|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date forwarded to Consortium Manager:** \_\_\_/\_\_\_/\_\_\_ | | | | |
| **Name of Agency/s undertaking project:**  Austin Health  Banksia Palliative Care  Melbourne City Mission Palliative Care  Melbourne Health / Peter Mac  Mercy Palliative Care  Northern Health  Western Health  NWPHN  Other – please indicate: | | | **Submission completed by:** | **Position/s:** |
|  |  |
|  |  |
|  |  |
| **PROJECT DETAILS** | | | | |
| **Proposed Start Date:**  \_\_\_/\_\_\_/\_\_\_  **Proposed End Date:**  \_\_\_/\_\_\_/\_\_\_ | | **Project Title:** | **Project Aim:** | |
| **Indicate which of Victoria’s end of life and palliative care framework priorities this project supports:**  delivering person-centred services  engaging communities, embracing diversity  coordinating and integrating services  making quality end of life and palliative care everyone’s responsibility  strengthening specialist palliative care | | | | |
| **Attach electronic copy of Project Plan and/or other relevant documents. Please ensure plan includes:**  Project overview  Goals and objectives  Benefits  Impact of non-completion  Stakeholders  Work plan including timelines for completion of objectives  Anticipated resources ($ and people) internal and external  Results measurement  Risk Management Strategies | | | | |
| **Amount requested** | **Describe how Consortium funds will be utilised** | | | |
| **$** |  | | | |

**Assessment Process:**

* **Step 1: Submission for requesting project funds completed by agency/s seeking funding and forwarded to Consortium Manager.**
* **Step 2: Completed form attached to next scheduled Consortium agenda for members to review prior to meeting.**
* **Step 3: Agency/s requesting funds present project overview to the Consortium meeting**
* **Step 4: Each member assesses the project using the scoring framework on reverse page**

|  |  |  |
| --- | --- | --- |
|  | **Criterion** | **Score** |
|  | **Project is consistent with one or more of Victoria’s end of life and palliative care framework priorities**  0 priorities = 0  1 priority = 1  2 priorities = 2  3 priorities = 3  4 priorities = 4 points  5 priorities = 5 points |  |
|  | **The proposal supports collaboration across consortium member agencies**  0 collaborations = 1 point  1 collaboration = 2 points  2 collaborations = 3 points  3 collaborations = 4 points  4 or more collaborations = 5 points |  |
|  | **Project creatively applies new knowledge, technology, methodologies or processes to improve effectiveness or quality of outcomes for patients, and/or, carers and or palliative care services**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Strongly disagree** |  |  |  |  | **Strongly agree** | | **0** | **1** | **2** | **3** | **4** | **5** | |  |
|  | **Value of the project proposal is evident, i.e. quantifiable improvements, more effective services, cost reduction and avoidance or efficiency that increases services or service access.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Strongly disagree** |  |  |  |  | **Strongly agree** | | **0** | **1** | **2** | **3** | **4** | **5** | |  |
|  | **Project and/or project learnings has potential to be replicated and/or shared across the sector.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Strongly disagree** |  |  |  |  | **Strongly agree** | | **0** | **1** | **2** | **3** | **4** | **5** | |  |
|  | **The funds being requested of the Consortium are justifiable given the agency’s contribution of resources and funds.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Strongly disagree** |  |  |  |  | **Strongly agree** | | **0** | **1** | **2** | **3** | **4** | **5** | |  |

**Step 5: Scores are reported to meeting and averaged with a maximum potential score of 25**

* **Score between 18-25 – funding approved**
* **Score between 10 and 17 prompts discussion and suggested changes**
* **Score less than 10 – funding not approved**

|  |  |  |
| --- | --- | --- |
| **This section to be completed by Consortium Manager** | | |
| Date presented to Consortium Management Group: \_\_\_/\_\_\_/\_\_\_ | Average Score | Outcome  *Approved with no changes*  *Approved with changes to $ requested– refer to meeting minutes*  *Not approved and rationale for same.* |

**Signature Consortium Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**