer is from the Activit Australian citizen	y Lead user profile and is collected fo	r statistical purposes only	
Australia permanent resid	dent		
New Zealand citizen			
Appropriate work visa			

Downloading the application form

At any time you can select 'Save' at the top-right of the screen to save. Select 'Preview' to download your application - the application will be downloaded in a <u>Zip file format</u> and include the application in word and pdf format and all uploaded documents.



Responsible Entity

If the name of the Responsible Entity (the entity which would administer grant funds) does not appear in the Responsible Entity drop-down, please email <u>DOH.GMS@health.wa.gov.au</u> with the subject 'GMS New Responsible Entity' so that the forms required for setting up the Responsible Entity can be completed. This includes setting up the four position roles required in the system of pre-award contact, post-award contact, finance contact and authorised signatories.

Inviting team members

It is recommended that you invite **team members** to the application as soon as possible, since their user profile data is required for application questions and they are required to sign the application prior to inviting the Responsible Entity to certify. Select 'Invite user to register or share application' from the top-right, then select '+ Add another user':

▲ ○ ∂ 	😤 Invite user to register, share & manage access
Invite user to register or share application	There are currently no users assigned to this application.
	Add another user
Preview Save	

Enter the team member's email address and select 'Invite and share with edit access'. The system will advise if the user is found in the system or if no user is found. If no user is found, an invitation will be sent inviting them to register an account:

Anvite user to register, share & manage access						
The list of users currently assigned to this application are listed below						
SEND NAME	USERNAME	ACCESS STATUS	MODIFY ACCESS			
0	test@testtest.au No user is found. An invitation will be sent to this email address	No current access	Invite only	1		
Add another user			Invite and share with view access Invite and share with edit access			
			✓ Save and send	× Cancel		

Select '+ Add another user' at the bottom left to invite multiple people, then select ' \checkmark Save and send' to send the invitation(s). Please share this user guide with users that you invite to your application to assist them. It is important that each team member follows the instructions above to enter user profile information since the greyed out fields of the application form are automatically populated from the user profile:

Team member 1			
Title *	First Name *	Last Name *	ORCiD (if relevant) 🛛
Primary phone number *	Primary email address *		
All current positions of emplo	yment and/or titles		
Note: the table above is from the t	eam member user profile - if it is incom	plete or incorrect, the user profile mu	ist be updated

Certification by consumer representatives (if applicable)

Consumers are not required to be users of the system. It is recommended that you share a copy of the application with each consumer outside the system (to download the application, select 'Preview' from the top-right). Once the consumer representative agrees to the consumer certification statement, anyone (this includes team members) with edit access to the application can insert the consumer representative name and either drop an image of their signature (if they provide it) or upload other evidence of approval (such as an email).

Consumer representative certification

I certify that:

- 1. I commit to taking part in the Activity proposed in this application for the duration of the grant if successful
- 2. Lagree to abide by the Guidelines and Conditions
- 3. I agree to be contacted in relation to the grant, e.g. for evaluation of the grant funding program.

First Name *	Last Name *
Select the way to sign: * Sign on screen Drop an image Upload other evidence	Date *

Certification by team members

Invite all team members following the instructions above. In the 'Certification' section, each team member must read the 'Team certification' and insert their signature and date under their name:

Team certification

We certify that:

- a. we commit to taking part in the Activity proposed in this application for the duration of the grant if successful
- b. the information supplied by us on this form is complete, true and correct in every particular c. we agree to abide by the *Guidelines and Conditions*.
- d. we agree to participate in an evaluation whether the application is successful or unsuccessful
- e we have discussed the likely impact of the Activity on participating organisations, and this Activity is acceptable to them. f. we have relevant permissions to use any third-party intellectual property required to deliver the Activity and have Freedom to Operate for this Activity
- g. we agree to obtain any research ethics and governance approvals that might be required for undertaking the funded Activity. h. we understand and agree that if the application is successful, that no further claim will be made on the Department of Health to cover any expenditure beyond the approved budget.

i. if the Activity Lead is employed by the WA public health system and the Responsible Entity is not the WA public health system entity (includes Clinical Academics where applicable), the Activity Lead will register a Conflict of Interest for this grant in accordance with the Department of Health Managing Conflicts of Interest Policy that addresses how the Activity Lead intends to ensure WA Health intellectual property (IP) is protected.

j. the Activity Lead does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year (excludes authorised extensions)

k. we will advise if funding is awarded for any component of the Activity

Activity Lead invites the Responsible Entity to certify

Once all team members (and consumer representatives if applicable) have signed the 'Certification' section, scroll to the bottom of the Certification section and select 'Yes':

- Application ready for Responsible Entity to certify *
- Yes
- No No

The Responsible Entity is to determine whether the **pre-award contact** or the **finance contact** is to certify the application first, noting that the **pre-award contact** is the only user who can submit the application. Invite the relevant contact following the instructions below. Upon submission by the Responsible Entity to Department of Health, an email will be sent to the **pre-award contact** and **Activity Lead** cc'd to all **team members** and the application owner (the person who created the application) confirming submission with a copy of the application attached.

