GOVERNMENT OF WESTERN AUSTRALIA

Western Australian Future Health Research & Innovation Fund

Spotlight 2026-27 - Healthy Beginnings, Lifelong Wellbeing

Guidelines and Conditions

Applications close:
1:00 pm (AWST) Tuesday 23 March 2027

fhrifund.health.wa.gov.au

Contents

1. Introduction 3
2. Purpose 3
3. Program description 4
4. Spotlight focus 5
5. Eligibility 7
6. Program funding 8
7. Program conditions 10
8. Application instructions 11
9. Selection process 12
10. Action Plan 14
11. Consumer involvement 16
12. Contractual arrangements 16
13. Funding conditions 18
14. Approvals 20
15. Reporting 20
16. Publicising, acknowledgements and publications 21
17. Confidentiality 21
18. Evaluation 22
19. Complaints 22

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 Theme 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. Queries may be directed to 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 drive change and improve the health and wellbeing of Western Australians in the Spotlight focus area
- enable large-scale, cross-sector, multi-disciplinary research and innovation that positions WA as a leader in the Spotlight focus area.

The objectives of the Program are to:

- cultivate outcome-focused collaborations between researchers, innovators, healthcare and government organisations, community and consumers to solve uniquely Western Australian health challenges through research and innovation
- 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 outcomes
- strengthen WA's health and medical research and innovation capacity and workforce capability

- advance WA's reputation as a national and international leader in research and innovation addressing the Spotlight focus area.

3. Program description

The Program brings Western Australia's health and medical research and innovation sector together around one bold health priority (focus area) each year to drive collaboration, translation and lasting impact.

Each round will address a strategic focus area for WA that cannot be addressed by a single organisation or sector alone. Focus areas will require coordinated action from researchers, innovators, healthcare professionals, subject matter experts, policymakers, consumers and community and be of sufficient scale and complexity to warrant a multifaceted response while enabling measurable objectives and outcomes.

Spotlight activities will be led by a single Spotlight Coordinating Team, bringing together complementary expertise across the Spotlight focus area. The Spotlight Coordinating Team will comprise approximately 10 members from the Responsible Entity and key partner organisations, to provide collaborative leadership, strategic direction and oversight. The Spotlight Coordinating Team will engage partners, coordinate the development and implementation of the Action Plan, oversee research and innovation activities addressing the focus area, monitor progress, and ensure activities remain focused on achieving meaningful, sustainable and lasting impact (the Activity).

The Spotlight may be co-led by the Activity Lead and 1 other Co-lead from the Spotlight Coordinating Team where this strengthens the leadership and delivery of the Spotlight. The Activity Lead and Co-lead must have the capability to operate across organisational boundaries, navigate the complexity of multi-organisational partnerships and demonstrate experience delivering large-scale, collaborative, health, research and innovation activities that deliver measurable improvements in health outcomes.

The Activity Lead will hold ultimate responsibility 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.

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

Application

The Application will outline the approach that will be taken to develop a comprehensive, sector-driven Action Plan that addresses the focus area, drives real world impact through research and innovation, and that demonstrates a clear path to impact.

Further information about the Application requirements and assessment criteria are available in Sections 8 and 9.

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

Up to $1 million will be released over a period of up to 10 months, to enable the Activity Lead and the Spotlight Coordinating Team to conduct extensive consultation across the sector, and to establish partnerships to develop an Action Plan for the following 4 years of activity.

Stakeholder engagement is expected to include meaningful engagement and partnership with researchers, innovators, healthcare professionals, subject matter experts, policymakers, consumers and other stakeholders across research, innovation, healthcare, government, community and consumer organisations, relevant to the Spotlight focus area.

Partners will collaborate to identify evidence gaps, and research and innovation priorities. It is expected that a range of research and innovation workstreams will be included in the Action Plan that are to be delivered by a range of partners and stakeholders, not just the Spotlight Coordinating Team.

The Action Plan should focus on translation and implementation, prioritising activities that deliver benefits for policy, practice and service delivery within the grant period, while also considering investment in high-impact opportunities to generate new knowledge, technologies, capabilities and system innovations that enable longer-term transformational improvements beyond the funding period. The Action Plan should further strengthen the evidence base, and research and innovation capability needed to address current and emerging challenges and opportunities that influence the health and wellbeing of Western Australians.

Further information about the Action Plan requirements and assessment criteria are available in Section 10.

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 Part B (implement the Action Plan) funds are released.

Once approved, the Action Plan will form the basis for implementation, monitoring and reporting arrangements.

