



Western Australian  
Future Health Research  
& Innovation Fund

# Spotlight 2025-26 – Rheumatic Heart Disease

## Guidelines and Conditions

**Applications close:**

1:00 pm (AWST) Wednesday 11 March 2026

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## 1. Introduction

The Spotlight program (the Program) is a funding program of the Western Australian (WA) [Future Health Research and Innovation \(FHRI\) Fund](#).

The FHRI Fund provides a secure source of funding to drive health and medical research, innovation and commercialisation and through these activities, improve the health and prosperity of all Western Australians. It also provides an opportunity to diversify the economy, create jobs, improve the sustainability of the health system and position WA as a leader in research and innovation.

The Program contributes to the following [FHRI Fund Strategy 2025-30 Strategic Themes and Priorities](#):

**Strategic Theme 1: Connect and collaborate.** Bold ambition needs clear direction. By setting powerful priorities and managing them with discipline and transparency, the FHRI Fund drives faster action, stronger partnerships, and lasting impact, putting WA at the forefront of global health innovation.

- **Priority 1: Empower pathways and collaboration.** Long-term change comes from building shared solutions across disciplines, sectors, and services. This priority supports structures and relationships that extend well beyond the initial spotlight area.
- **Priority 2: Inspire impact through an aligned focus.** Concentrating effort on a single, uniquely Western Australian health challenge each year creates clarity and energy across the system. This focused approach is designed to deliver visible outcomes and elevate WA's national and global profile.
- **Priority 3: Be bold and predictable.** By committing to ambitious, system-wide challenges and publishing them in advance, the FHRI Fund gives partners time to align, prepare, and act with confidence. Predictability builds momentum and invites meaningful co-investment.

The expected outcomes are in alignment with the following objectives of the [Western Australian Future Health Research and Innovation Fund Act 2012](#):

- improving the health and wellbeing of Western Australians
- advancing Western Australia to being, or maintaining Western Australia's position as, a national or international leader in research and innovation activities.

The Program is administered by the Office of Medical Research and Innovation (OMRI), WA Department of Health (Department of Health). Queries may be directed to [DOH.OMRI@health.wa.gov.au](mailto:DOH.OMRI@health.wa.gov.au).

## 2. Purpose

The purpose of the Program is to deliver transformative and sustainable solutions in a targeted health area and elevate WA's research and innovation profile.

The aims of the Program are to:

- support research and innovation activities that improve the health and wellbeing of Western Australians and position WA as a leader in the field.
- bring community, researchers and innovators and other relevant stakeholders together to collectively address the Spotlight focus area across the health care continuum of prevention, diagnosis, and treatment to drive change.

The objectives of the Program are to:

- cultivate high-quality, outcome-focused collaborations between community, researchers, innovators, industry, and government agencies to solve uniquely Western Australian health challenges

- ensure discoveries are rapidly and effectively translated into real-world solutions, including new clinical practices, service models, and health policies that lead to tangible improvements in health promotion and healthcare delivery
- strengthen Western Australia's health and medical research and innovation capacity and workforce capability
- advance Western Australia's reputation as a national and international leader in addressing the Spotlight focus area.

### 3. Program description

The Program brings WA's health and medical research and innovation sector together around one bold, uniquely Western Australian challenge each year, to drive lasting solutions with multi-year investment, cross-sector collaboration, and strong community engagement.

Each Program round will centre on a focus area identified as a strategic priority for WA. The scope of the funded Activity will be broad enough to require a multi-faceted response but specific enough to enable clear, measurable objectives.

The Program is available to all eligible WA entities that undertake or support health and medical research and/or innovation activities.

The Activity will be led by an Activity Lead who has experience leading and coordinating multiple partners and stakeholders to deliver large-scale health improvement initiatives, who will be supported by a small team with expertise in program leadership, consumer involvement and the Spotlight focus area (the Spotlight Coordinating Team).

The Program will provide one grant of up to \$25 million to enable the Spotlight Coordinating Team and its partners, to develop and implement an Action Plan of Spotlight focussed research and innovation Activity over a period of up to 57 months. The grant will consist of up to \$1 million for the Part A Activity and up to \$24 million for the Part B Activity.

The grant will fund Partner Activity through appropriate arrangements between the Responsible Entity and partners.

The funded Activity may fall within the [research](#) and/or [health and medical innovation and commercialisation](#) streams of the FHRI Fund.

Funding will be awarded through a competitive and merit-based process. Co-investment from the Responsible Entity and other participating organisations is encouraged.

The Activity Lead will be responsible for coordinating the Activity and ensuring its timely execution.

The Responsible Entity\* will be accountable for the governance and financial management of any funding awarded including forming sub-contracts or other appropriate agreements with the Spotlight partner organisations.