Option1: Pre-award contact certifies before finance contact

Invite the **pre-award contact** selected in the 'Contacts' section of the application by selecting 'Invite user to register or share application' from the top-right:



Select '+ Add another user' from the bottom left. Enter the **pre-award contact** email address as shown in the 'Contacts' section. Select 'Invite and share with edit access' then select '✓ Save and send'.

Invite user to register, share & manage access						
The list of users currently assigned to this appli	ication are listed below					
SEND NAME	USERNAME	ACCESS STATUS	MODIFY ACCESS			
0	test@testtest.au No user is found. An invitation will be sent to this email address	No current access	Invite only	80		
Add another user	The source of round. An internation that do both to this critical sources		Invite only Invite and share with view access Invite and share with edit access			
			✓ Save and send	× Cancel		

The **pre-award contact** is responsible for arranging certification by the **finance contact**.

Option 2: Finance contact certifies before pre-award contact

Invite the **finance contact** by selecting 'Invite user to register or share application' from the top-right:



Select '+ Add another user' from the bottom left. Enter the **finance contact** email address. <u>Make sure the user is found</u> (if they are not found, then they have not been set-up in the system and therefore will not have the required system position role of **finance contact**. Contact the **pre-award contact** at the Responsible Entity to find out who has the position role of **finance contact** at the Responsible Entity). Select 'Invite and share with edit access' then select ' \checkmark Save and send'.

Invite user to register, share & manage access						
The list of users currently assigned to this application are listed below						
SEND NAME	USERNAME	ACCESS STATUS	MODIFY ACCESS			
0	test@testtest.au No user is found. An invitation will be sent to this email address	No current access	Invite only	80		
Add another user			Invite and share with view access Invite and share with edit access			
			✓ Save and send	× Cancel		

The finance contact is responsible for arranging certification by the pre-award contact.

SECTION B: Responsible Entity instructions

1. Application invitation

When you have been invited to certify an application, you will receive an email with the subject: WA Department of Health application invitation (application ID).

Go to https://grants.health.wa.gov.au/ and log in with your details. Select 'Applications' from the top menu:

31 ^{6%}	vernment of Western Australia partment of Health	External Portal	Applications	Grants 🕑	Survey								400
olicati	ion > Applications												+ New applicat
iis pag	ge shows all existing a	applications that have not	yet been proc	essed.									
≛ D	lownload 🔀 Export	CSV Search											Column choose
	IDENTIFIER 1 T	TITLE	т VER т	STATUS T	DWNER T	ORGANI T	ROUND T	STA ▼	ROUND ST T	CREATED T	SUBMITTED T	MODIFIED T	LAST MODIFIED
Π	2024/MRI0047	test 7/11	<u>1.00</u>	In Progress	1		Major Rese	Full Ap	Open (5 days)	07/11/2024		20/11/2024	1
<u> </u>			4.00	Submitted		University o	Major Rese	Full Ap	Open (5 days)	11/11/2024	15/11/2024	15/11/2024	
0	2024/MRIA0000	Improving screenin.		Submitted								10/11/2024	AR

Filter by the Status 'In Progress'. The 'Round status' will show the how many days until applications close. To open an application, select the 'Title'. Note: you can choose the columns to display on this screen at the top-right of the table.

2. Pre-award contact certification

Review the details entered in each section of the application. If anything does not meet the certification criteria, email the Activity Lead the edits that are required and request that they advise you once they have been made.

If all details are correct, go to the 'Certification' section, scroll down to the 'Responsible Entity certification' and read the certification:

Responsible Entity certification I certify that: a. I am an authorised representative of the Responsible Entity b, all the eligibility criteria listed in the Guidelines and Conditions are met c. the Activity Lead will have a position or title at the Responsible Entity for the period of the MRIAS and External Program grant if successful. d. if the Activity Lead is not an employee of the Responsible Entity, evidence of an affiliation agreement with, or in-principle agreement for subcontracting to, the relevant Employer has been attached, where this evidence has not previously been provided to the Office of Medical Research and Innovation. e. the Responsible Entity endorses this application and confirms that the information supplied on this form is complete, true and correct in every particular. f. the Responsible Entity will coordinate the major External Program funding application and is willing to administer the grant if successful under the conditions specified in the Guidelines and Conditions, including the requirement to ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities g. the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income. h. The Responsible Entity or other entities that fund or are involved in the Activity are not part of, an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community. i. the Department of Health will be notified immediately of any changes to eligibility or changes to the information originally provided in this application. Once you have signed this section please invite the Finance Officer to sign this form First Name * Last Name * Position * Signature * Date * Ê

The name and position will be automatically populated (contact <u>DOH.GMS@health.wa.gov.au</u> if there are errors in these details). Insert your signature, select the date, then scroll up to the top of the screen and select 'Save'.