Part B: Implement the Spotlight Action Plan

Up to $24 million will be released over a period of up to 48 months, to coordinate, develop and implement the approved Action Plan with Spotlight partners.

The grant will fund research and innovation activities aligned with the FHRI Fund's definitions of both research and innovation through appropriate arrangements between the Responsible Entity and partners.

4. Spotlight focus

The Spotlight 2026-27 focus area is *Healthy Beginnings, Lifelong Wellbeing*.

The period from conception, through pregnancy and birth, and up to age 3 (36-months) is a critical window for establishing the foundations of lifelong health, wellbeing, growth and neurodevelopment. During this time, rapid brain development, biological growth and early life experiences shape lifelong physical, cognitive, mental health, social and emotional outcomes, making children highly responsive to both positive and adverse influences.

The focus area recognises that health, developmental and social outcomes across the life course are strongly influenced by experiences from conception through to the first three years of life, making this period one of the most effective points for intervention and prevention. This period aligns with Western Australia’s maternity and early childhood service

delivery timeframe, during which families interact with maternity, child health, primary care, early learning and community support services.

The Spotlight on *Healthy Beginnings, Lifelong Wellbeing* will drive transformative advances in maternal, infant and child health, development and wellbeing. The intended impact is for all WA children to have healthier beginnings to life, with more healthy pregnancies, more babies born at full-term and with a healthy birthweight, and full health, laying the foundations for lifelong health, wellbeing and opportunity for generations of Western Australian children.

It is expected the Spotlight on *Healthy Beginnings, Lifelong Wellbeing* will bring together leading research, innovation, maternal and child health experts and organisations and consumers, to develop and implement evidence-informed solutions that improve lifelong health outcomes by targeting the period from conception to age three.

Applications to the Spotlight on *Healthy Beginnings, Lifelong Wellbeing* may propose a range of research and innovation activities that contribute to the following outcomes:

- increased proportion of babies born at a healthy birthweight
- increased proportion of babies born full-term
- decreased infant mortality rates (including stillbirths and deaths in infancy)
- increased proportion of the first 0-4 years of life lived in full health
- increased proportion of Aboriginal babies with a healthy birthweight, in line with Closing the Gap Target 2.

Applicants may also identify additional outcomes that are relevant to the proposed activities and supported by an appropriate evidence base.

Recognising that changes in population-level outcomes are likely to materialise beyond the life of the grant, applicants may also identify short- and medium-term measurable outcomes that contribute to improved lifelong health and wellbeing, including for example, reduced risk of chronic disease, improved mental health and developmental outcomes, and reduced health inequities.

The Activity should:

- bring together key maternal and child health stakeholders to identify priorities, and develop and implement evidence-informed solutions that support caregivers, families and children, and improve health and wellbeing along the life-course
- seek to reduce modifiable risk factors and strengthen protective factors across the period from conception through the first 3 years, to prevent disease, reduce developmental vulnerability, and improve lifelong health and wellbeing
- consider challenges and opportunities from pregnancy and birth through to age 3 years, for prevention, treatment, service innovation and system sustainability
- contribute progress towards broad population benefit while incorporating targeted approaches to reduce inequities and improve outcomes for populations experiencing disproportionate barriers to health and wellbeing, particularly Aboriginal people, those living in regional and remote areas, and other priority populations
- consider opportunities to strengthen community-based services, particularly where this can improve equitable access, reduce barriers associated with distance, and improve outcomes for families across WA.

The Activity must contribute to the following outcomes set out in the *WA Health Outcomes Framework for Aboriginal Health 2020–2030* in the context of *Healthy Beginnings, Lifelong Wellbeing*:

- 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 healthcare to meet their health needs.

The focus area aligns with key state and national strategies including the:

- Western Australian Sustainable Health Review (2019)
- State Public Health Plan for Western Australia 2025-2030
- Australian Government Early Years Strategy 2024-2034
- National Preventative Health Strategy 2021-2030
- National Agreement on Closing the Gap.

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 academic 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[1] of the Responsible Entity or Director of the company that is the Responsible Entity; or

    (b) honorary or adjunct academic 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 Activity will be subcontracted to the relevant Employer and there is in-principle agreement between the Responsible Entity and the Employer for this arrangement.*

[1] Refer to the Australian Taxation Office Difference between employees and independent contractors

** 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.
- 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

Funding of up to $25 million excluding GST will be awarded to one successful application. An amount of up to $1 million will be released to finance Part A (partner and develop the Action Plan) within a 10-month period, and a further amount of up to $24 million will be available to finance Part B (implement the Action Plan) within a 48-month period.