*\* It is acknowledged that the term Administering Institution has traditionally been used by universities and research institutes, however, the term Responsible Entity is inclusive of industry and reflects that grant agreements are the responsibility of the contracted entity.*

The Application will outline the approach to developing a comprehensive, sector-driven Action Plan that has a translation and implementation focus to address all aspects of the Spotlight focus area.

Once awarded, the Spotlight Coordinating Team and its partners will deliver the Activity in 2 parts:

- Part A: Partner and develop the Spotlight Action Plan
- Part B: Implement the Spotlight Action Plan.

### ***Part A: Partner and develop the Spotlight Action Plan***

The Spotlight Coordinating Team will be required to form partnerships and work with these partners to develop an Action Plan consisting of multiple research and innovation work streams, which aim to deliver transformative solutions for the Spotlight focus area.

Up to \$1 million will be released over a period of up to 9 months, to enable the Spotlight Coordinating Team to conduct extensive consultation across the sector to develop an Action Plan for the following 4 years of activity.

The Spotlight Coordinating Team will be required to consult with community/consumers and develop stakeholder partnerships to inform a robust, comprehensive and sector-wide Action Plan.

The Action Plan will set out the research and innovation activities to be delivered through Spotlight partners and will be required to address all aspects of the Spotlight focus area. It is expected that activities outlined in the Action Plan will be delivered by a range of stakeholders, not just the Spotlight Coordinating Team.

The Spotlight Coordinating Team will be required to submit the Action Plan for approval by the Department of Health. The Action Plan including the plan for distribution of funds to partners must be deemed suitable and approved before implementation funds are released.

### ***Part B: Implement the Spotlight Action Plan***

Up to \$20 million will be released over a period of up to 48 months, to coordinate and implement with Spotlight partners, the defined activities set out in the approved Action Plan.

The Responsible Entity will be responsible for forming sub-contracts or other appropriate agreements with the Spotlight partner organisations for their research and innovation activities.

An option for a further \$4 million may be made available subject to assessment of the activities included in the Action Plan and provision of a strong justification.

## **4. Spotlight focus**

The Spotlight 2025-26 focus area is Rheumatic Heart Disease (RHD).

RHD occurs as a complication of Acute Rheumatic Fever (ARF), which is caused by an immune response to Group A Streptococcus infection that mainly occurs in immature immune systems.<sup>1</sup> RHD is a preventable non-communicable condition disproportionately affecting Aboriginal people in WA. RHD has immense personal burden and social costs associated with premature cardiovascular morbidity and mortality. It is driven by living conditions and poor access to health services and as such is amenable to intervention.<sup>2</sup>

Activities to address RHD include a focus on prevention, diagnosis, control and treatment of Group A Streptococcus infection, ARF and RHD with consideration of the impacts of climate change, and integration of new technologies such as digital systems and genomics.

Research and innovation activities for RHD should amplify and elevate the leadership role of Aboriginal people. Spotlight partners should include Aboriginal health organisations,

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<sup>1</sup> Ralph AP, Currie BJ. Therapeutics for rheumatic fever and rheumatic heart disease. Australian Prescriber 2022;45:104-12. Available from: <https://doi.org/10.18773/austprescr.2022.034>

<sup>2</sup> World Health Foundation Roadmap for reducing CV Morbidity and Mortality Through Prevention and Control of Rheumatic Heart Disease.

Aboriginal local community(s), consumers, primary care, RHD experts/clinicians and government agencies.

The focus area aligns with the [National Agreement on Closing the Gap](#). The Activity must consider the [RHD Endgame Strategy](#) priority areas of Aboriginal and Torres Strait Islander leadership, community-based programs, healthy environments, early prevention and community care and support, the Strategic direction and Priority areas of the [WA Aboriginal Health and Wellbeing Framework 2015-2030](#) and the domains of the [Aboriginal Environmental Health Co-designed Model of Care](#).

In addition to the Program Objectives, achievement of the following outcomes set out in the [Outcomes Framework for Aboriginal Health 2020–2030](#) in the context of RHD, are expected:

- Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.
- Aboriginal people, families and communities are provided with opportunities to engage with evidence-based prevention and early intervention initiatives and are provided with the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.
- Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure best possible health care to meet their health needs.

## 5. Eligibility

To be eligible for this Program all of the following criteria apply:

- The Responsible Entity must:
  - have an active Australian Business Number (ABN)
  - have a physical and operational presence in WA.
- The Activity Lead must:
  - be an Australian or New Zealand citizen, a permanent resident of Australia, or have an appropriate work visa in place for the duration of the Activity
  - physically reside in WA for a minimum of 80 per cent of the period of the Activity
  - have no overdue reports for any grant funding program administered by OMRI (including FHRI Fund programs) from any year (excludes authorised extensions)
  - ensure that funding has not been awarded for any component of the Activity
  - have a position or title at the Responsible Entity for the period of the Activity.