If the application has not been certified by the **finance contact**, invite the **finance contact** by selecting 'Invite user to register or share application' from the top-right:



Select '+ Add another user' at the bottom left. Enter the **finance contact** email address and select 'Invite and share with edit access'. <u>Make sure the user is found</u> (if they are not found, then they have not been set-up in the system and therefore will not have the required system position role of **finance contact**. Contact the **pre-award contact** at the Responsible Entity to find out who has the position role of 'finance contact' at the Responsible Entity). Select '✓ Save and send'.

😁 Invite user to register, share & manage access					
The list of	users currently assigned	to this application are listed below			
SEND	NAME	USERNAME	ACCESS STATUS	MODIFY ACCESS	
0		test@testtest.au No user is found. An invitation will be sent to this email address	No current access	Invite only	
O Add and	other user			Invite and share with view access Invite and share with edit access	
				✓ Save and send ★ Cancel	

3. Finance contact certification

Activity	8
Budget	0
Certification	S

Select the 'Budget' section from the application menu on the left. Review all the details in the 'Budget' section to ensure they exclude GST, are true, correct and reflect the latest costing information.

If the anything in the 'Budget' section does not meet the certification criteria, email the Activity Lead the edits that are required and request that they advise you once they have been made.

To certify, select 'Certification' from the application menu on the left and scroll down to the 'Responsible Entity finance officer (or equivalent) certification' section:

Responsible Entity finance officer (or equivalent) certification

l ce	rti	fv	ťh	at

- a. I am an authorised finance representative of the Responsible Entity.
- b. the budgeted costs in this application are true and correct and reflect the latest costing information available to me
- c. amounts requested in the Budget are in Australian dollars and are exclusive of Australian GST.
- d. I understand that funding will only be made available for the scope of work described in the application, or any modifications to the scope of work approved in writing by the Department of Health. The Department of Health is not obliged to underwrite any costs beyond funding awarded through this Program.

First Name *	Last Name *
Position *	
Signature *	Date *

If you have been set up as a **finance contact** in the system then you will be able to enter your name and position title at the Responsible Entity (the fields will not be greyed out). Insert your signature, select the date, then scroll up to the top and select 'Save' at the top-right:

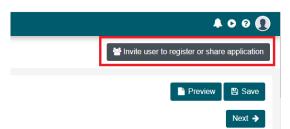


If you were invited by the pre-award contact

Notify the **pre-award contact** that you have certified the application by forwarding the email that invited you to the application to the **pre-award contact**. Only the Responsible Entity **pre-award contact** can submit the application, hence they are the only person who can view the submit button on the application form.

If you were invited by the Activity Lead

Invite the **pre-award contact** selected in the 'Contacts' section of the application by selecting 'Invite user to register or share application' from the top-right:



Select '+ Add another user' from the bottom left. Enter the **pre-award contact** email address as shown in the 'Contacts' section. Select 'Invite and share with edit access' then select '√Save and send'.

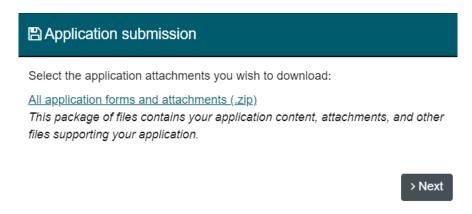
😁 Invite	e user to register, share	e & manage access		×
The list of users currently assigned to this application are listed below				
SEND	NAME	USERNAME	ACCESS STATUS	MODIFY ACCESS
V 0		test@testtest.au No user is found. An invitation will be sent to this email address	No current access	Invite only
O Add another user				Invite and share with view access Invite and share with edit access
				Save and send Cancel

4. Application submission (by pre-award contact)

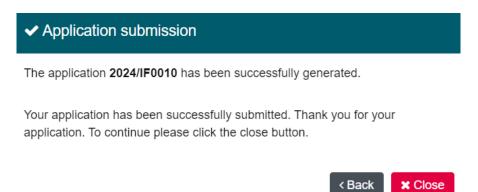
Select 'Certification' from the application menu on the left. Scroll down to the bottom of the 'Certification' section and select 'Submit':

Submit

A window will appear with the option to download the application forms and attachments:



The next screen will confirm notification of successful submission:



An email will be sent to the pre-award contact and Activity Lead cc'd to all team members and the application owner (the person who created the application) confirming submission with a copy of the application attached. **Note: it may take up to 20 minutes to receive this email.**