Provision of Part B (implement the Action Plan) funding is subject to Department of Health approval of Part A (partner and develop the Action Plan) including the plan for distribution of funds to partners.

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

If ethics and governance approvals are required to commence the Activity, expenditure cannot be incurred until these have been obtained. The salary commencement dates in the budget table must align with the expected governance approval date recorded in the milestone table.

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

- Salary costs:
    - can include the direct labour costs of the Activity Lead, Spotlight Coordinating Team Members and employees of partner organisations undertaking core

elements of the Activity, i.e. cannot include any commercial mark-up/profit and all requests must be justified
    - must be in accordance with relevant existing employment conditions, the applicable FTE and the duration, noting OMRI reserves the right to request documented evidence of the employment conditions
    - cannot result in payment of more than a total of 1.0 FTE in remuneration from all sources for any person paid from grant funding, noting OMRI reserve the right to request documented evidence of all employment/remuneration conditions
    - can include Award/Agreement increases and salary increments as appropriate
    - can 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 essential expenses that are directly attributable to the Activity, such as services, supplies, equipment unique to the Activity and consumer involvement
    - related to travel for consultation and co-design are expected but must be justified. Other requests for travel will not be approved unless strongly justified as being essential to the undertaking of the Activity and must occur during the Activity timeframe
    - for Part A (partner and develop the Action Plan), cannot include costs related to dissemination of outcomes, such as conference attendance and publications
    - can 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, meals or hospitality costs unless incurred in support of participants of a clinical trial or as part of travel for the purposes of the Activity in accordance with the ATO reasonable travel allowance rate. Alcohol cannot be included except in the case that it is classified as an investigational product in the context of a clinical trial or cohort study
    - cannot include administrative costs that are overheads/indirect costs, such as stationery, printing, photocopying, postage and communications (e.g. telephone, internet or videoconferencing).

- Overhead charges (also called indirect/infrastructure costs, facilities and administrative costs, or institutional costs that cannot be directly attributed to a specific project):
    - can be requested up to a maximum of 10% of the total Activity (direct) costs and must be justified and described
    - cannot be charged on, or included in, WA public health system 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.

If your application is successful, we may ask you to verify the Activity budget that you provided in your application when we negotiate your *Grant Funding Agreement*. You may need to provide evidence such as quotes for major costs.

A separate cost centre or account must be created for the Activity to easily track costs and facilitate financial reporting.

7. Program conditions

Partnerships

Applicants should establish strategic partnerships with organisations that can influence outcomes relevant to the focus area. Partnerships should leverage complementary expertise, capabilities and resources, and engage stakeholders to identify priorities, shape and implement solutions, and drive system-wide change.

The Spotlight on *Healthy Beginnings, Lifelong Wellbeing* will require partnership across sectors and may include research, innovation, industry, maternity and early childhood, primary care, family and social support, Aboriginal Community Controlled Organisations, health and mental health services, government organisations, community organisations and consumers. The Spotlight program recognises that health outcomes are influenced by a complex interplay of social, environmental, economic, behavioural and health care factors and maximising impact will require coordination and collaboration across sectors.

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), however applicants should demonstrate that they have identified stakeholders critical to achieving long lasting impact.

Assessment of partnerships at the Application stage will focus on evidence of delivering impact through previous and existing collaborative relationships, and the strength and credibility of the proposed approach to collaboration for developing and implementing the Action Plan. Applicants should demonstrate an understanding of the organisations, sectors, expertise and perspectives required to achieve impact, and a clear strategy to establish, strengthen, coordinate and sustain these partnerships.

Assessment of partnerships within the Spotlight Action Plan will consider the relevance of partner organisations to the focus area; their expertise to identify priorities and shape solutions; resourcing to support implementation; ability to support translation and impact at scale; governance and collaboration arrangements to support the implementation of the Spotlight Action Plan workstreams and ongoing sustainability.

Applicants should describe the proposed governance arrangements that will support development and implementation of the Spotlight Action Plan, including decision-making structures, delegated authority, accountability mechanisms and processes for coordinating activities across partners. Governance arrangements should be proportionate to the scale and complexity of the partnership and support effective, timely and transparent decision-making.

Where funding is proposed to be distributed across partners, applicants should outline their approach to funding allocation, including processes to ensure transparency, probity, management of actual, potential and perceived conflicts of interest, and equitable decision-making. The Responsible Entity will be accountable for ensuring appropriate governance, oversight and use of public funds across all partner organisations.