*The Activity Lead will be required to declare which of the following applies:*

  - (a) *employee of the Responsible Entity or Director of the company that is the Responsible Entity; or*
  - (b) *honorary or adjunct title at the Responsible Entity.*

***In the case of (a), if the Activity Lead is also employed by the WA public health system (may include Clinical Academics) they will [register](#) (WA Health staff access only) 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.***

***In the case of (b), if the Activity Lead is employed by another entity (the Employer), this entity must have an active ABN, a physical and operational presence in WA and evidence must be provided that either:***

  - i. *an affiliation agreement\* exists between the Responsible Entity and the relevant Employer; or*

- ii. *the intention is for this Activity to be subcontracted\* to the relevant Employer and there is in-principle agreement between the Responsible Entity and the Employer for this arrangement.*

*\* the affiliation/subcontract agreement must clearly define each entity's responsibilities in relation to the Activity, and in accordance with the 'Contractual arrangements' section below, include relevant permissions to use third-party intellectual property (IP) required to deliver the Activity and address ownership of new IP generated by the Activity.*

- The Responsible Entity or other entities that fund or are involved in the Activity must not be part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.
- At the time of Application, the grant funding must not constitute the entire financial base of the Responsible Entity i.e. the Responsible Entity must have other external sources of income/funding.
- The Responsible Entity must ensure applications meet all eligibility criteria as set out in these guidelines.
- Applications must be submitted in accordance with the 'Application instructions' section of this document.
- An application may be deemed ineligible and excluded from further consideration if OMRI identifies that:
  - it does not meet all eligibility criteria as set out in these guidelines
  - the proposed Activity duplicates activity previously or currently being undertaken
  - it includes any incomplete, false or misleading information
  - it was submitted after the advertised closing date and time.
- Grant offers may be withdrawn if it is determined that eligibility criteria are not met.
- OMRI reserves the right to request further information and make final decisions regarding eligibility.
- Decisions made in relation to previous grant programs will not be regarded as precedents and will not be considered when assessing eligibility for this grant program.

## 6. Program funding

A funding amount of up to \$25 million excluding GST is available to one successful application. The grant consists of up to \$1 million to finance the Part A Activity within a 9-month period, and up to \$24 million to finance the Part B Activity within a 4-year period.

Provision of Part B funding is subject to Department of Health approval of the Action Plan including the plan for distribution of funds to partners, developed in Part A.

Requested FTE, salary level, costs and duration must reasonably reflect the proposed Activity and be directly attributable to the delivery of the proposed Activity.

Funding for both parts will be in accordance with the following:

- Salary costs:
  - may include salary for the Activity Lead, Spotlight Coordinating Team members and partner activities. All salary requests must be justified
  - must not result in payment of more than a total of 1.0 FTE per person
  - may include Award/Agreement increases and salary increments as appropriate
  - may include leave entitlements that accrue and are taken during the period the salary is being paid by the grant funding as a base salary cost (noting annual leave is accrued at a rate of 7.69% of the base salary paid by grant funding)



- and long service leave at a rate of 2.5% of the base salary paid by grant funding)
- cannot include leave entitlements accrued outside the period the salary is being paid by the grant funding, parental leave, sabbatical, severance and termination payments
- can only include superannuation, payroll tax and workers compensation as salary on-costs up to a maximum of 30%, noting that salaries paid by a WA public health system entity can only include superannuation as a salary on-cost (this includes WA public health system invoices for salaries paid by the Responsible Entity).
- Non-salary costs:
  - can only include expenses such as essential services, supplies, equipment unique to the Activity and consumer involvement
  - for travel will not be approved unless strongly justified as being essential to the undertaking of the Activity
  - for Part A must not include costs related to dissemination of outcomes, such as conference attendance and publications
  - may be requested for equipment and specialised computing requirements that are unique to the Activity and cannot include service, maintenance and repair costs. The total value of all equipment items must not exceed 10% of the budget request or \$1 million, whichever is the lesser amount, and quotes for each item must be attached to the application
  - cannot include personal computers/devices and IT equipment, related peripherals or software for communicating, writing and undertaking simple analyses
  - cannot include entertainment costs (as defined by the ATO) unless incurred in support of participants of a clinical trial
  - cannot include administrative costs such as stationery, photocopying, postage and communications (such as telephone or internet).
- Overhead charges (indirect/infrastructure costs):
  - may be requested up to a maximum of 10% of the total Activity (direct) costs, noting that WA public health system Responsible Entities cannot claim overhead charges or charge overheads on invoices paid by the Responsible Entity for grant expenditure in accordance with the *Financial Management Manual* s522 (grant funding administered by OMRI is exempt).

