**Innovation Challenge 2021: Child and Youth Mental Health**

# **Application Form – Stage 1 Innovation Feasibility**

**Application Period closes: 1:00pm (AWST), Tuesday 1 February 2022**

***When completing this Application Form refer to the*** [***Innovation Challenge 2021 Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities/Innovation-Challenge-2021-Child-and-Youth-Mental-Health)***, which include application instructions.***

## Title

Provide a short title of the proposed innovation.

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## Summary

Include a summary of the proposed innovation, including the aims, objectives, significance and expected benefits in relation to child and youth mental health in Western Australia (WA).

*[Maximum 200 words]*

This summary may be used for publicity purposes. Do you agree with this? Yes  No

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## Funding Request

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| Amount requested  *Maximum of $50,000 (Australian Dollars)*  *For Australian applicants, do not include GST* | $ |

## Responsible Entity

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| Name of Responsible Entity  *Entity which would administer grant funds* |  |
| Responsible Entity ABN  *(if Australian entity)*  *If international entity provide evidence of being a legally constituted entity* |  |

## Innovation Lead

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| --- | --- |
| Title, First Name, SURNAME |  |
| Affiliated Entities  *Entities with which the Innovation Lead may be affiliated, other than the Responsible Entity* |  |
| Telephone number |  |
| Email address |  |
| Discipline/ Profession |  |
| Position Title |  |
| Role in this activity |  |

## Other Team Members

Associated with the Responsible Entity and any other participating entities.

Insert additional tables as required.

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| --- | --- |
| **Team member 1** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Entity |  |
| Telephone number |  |
| Email address |  |
| Role in this activity |  |

## What problem are you solving and what makes it worth solving?

Describe the following:

1. problem to be addressed
2. its relevance, importance and scale in relation to child and youth mental health in WA. *[Maximum 250 words]*

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## What is your solution and why is it innovative?

Describe the following:

1. proposed solution
2. how it is novel (new)
3. how it is transformative/disruptive
4. why it is better than any existing technology and/or practice. *[Maximum 250 words]*

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## What value might result from your solution?

Describe the following:

1. potential impact of the proposed solution on the problem
2. potential commercial value, including market size, scalability
3. other benefits (economic, social and environmental). *[Maximum 250 words]*

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## What is your approach to the innovation feasibility activity?

Describe the following:

1. activities you will undertake to provide evidence of the feasibility of your proposed solution
2. what will success look like and how will you measure this? *[Maximum 250 words]*

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List the major activity milestones for the feasibility activity and their duration. The activity must be completed within a 6-month period, which commences once a grant agreement is executed.

*Note: If research ethics/governance approvals or data access is required for the feasibility activity, this must be clearly stated in the Activity Milestones and achievable within the 6-month activity period, as extensions are not available.*

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| **Innovation Feasibility Activity Milestones**  ***(insert additional rows as required)*** | **Timeframe**  *(maximum 6 months)* |
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## Why are you best suited to undertake this activity?

Describe how the following will contribute to achieving the aims of the feasibility activity:

1. function and activities of the Responsible Entity
2. knowledge, expertise and experience of the Innovation Lead and Team Members
3. access to technical resources, infrastructure, equipment and facilities and additional support personnel (if necessary). *[Maximum 250 words]*

To further demonstrate the capacity of the team and its suitability to conduct the activity, provide the Curriculum Vitae of the ***Innovation Lead*** and each ***Team Member* (maximum 1 page per CV)*.***

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## How will you include relevant community members in this activity?

Describe how relevant community consumers and/or carers will be engaged and participate in the activity, including their roles and how their lived experience perspectives will inform the activity plan, design and delivery. Click [here](https://www.mentalhealthcommission.gov.au/mental-health-reform/consumer-and-carer-engagement/consumer-and-carer-engagement-a-practical-guide) for a practical guide. *[Maximum 250 words]*

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## How would your solution be implemented?

If you were the winning solution and progress to Stage 2 (Development & Implementation), how would you implement the proposed solution in WA within the 24-month period?

If you are not an existing provider of mental health support, products or services in WA, indicate how you will involve such an entity in the development and/or implementation activities or establish such an entity in WA. *[Maximum 250 words]*

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## How would your solution be viable?

Describe the following:

1. the planned business model, if there is potential commercial value
2. the plan for financial sustainability, if there is no commercial potential. *[Maximum 250 words]*

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## Activity Cost Proposal

| **BUDGET ITEM**  ***(insert additional rows as required)*** | **BUDGET REQUESTED**  ***(In Australian Dollars and excluding Australian GST)*** |
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| **Total Budget**  ***Maximum $50,000 (Australian Dollars, excluding Australian GST)*** |  |

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| Other funding already obtained for this activity  *List any funding source(s) and the amount(s) available.*  *Note: Must complement, but not duplicate, the work for which the Challenge budget is requested.* |  |

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| Submissions to other funding sources for this activity  *List any funding source(s) and the amount(s) requested. Include applications already submitted and planned submissions.*  *Note: Must complement, but not duplicate, the work for which the Challenge budget is requested. The Innovation Feasibility activity must not be dependent on the receipt of these other funding sources.* |  |

## Bibliographic References

If applicable, provide bibliographic references to any publications or reports cited in the application. Please only include publications strictly pertinent to the application.

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## Team Certification

We certify that:

1. We commit to taking part in the activities proposed in this application for the duration of the grant if successful.
2. The information supplied by us on this form is complete, true and correct in every particular.
3. We agree to abide by the *Innovation Challenge 2021 Guidelines and Conditions.*
4. We have discussed the likely impact of the activity on participating entities, and this activity is acceptable to them.
5. We agree to obtain relevant approvals and agreements before commencement of the Innovation Feasibility activity.
6. We agree to abide by the *Australian Code for the Responsible Conduct of Research 2018* if applicable.
7. We confirm that this application and a one-minute ‘pitch’ video will be submitted in accordance with the instructions provided in Section 5 of the Innovation Challenge 2021 Guidelines and Conditions.
8. 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.

**Innovation Lead**

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| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

Include other Team Members associated with the Responsible Entity and any other participating entities. Insert additional tables as required.

**Team member 1**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

## Responsible Entity Certification

I certify that:

1. I am an authorised representative of the Responsible Entity.
2. The Responsible Entity endorses this application and is willing to administer the grant under the conditions specified in the Innovation Challenge 2021 Guidelines and Conditions.
3. The Responsible Entity has nominated an Innovation Lead for the proposed period of the Innovation Feasibility activity.
4. The grant does not constitute the entire financial base of the Responsible Entity.
5. Evidence that the Responsible Entity is a legally constituted entity has been provided in accordance with Section 5 of the Innovation Challenge 2021 Guidelines and Conditions.
6. The Department of Health will be notified immediately of any changes to the applicant’s eligibility or changes to the information originally provided in this application.

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| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number** |  |
| **Email address** |  |

## Responsible Entity Finance Officer (or equivalent) Certification

I certify that:

1. I am an authorised representative of the Responsible Entity.
2. The budgeted costs in this Application Form are true and correct and reflect the latest costing information available to me.
3. Amounts claimed are in Australian Dollars and are exclusive of Australian GST.

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| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number** |  |
| **Email address** |  |

Where different to the officer named above, please provide contact details for the person responsible for the payment of funds and financial acquittal reporting for this activity.

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| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Telephone number** |  |
| **Email address** |  |

**[Scan this QR code with your smart phone to go the WA Health website](http://www.health.wa.gov.au/)**

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