Strategic partnerships may include organisations located outside Western Australia where they provide expertise, infrastructure, networks or capabilities that are not otherwise available within WA and are necessary to achieve the Program objectives. Applicants must describe how such partnerships will contribute to building capability, capacity and impact within WA.

Prior to Part B (implement the Action Plan) commencing, the Responsible Entity will be responsible for forming sub-contracts or other appropriate agreements with partner organisations for their research and innovation activities.

Part B governance arrangement

For Part B (implement the Action Plan), 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) Tuesday 23 March 2027**.
- 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.

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 with the subject line beginning with 'Query – Spotlight2026-27HBLW'.

Queries regarding the application process can be directed to DOH.GMS@health.wa.gov.au with the subject line beginning with 'GMS Application Assistance – Spotlight2026-27HBLW'.

9. Selection process

Assessment process

Funding will be awarded on merit, based on a process of assessment 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. The review panel may conduct interviews with applicants to inform its assessment.

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 and/or community representative(s), Aboriginal people, representatives from the Department of Health, national leaders in the relevant Spotlight focus area and experts in assessing large-scale collaborative research and innovation proposals.

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

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

Assessment Criteria	**%**
Leadership and Capability • *Skillset.* The range, quality and appropriateness of experience, expertise and skills of the Activity Lead, Co-lead (if relevant), and nominated Spotlight Coordinating Team and relevance to the Spotlight focus area. • *Track record.* The Activity Lead, Co-lead (if relevant) and Spotlight Coordinating Team's track record of delivering high-quality research and innovation activities and realising benefits for patients and community, influencing policy and practice, and leading and managing large-scale, multi-partner, cross-sector research and innovation initiatives with real world impact in the Program focus area.	**25**
Strategic Approach and Vision • *Strategic insight.* Demonstrated understanding of key unmet needs, evidence gaps and opportunities for research and innovation. Across the period from conception to 3 years of age, based on the current evidence, policy and the service delivery landscape. • *Vision and potential for transformative impact.* The extent to which the proposed Activity is ambitious and will lead to impact.	**25**

• *Strategic approach:* The approach and justification for developing the Action Plan and high-level approach to its delivery, including anticipated research and innovation workstreams, expected outcomes and measures of impact. • *Capacity building:* The strength of the proposed approach to build WA's health and medical research and innovation capacity and workforce capability, including early to mid-career researchers.	
Consultation and co-design • *Consultation and engagement.* Appropriateness of the stakeholders to be involved, and the quality of plans for their early and ongoing engagement, to identify priorities, shape solutions, and support implementation and impact. • *Collaborative Leadership*. Evidence of delivering impact through previous and existing relationships and a credible strategy to identify, establish, strengthen and coordinate partnerships with relevant key stakeholders, including organisations required to support implementation, translation, scale-up and impact. Preference will be given to proposals that demonstrate complementary expertise and a commitment to collective impact rather than organisation-specific priorities. • *Consumer and community involvement.* Strength of consumer and community partnership, including plans for meaningful engagement and co-design with families, caregivers and people with lived experience, particularly those from priority populations. • *Cultural governance*. Strength of Aboriginal leadership and cultural governance for partnering with Aboriginal people, communities and organisations, that ensures cultural safety and improves equitable outcomes for Aboriginal children and families.	**20**
Program Management and Feasibility • *Workplan.* A realistic and well-defined workplan for the first 10 months (Part A), including managing and coordinating the Activity to deliver a comprehensive 4-year Action Plan. • *Governance.* A detailed plan for Part A (partner and develop the Action Plan) governance arrangements including defined roles and responsibilities, for developing the Action Plan and coordinating partners. • *Risk management***.** Identification of potential risks and corresponding mitigation strategies.	**20**
Financial Leverage • *Co-funding.* Evidence of cash or in-kind co-investment (if available) or demonstrated ability to attract co-investment from partners. • *Sustainability.* Plan for sustainability after the Spotlight funding period.	**10**

Selection of recipients

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

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 develop an Action Plan of research and innovation activities to address the focus area (Part A). The Spotlight Action Plan must be deemed suitable and approved by the Department of Health before release of funding for implementation of the Spotlight Action Plan (Part B). The Action Plan should describe the activities of the Activity Lead, Co-lead (if relevant), Spotlight Coordinating Team and the research and innovation activities across multiple partners, that will be undertaken to address the Spotlight focus area.

The review panel may provide advice on the suitability of the Action Plan. The Department of Health will make the final decision regarding approval of the Action Plan, with consideration of factors such as alignment with Spotlight objectives, and criteria outlined below. As part of the review the Activity Lead and Co-lead will be required to consider and address any feedback provided by the Department and/or review panel. The Action Plan may be subject to one or more rounds of review and revision, and the Activity Lead and Co-lead may be required to resubmit an updated Action Plan for further consideration before approval is granted.