Funding will only be made available for the scope of work described in the Application Form (for Part A) and Action Plan (for Part B), or any modifications to the scope of work approved in writing by OMRI. The Department of Health will not underwrite any costs beyond the funding awarded through the Program.

The intention is that funding will be spent within WA unless goods and services expenditure items are not available in WA and/or it is beneficial to WA if goods or services are procured from outside WA.

All budget items should be adequately described and justified as consideration is given to budgets during the assessment process.

Budgets must be calculated accurately, as requests for additional funding will not be considered.

Funding is offered subject to budget availability, which could be varied in the event of unforeseen circumstances.

Relevant external funding information must be included in the 'Budget' section of the Application Form.



## 7. Program conditions

### *Partnerships*

There is no limit on the number of partnerships that can be involved in developing the Application, developing the Spotlight Action Plan (Part A) and implementing the Spotlight Action Plan (Part B). It is expected the number of partnerships will be extensive.

The Responsible Entity will be responsible for forming sub-contracts or other appropriate agreements with partner organisations for their research and innovation activities.

For the Spotlight on RHD, partnership with Aboriginal Community Controlled Health Organisations, Aboriginal Community Controlled Organisations and government organisations including those outside of the health area, is required to ensure a co-designed and system-wide approach.

### *Letters of commitment*

Each Spotlight partner involved in developing the Action Plan and its subsequent delivery is required to provide a letter of commitment outlining their role and any cash and/or in-kind contributions.

### *Part B governance arrangement*

For Part B, the Spotlight Coordinating Team and its partners must consider appropriate structural and governance arrangements for delivering the Action Plan. These may include establishment of a consortia or similar arrangement.

## 8. Application instructions

The instructions below must be followed when making a submission:

- The Application Form must be submitted via the Department of Health Grant Management System by **1:00 pm (AWST) Wednesday 11 March 2026**.
- Applications must be complete, include requested certifications and be submitted by the closing date/time. Consideration must be given to the time needed to comply with internal deadlines.

Instructions for the Grant Management System are located at <https://fhrifund.health.wa.gov.au/Funding/GMS-link-page>.

***Please note that the Grant Management System Application Form is not yet published. The application questions are provided in the Application Form in word document format so that you can commence preparing your application.***

***The Grant Management System Application Form will be available online closer to the Application due date.***

Acknowledgement of receipt of the Application Form will be provided via email to the Responsible Entity, Activity Lead and Team Members after submission in the Grant Management System.

Queries related to the Guidelines and Conditions can be directed to [DOH.OMRI@health.wa.gov.au](mailto:DOH.OMRI@health.wa.gov.au) with the subject line beginning with 'Query – SpotlightRHD2025-26'.

Queries regarding the application process can be directed to [DOH.GMS@health.wa.gov.au](mailto:DOH.GMS@health.wa.gov.au) with the subject line beginning with 'GMS Application Assistance – SpotlightRHD2025-26'.

## 9. Selection process

### Assessment process

Funding will be awarded on merit, based on a process of peer review, interview and selection of an eligible application.

Depending on the number of applications received, a review panel may conduct a shortlisting assessment stage to determine the eligible applications that are most aligned with the aims and objectives of the Program.

All eligible applications, or only those selected if a shortlisting assessment stage is undertaken, will be referred for full assessment and scoring by a review panel comprising of health and medical research and innovation experts, consumer/community representatives, Aboriginal people, representatives from the Department of Health, national leaders in the relevant Spotlight focus area and experts in assessing large-scale collaborative proposals.

Conflicts of interest that may arise will be treated in accordance with the WA health system [Managing Conflicts of Interest Policy](#).

The assessment of Applications will be based on the criteria and % weightings set out in the table below.

