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| --- |
| **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:** |
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|  |  |
|  |  |
| **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**

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|  | **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**

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| **Strongly disagree** |  |  |  |  | **Strongly agree** |
| **0** | **1** | **2** | **3** | **4** | **5** |

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|  | **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.**

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| --- | --- | --- | --- | --- | --- |
| **Strongly disagree** |  |  |  |  | **Strongly agree** |
| **0** | **1** | **2** | **3** | **4** | **5** |

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|  | **Project and/or project learnings has potential to be replicated and/or shared across the sector.**

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| --- | --- | --- | --- | --- | --- |
| **Strongly disagree** |  |  |  |  | **Strongly agree** |
| **0** | **1** | **2** | **3** | **4** | **5** |

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|  | **The funds being requested of the Consortium are justifiable given the agency’s contribution of resources and funds.**

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| --- | --- | --- | --- | --- | --- |
| **Strongly disagree** |  |  |  |  | **Strongly agree** |
| **0** | **1** | **2** | **3** | **4** | **5** |

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**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**

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| **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: \_\_\_/\_\_\_/\_\_\_**