Where the Action Plan differs materially from the approved application, including changes to proposed activities, outcomes, partnerships, governance arrangements, budget or scope, the Department may require additional justification, revisions to the Action Plan, or impose conditions prior to approval.

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

Assessment of the Action Plan will be based on the criteria set out in the table below.

Action Plan Criteria
Translation and impact • *Expected impact:* The potential for the proposed Activity to deliver meaningful and measurable improvements in outcomes relevant to the Spotlight focus area, including the extent to which it addresses unmet need, reduces inequities, and achieves impact at scale. • *Translation and implementation.* A clear pathway for translating outcomes into practice, policy or commercialisation. • *Capacity and workforce capability:* The strength of the proposed approach to strengthening WA's health and medical research and innovation capacity and capability in the Spotlight focus area. • *Strategic Alignment:* Alignment with key WA strategies relevant to the focus area. • *Sustainability:* A robust sustainability plan for the Program's activities beyond the funding period.
Partnerships and collaboration • *Partnerships.* Extent to which partnerships bring together the organisations, knowledge, skills, resources and influence required to achieve impact at scale. This includes the range, strength and complementary expertise of partnerships. • *Shared leadership*. The extent to which the Action Plan demonstrates a genuine collaborative model for implementation.

- *Consumer and Community Involvement.* Strength of consumer and community partnership, including meaningful engagement and co-design with people with lived experience and priority populations, and plans for their ongoing involvement.

Program governance

- *Governance.* Appropriate collaborative structure with detailed governance arrangements including defined roles and responsibilities, operational governance and appropriate Steering Committees.
- *Reporting.* Appropriate arrangements to coordinate delivery across partners, including progress monitoring, reporting, management of risks and interdependencies, and mechanisms to ensure the program of work is delivered effectively.

Project plan

- *Leadership.* Defined and comprehensive coordinating activities for the Activity Lead, Co-lead (if relevant) and Spotlight Coordinating Team.
- *Plan.* Clear objectives, methodologies and timelines for each component of the Action Plan, appropriateness of research and innovation workstreams and their leads.
- *Activities.* Rigorous and feasible research, innovation, translation and implementation activities and milestones.
- *Feasibility.* The methodology that will be followed and how Activity objectives will be achieved.

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 including the plan for economic analysis to identify impact, value and future investment opportunities for the funded activities e.g. cost-benefit ratio and return on investment.

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).

Funding for both Part A (partner and develop the Action Plan) and Part B (implement the Action Plan), will be outlined in a single Grant Funding Agreement. Provision of Part B (implement the Action Plan) funding is subject to Department of Health approval of the Action Plan including the plan for distribution of funds to partners. Payments throughout Part B (implement the Action Plan) will be released in instalments in line with conditions outlined in the Grant Funding Agreement.

While finalising the *Grant Funding Agreement*, OMRI may ask for further information and verification to confirm compliance with Section 5. Eligibility and Section 6. Program funding.

The Responsible Entity must ensure that appropriate agreements are in place with the Activity Lead and Team Member (partner) organisations 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 health care 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.
5. 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.
6. 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).

Requests for variation

Requests for variations to the *Grant Funding Agreement*, such as Activity objectives, milestones, 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 (partner and develop the Action Plan) instalment will be subject to execution of a Grant Funding Agreement.

- The first Part B (implement the Action Plan) instalment will be subject to the submission and approval of a satisfactory Action Plan.
- Subsequent Part B (implement the Action Plan) 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 (partner and develop the Action Plan) and first Part B (implement the Action Plan) 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
- duplicative funding for the Activity is obtained from another source, noting the date funds revert to, or are recoverable from, would be the date you are notified by the funding source
- 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 (taking into account 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. 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 (implement the Action Plan) 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 (implement the Action Plan) Activity must be provided to the participants and consulted communities, which includes an outline of the Activity, 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 the research/innovation Activity 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 (partner and develop the Action Plan) and Part B (implement the Action Plan).

Financial Reports submitted to OMRI 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 recipients, 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-contributing 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.

If through the selection process applications are deemed to be fundable but not funded, the OMRI may be able to share applications with other funding bodies who have partnered with the FHRI Fund/Department of Health so that they can choose what research/innovation to fund and at what level, as well as to administer the grants.

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: Director General, Health (DGCorrespondence@health.wa.gov.au).

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

© Department of Health 2026

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.