Assessment Criteria	%
<b>Leadership and Capability</b> <ul style="list-style-type: none"><li>• <i>Skillset</i>. Demonstrated experience and skills and nominated team's relevance to the Program focus area.</li><li>• <i>Track record</i>. Proven track record in leading and managing large-scale, collaborative health initiatives with real world impact.</li></ul>	<b>25</b>
<b>Consultation and Collaboration</b> <ul style="list-style-type: none"><li>• <i>Consultation</i>. Detailed and culturally appropriate consultation methods, with a particular focus on engaging consumers and community members to develop and implement the Action Plan.</li><li>• <i>Partnerships</i>. Evidence of established relationships and a clear plan to build partnerships with key stakeholders.</li><li>• <i>Cultural Governance</i>. A well-defined cultural governance plan for co-designing the Action Plan and partnering with Aboriginal people, communities and organisations, that ensures cultural safety and improved Aboriginal health outcomes.</li></ul>	<b>25</b>
<b>Strategic Approach and Vision</b> <ul style="list-style-type: none"><li>• <i>Approach and impact</i>. The vision and justification for how the Action Plan will be developed, how you anticipate it will be delivered, the anticipated research and innovation workstreams and their expected outcomes for change and measures of impact.</li></ul>	<b>20</b>
<b>Program Management and Feasibility</b> <ul style="list-style-type: none"><li>• <i>Workplan</i>. A realistic and well-defined plan for managing and coordinating the Activity to deliver a comprehensive 4-year Action Plan within the 9-month timeframe.</li><li>• <i>Governance</i>. A detailed plan for governance arrangements including defined roles and responsibilities, for developing the Action Plan.</li><li>• <i>Risk management</i>. Identification of potential risks and corresponding mitigation strategies.</li></ul>	<b>20</b>

<b>Financial Leverage</b> <ul style="list-style-type: none"> <li>• <i>Co-funding.</i> Demonstrated ability to attract co-investment (cash or in-kind) from partners.</li> <li>• <i>Sustainability.</i> Plan for sustainability after the Spotlight funding period.</li> </ul>	<b>10</b>
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### Selection of recipients

Based on the assessment of the application, interview and recommendations of the review panel(s), the Department of Health will determine and approve the awarding of the grant in accordance with the Department of Health financial and procurement processes and delegation authorities.

The OMRI reserves the right to offer lower funding rates than requested and/or request modification to the Activity on a case-by-case basis.

## 10. Action Plan

The successful grant recipient will be required to utilise the Part A funding to develop and submit an Action Plan which must be deemed suitable and approved by the Department of Health before release of funding for Part B (implementation of the Action Plan).

The review panel will advise regarding suitability of the Action Plan.

As part of the review the Activity Lead will be required to address any feedback received during the Action Plan review process through an iterative approach and resubmit the Action Plan if requested.

The OMRI reserves the right to offer lower funding rates than requested.

<b>Action Plan Criteria</b>
<b>Collaboration</b> <ul style="list-style-type: none"> <li>• <i>Partnerships.</i> Strength and appropriateness of confirmed partners and funding for their workstreams.</li> <li>• <i>Consumer and Community Involvement.</i> Evidence of genuine consumer and community engagement in proposed activities.</li> </ul>
<b>Program governance</b> <ul style="list-style-type: none"> <li>• <i>Governance.</i> Appropriate collaborative structure with detailed governance arrangements including defined roles and responsibilities, operational governance and appropriate Steering Committees.</li> <li>• <i>Reporting.</i> Detailed reporting mechanisms to effectively manage program delivery against milestones.</li> </ul>
<b>Project plan</b> <ul style="list-style-type: none"> <li>• <i>Plan.</i> Clear objectives, methodologies and timelines for each component of the Action Plan, appropriateness of workstreams and their leads.</li> <li>• <i>Leadership.</i> Defined and comprehensive coordinating activities for the Activity Lead.</li> </ul>
<b>Translation and impact</b> <ul style="list-style-type: none"> <li>• <i>Strategic Alignment.</i> Alignment with key WA strategies relevant to the focus area.</li> <li>• <i>Activities.</i> Rigorous and feasible research, innovation, translation and implementation activities and milestones.</li> <li>• <i>Feasibility.</i> The methodology that will be followed and how Activity objectives will be achieved.</li> <li>• <i>Translation.</i> A clear pathway for translating outcomes into practice, policy or commercialisation.</li> <li>• <i>Sustainability.</i> A robust sustainability plan for the Program's activities beyond the funding period.</li> </ul>

### **Value for money**

- *Budget Request.* A detailed, reasonable and cost-effective budget including other source co-contributions, and expenditure plan including planned distribution of funds to partners through appropriate arrangements.
- *Value.* Justification for the investment and demonstration of value for the FHRI Fund.

### **Cultural governance**

Alignment with the *FHRI Fund Aboriginal Health Research Principles*, as appropriate to the Spotlight topic.

- *Aboriginal Sovereignty and Leadership.* The plan to ensure activities are conceptualised, led, governed and owned by Aboriginal peoples and communities and driven by their priorities and needs.
- *Aboriginal Partnerships and Engagement.* The plan to ensure activities are conducted in partnership with Aboriginal peoples, communities and organisations, ensuring authentic community engagement and ownership.
- *Aboriginal Capability Building and Empowerment.* The plan to ensure activities build and strengthen research capability, capacity and leadership within Aboriginal communities and organisations, ensuring reciprocity of benefits and outcomes, and recognises the unique expertise of Aboriginal team members.
- *Cultural Safety and Respect.* The plan to ensure activities privileges and respects Aboriginal knowledge systems, cultures and protocols with robust mechanisms in place to ensure cultural safety, oversight and mutual accountability throughout the research journey.
- *Community Benefit and Impact.* The plan to ensure activities include clear plans for translating findings into practice or policy leading to tangible community-defined benefits and impacts and improved Aboriginal health outcomes.

## **11. Consumer involvement**

In line with the National Health and Medical Research Council (NHMRC) definition, consumers are people who have lived experience of a health issue. They include patients and potential patients, carers, and people who use health care services. Consumers can also be people who represent the views and interests of a consumer organisation, a community or a wider constituency.

There is increasing recognition of the benefits of involving consumers in research and innovation. Effective consumer involvement can ensure research and innovation is relevant to the WA community and improves translation into policy and practice.

Health consumers should be engaged during the development of funding applications and embedded in the proposed Activity by being provided with a detailed description of their role and contribution and, where appropriate, included as a team member.

Consumer involvement should incorporate:

- clearly defined relationships with health consumers or community groups who have 'lived experience' of the issue the Activity addresses
- demonstrated understanding of the benefits derived from involving people with a lived experience
- inclusion of consumers in the Activity where appropriate
- plans to involve consumers in the Activity throughout the delivery timeline
- budget strategy with funds allocated to support, implement and acknowledge consumer involvement (e.g. training opportunities, honoraria and payments, additional time to support involvement activities, administration support and consultations and events associated with involvement activities).

Guidance on consumer involvement can be found at the [Consumer and Community Involvement Program](#) website and the [NHMRC Statement on Consumer and Community Involvement in Health and Medical Research 2016](#).

It is recommended that all team members complete the free online 30 minute [Consumer and Community Involvement in Health Research](#) course (or equivalent) and for the Activity Lead to complete the free online 30 minute [Consumer & Community Involvement and Grant Writing](#) course.

## 12. Contractual arrangements

Grants are offered in accordance with the Department of Health *Grant Funding Agreement* (and its *Terms and Conditions*), which is a legal agreement between the Department of Health (Us) and the Responsible Entity (You).

The Responsible Entity must ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities.

The Department of Health reserves the right to withdraw an offer of award to a Responsible Entity if the *Grant Funding Agreement* and/or *Grant Funding Agreement Terms and Conditions* cannot be agreed between the parties.

### Insurance

A Responsible Entity external to the WA public health system will be required to provide evidence of appropriate insurance as a condition of the *Grant Funding Agreement* which may include:

- Public Liability (mandatory for all grants)
- Professional Indemnity (mandatory if the Responsible Entity is conducting a clinical trial, provides any form of medical treatment or advice, training, or will provide any tailored design, advice or specification services)
- Property for the Responsible Entity's replacement value of assets (mandatory for building, plant, machinery, equipment)
- Workers Compensation (mandatory if the Responsible Entity has employees or is paying salaries, noting this includes payments to working Directors)
- Product Liability (mandatory if the Responsible Entity manufactures, supplies, sells, services or repairs a product)
- Motor Vehicle if the Responsible Entity owns vehicles
- Clinical Trials if the Responsible Entity undertakes clinical trials (note this insurance may include Professional Indemnity)
- Cyber Liability if the Activity involves confidential data, e.g. identifiable patient information.

OMRI recommends that you seek advice from your insurance advisors to confirm what level and type of insurance is required for the Activity.

The Responsible Entity is responsible for ensuring participating entities have appropriate insurance.

Note that any Activity that requires site governance approval will also be required to provide evidence of appropriate insurance during the governance process, which may vary depending on the site.

### Intellectual Property

Intellectual Property (IP) that arises out of the Activity will vest with the Responsible Entity (You). However, consideration will be given to the provisions of the [Western Australian](#)



[Government Intellectual Property Policy 2023](#) (or any future iterations of this), and that IP rights should be allocated to optimise the economic, social or environmental benefits for WA from the use, commercialisation and disposal of the IP. For information, the IP clause that will apply to this Program is:

1. The ownership of any Intellectual Property generated by undertaking the Activity shall vest in You.
2. The ownership of any background or pre-existing Intellectual Property and associated Moral Rights, used or incorporated in the Activity that is presently vested in a Party shall remain vested in that Party, unless otherwise agreed.
3. Each Party will be entirely and solely responsible for the use in the Activity of any Intellectual Property and associated Moral Rights it has provided to undertake the Activity which belongs to, or is licensed from, any other party, and indemnifies the other Party against all claims by a third party arising out of use of that Intellectual Property and associated Moral Rights.
4. The following applies:
  - a) For research activity, subject to the confidentiality provisions of the Agreement, You hereby grant to Us, a non-exclusive, irrevocable, perpetual, royalty-free licence to use (excluding the ability to sub-licence or grant further licences) any of the Intellectual Property generated in the Activity, and which falls within the scope of WA Health's normal activities. This includes, but is not necessarily limited to, activities related to healthcare provision, teaching, training and research. This license does not automatically extend to any potential or eventual commercial development of the Intellectual Property, and any commercial products that might directly or indirectly result from the Activity Intellectual Property. However, where You believe that there is the potential for commercialisation of the Intellectual Property developed in the course of the Activity, both Parties shall negotiate in good faith the appropriate legal and beneficial interests, rights and access to the Intellectual Property by Us.
  - b) For innovation activity, You will negotiate in good faith with Us to provide, in a fair and reasonable manner for both parties, any product to which this grant funding has significantly contributed, to the WA (public) Health system, or agreed components of this, either free of charge, or at the cost of production, for a mutually acceptable period of time after its production, providing that this in no manner compromises the attraction of additional funding, and/or the commercialisation by You of the product.
4. You indemnify and will keep indemnified Us and all Our respective officers, employees and agents from and against all costs, losses, expenses, actions, suits, demands, claims, damages and other liabilities resulting from Your failure to comply with this agreement, or otherwise resulting from the actual or alleged infringement of the Intellectual Property rights or associated Moral Rights of any third party by You.
5. Your obligations under this Agreement are continuing and survive expiration or termination of the Agreement.

Where relevant, agreements between the Activity Lead, team members and participating entities must include relevant permissions to use third-party IP required to deliver the Activity and have Freedom to Operate for the Activity. When a team includes a member(s) from the WA public health system as a participant in the Activity (i.e. the WA public health entity is not the Responsible Entity), the IP agreement must be authorised at an appropriate level by the relevant WA public health system entity.

Any questions regarding such IP matters should, in the first instance, be directed to OMRI ([DOH.OMRI@health.wa.gov.au](mailto:DOH.OMRI@health.wa.gov.au)).

### **Requests for variation**

Requests for variations to the *Grant Funding Agreement*, such as Activity description, Activity Lead or Responsible Entity, must be directed to OMRI. Approval of the variation will be at the discretion of the Department of Health. If variations are not approved this could result in termination of the grant with associated funding reverting to, or being recoverable by, the Department of Health, where for example eligibility or viability of the Activity is affected.

## **13. Funding conditions**

### **Payment instalments**

Funding will be provided in instalments\* to the Responsible Entity as follows:

- The Part A instalment will be subject to execution of a *Grant Funding Agreement*.
- The first Part B instalment will be subject to the submission of a satisfactory Action Plan.
- Subsequent Part B instalments will be subject to provision of satisfactory *Progress Activity Reports*.

\* *Within the WA public health system, payment will be made to the Responsible Entity via a General Ledger Journal (GLJ) transfer progressively upon receipt of evidence of expenditure.*

If ethics and governance approvals are required (refer to 'Approvals' section of this document), then the Responsible Entity may only release the Part A and first Part B instalments to the Activity Lead once all approvals for the Activity have been obtained and lodged with the Responsible Entity.

### **Partial payment or suspension of funds**

The Department of Health reserves the right to:

- provide funding instalments in parts, based on Activity to date and risk assessment of future Activity
- suspend payment of funding instalments or part instalments where Activity viability has become uncertain.

### **Additional funding sources**

Additional sources of funding are permitted, and encouraged, provided the additional funding supports activities that complement, but do not duplicate, the Activity for which grant funding under this Program is awarded.

### **Termination of funds**

Funds shall revert to, or be recoverable by, the Department of Health in instances where:

- eligibility requirements are no longer met
- the Activity is terminated by OMRI as a result of insufficient progress being made, or it has been otherwise determined by either the Responsible Entity or OMRI that the Activity is no longer viable
- funds are used for purposes other than those for which they were awarded
- funds were spent on activities that require ethics and/or governance approvals, and such approvals were not obtained before undertaking the activities
- funds are not fully expended at the Activity end date (including any extensions approved by OMRI)
- it is determined that misleading or fraudulent information has been provided



- the Responsible Entity does not enter into formal agreements with respect to this Activity, which includes Intellectual Property ownership, where appropriate
- other entities fund or are involved in the Activity that are part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.

## 14. Approvals

### *Research ethics and research governance*

The Responsible Entity, and any participating entity, will be responsible for obtaining and lodging all relevant research ethics and governance approvals that are required for undertaking funded activities, and ensuring these are maintained as required for the duration of the Activity.

Research ethics approvals must be obtained from relevant ethics committees (human and/or animal). Research governance authorisation (also known as site specific assessment or access request review) must be obtained from each relevant institution/site conducting the Activity or providing access to data, participants or tissue samples.

For information on research ethics and governance submission requirements for the WA public health system please refer to the following websites: [Research Ethics](#); [Research Governance](#); [Multi-centre Research](#).

### *Use of data collections*

An Activity that requires access to and use of WA Department of Health data collections requires review and approval for data release in accordance with the [Health Services Act 2016](#) and the [Health Services \(Information\) Regulations 2017](#). This is in addition to research ethics and governance approvals and will include a feasibility assessment to determine whether the data requested is appropriate for the purposes of the study and approval for use of the data from the data custodian.

Preliminary cost and time estimates can be obtained by contacting [DataServ@health.wa.gov.au](mailto:DataServ@health.wa.gov.au). Cost estimates should be included in the proposed budget and an estimate of time for release of the data should be incorporated into the milestones in the Application Form.

For further information please review the [Data Linkage Services](#) website.

Should the application for funding be successful, we recommend you immediately begin the data request and approval process.

## 15. Reporting

The Activity Lead and Responsible Entity are responsible for meeting reporting requirements over the duration of the Activity and at its conclusion.

All reports are to be completed on templates provided by OMRI.

### *Progress Activity Report*

*Progress Activity Reports* may be required as stipulated in the *Grant Funding Agreement*.

OMRI reserves the right to request a *Progress Activity Report* at any point.

OMRI reserves the right to suspend or withdraw funding where insufficient progress has been made or where it has been determined that the Activity is no longer viable.

### **Final Activity Report**

A *Final Activity Report* detailing the Activity and outcomes must be submitted to OMRI at the conclusion of the Part B Activity. Failure to submit the *Final Activity Report* at this time may render the Activity Lead ineligible for further funding from the FHRI Fund and OMRI until a satisfactory *Final Activity Report* is received.

### **Community Stakeholder Brief**

In order to provide feedback to participants in the Activity and consulted communities, a one-page **plain language** *Community Stakeholder Brief* for Part B Activity must be provided to the participants and consulted communities, which includes an outline of each of the Activity(s), its outcomes, next steps and a contact person. A copy of this document must be provided with the *Final Activity Report*. We encourage that consumers involved in research and innovation activities assist in preparing the Brief.

### **Financial Report**

A *Financial Report* outlining the expenditure of funds may be required as part of a *Progress Report* and must be submitted to OMRI at the conclusion of Part A and Part B. *Financial Reports* must be certified by an authorised finance officer (or equivalent) of the Responsible Entity.

OMRI reserves the right to request a *Financial Report* at any stage during the Activity.

Any unexpended funds must be returned to the Department of Health. Any over-expenditure is the responsibility of the Responsible Entity, and no claim may be made against the Department of Health.

## **16. Publicising, acknowledgements and publications**

The Minister for Medical Research and/or the Department of Health will publicly announce the recipient, including the title of the Activity. All other parties must withhold announcement/media coverage until after OMRI advises this has occurred.

Acknowledgement of FHRI Fund support must be made in publications, conference presentations, public discussion, press statements etc. A copy of any published material or media must be provided to Us.

In order to maximise knowledge exchange, funding recipients must comply with the NHMRC 'Publication and dissemination of research: a guide supporting the Australian Code for the Responsible Conduct of Research', which can be downloaded from the [Australian Code for the Responsible Conduct of Research](#) page, and the [NHMRC Open Access Policy](#).

## **17. Confidentiality**

Activity title, Activity Lead, funding amount, Responsible Entity, plain language summaries and sections indicated on applications or reports may be used for publicity purposes.

All other information provided in applications and reports will be maintained confidentially by OMRI, review panels, evaluation panels, co-funding partners and the FHRI Fund Advisory Council. If requests are received by OMRI to make public any aspect of the Activity, other than the aspects listed above, the authorisation of the Responsible Entity will be sought, notwithstanding information requested under the [Freedom of Information Act 1992 \(WA\)](#) or information pertaining to the receipt of State Government financial assistance tabled in the Parliament of Western Australia.

## **18. Evaluation**

OMRI undertakes evaluations of Funding Programs, which will include unsuccessful applications. All parties in the application, including team members and consumer representatives, are required to contribute to the evaluation.

## **19. Complaints**

Responsible Entities or Activity Leads who feel that their interests have been adversely affected by an action taken by OMRI in administering the Program may lodge a complaint. Complaints can only be considered when they refer to the administrative process and not to the funding decision. Complaints must be submitted via email (marked Confidential) to: Deputy Director General, Infrastructure, Medical Research, and Innovation ([ODDG.IMRI@health.wa.gov.au](mailto:ODDG.IMRI@health.wa.gov.au)).



**This document can be made available in alternative formats on request for a person with a disability.**

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