

MRHNCT Facility Development Fund applicant guidelines and grant application form

What is the purpose of the MRHNCT Facility Development Fund?

Midlands Regional Health Network Charitable Trust Board (The Trust) acknowledges the real challenges general practices in the Pinnacle Midlands Health Network often face in funding upgrades to practice facilities. The Trust wants to help incentivise practices to invest in improving their buildings and facilities. Accordingly, the Trust has established a Facility Development Fund specifically to provide funding support in the form of grants for practices in the network that are investing in new buildings or upgrading their practice facilities.

Who can apply for the grant?

Any established general practice in the Pinnacle Midlands Health Network with a minimum of 500 ESUs that is undertaking facility development (including building a new facility or refurbishment of an existing one) is eligible to apply for a grant.

What can you apply for?

Grants may be used to fund facility development work, including:

- Construction costs for a new general practice facility or refurbishment of an existing facility
- Architectural and/or design work relating to a facility development
- Other professional or consent fees relating to a new building or refurbishment
- Fit out of a new or refurbished medical facility when part of a new build or refurbishment project

How much is available?

Any practice in the Midlands Health Network can apply for up to a maximum of \$50,000 (plus GST) of funding from the Trust for facility development.

Funding is available to match practice contributions dollar for dollar. No more than one application will be considered for any project.

The Trust's total funding pool for facility development grants is capped. Up to a total of \$250,000 of funding is available for this purpose in a financial year (plus GST).

Can we apply retrospectively – i.e. for projects already completed or for money already spent?

No. Because of the high demand for funding retrospective applications cannot be considered. Practices must apply for funding before the project is completed for the application to be valid.

Things we won't fund

- IT or telephony upgrades
- Purchase of any new equipment or furniture when not part of a facility development or refurbishment project
- Retrospective applications

How do we apply for the grant?

Submit a completed application form to Midlands Regional Health Network Charitable Trust by emailing Liz Miller, Governance Lead/EA on liz.miller@pinnacle.health.nz

Please read the application form carefully and include all information including supporting documents. Incomplete applications may be returned and may not be considered.

Who considers the applications and when?

Applications will be considered by the Trust Board. The Board has delegated its authority to the Trust Finance, Audit and Risk Committee (FAR) to receive and deal with grant applications.

FAR will meet quarterly and applications may be considered at any meeting of FAR. Deadlines for applications for each of the FAR quarterly meetings are as follows:

Deadline for applications
6 September 2024
1 November 2024
14 February 2025
1 May 2025

Applicants will be informed of the boards decision on their application promptly after the meeting at which the decision is made.

How are applications assessed?

The Trust FAR Committee will consider all applications on their merits but in allocating the limited funds that are available for this purpose the Trust FAR Committee will give priority to applications that meet one or more of the following criteria (with higher priority assigned for each of the criteria met):

- Applications from communities identified by the Trust as having particularly high needs and a significant proportion of Maori;
- Changes that support the continued shift to virtual consultations;
- Projects that support a practice shifting to become more climate friendly;
- Proposals that the Trust considers have merit but are not commercially viable and therefore may not happen without a grant from the Trust;
- Projects that do not have sufficient funding available from other sources;
- Applications that enable the Trust to achieve a reasonable spread of grants across the Trust's geographic and population catchment;
- Projects that meet a genuine need in the community that they serve;
- Projects that support the Trust to achieve a reasonable regional coverage of emergency power supply (external wiring for generators) at general practice sites in the Network;
- Building projects that are highly likely to be completed;

If applicants consider that their project meets one or more of the above criteria then this should be made clear in the description of their project in the application form.

The Trust FAR Committee reserves the right to decline any application or to award a grant that is less than the amount applied for without explanation. Decisions made by the Trust FAR Committee on grant applications are final and the Trust FAR Committee is not obligated to consider submissions from unsuccessful applicants.

If a grant is approved how are funds paid?

Grant proceeds will be paid into an approved bank account for the applicant on provision of invoices from suppliers. For funds to be transferred the supplier invoices must be reconcilable with the supplier quotes provided with the Application Form. Any variances must be explained.

What if my practice leaves the Network after receiving the grant?

If a practice receives a grant and then subsequently leaves the Pinnacle Midlands Health Network within four years of the date of approval of the grant then the Trust reserves the right to recover 100% of the grant. By accepting the grant the practice agrees to this agreement.

MRHNCT Facility Development Fund application form

Submit the completed application form and supporting documents to Midlands Regional Health Network Charitable Trust by emailing Liz Miller, Governance Lead/EA on liz.miller@pinnacle.health.nz

1. Applicant Details

Name of the applicant organisation <i>(include both legal & trading names if appropriate)</i> <i>Note that the applicant organisation must be a general practice and must be a member of the Pinnacle Midlands Health Network</i>	
What type of organisation is it? <i>e.g. Company, Trust, sole trader etc</i>	
Organisation contact details <i>(postal address and telephone contacts)</i>	
Contact person <i>(Name, position, direct dial phone, mobile phone and email address)</i>	

2. Project Information

Outline the Project and what the grant will be used for. You may attach more details and/or supporting information to the Application Form if required. Please refer to 'Guidelines for Grant Applicants' before completing this section.

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Please refer to the 'Guidelines for Grant Applicants' under the sub-heading 'How are applications assessed?' If you consider that your application satisfies one or more of the criteria used to prioritise applications, please provide details. Attach supporting information if required.

[illegible]

Amount requested from MRHNCT: \$_____ (including GST)

Total Cost of the project: \$_____ (including GST)

(note that the total cost of the project should be at least 2 times the amount requested from the Trust so that the practice contribution at least matches the sum requested from the Trust)

When do you intend to spend the funds applied for?:

Have you applied to any other organisation for funding for the same project? If so, please provide details.

3. Project Costing

Please provide details of pricing from two different suppliers to support the total project cost in the table below. Please attach supplier quotes to the application form. Quotes must include GST and must be less than three months old.

NOTE: Quote 1 should be the applicant's preferred quote.

	Supplier Name	Items/Services	Quote 1 Incl GST (Preferred Quote)	Quote 2 Incl GST
A			\$	\$
B			\$	\$
C			\$	\$
D			\$	\$
E			\$	\$
F			\$	\$
G			\$	\$
H			\$	\$
	TOTAL PROJECT COST		\$	\$

4. Completion date

Please provide an estimated completion date as an audit will be done at the organisation.

Estimated completion date: _____

5. Declaration

We the undersigned declare the following:

1. The information provided in and in support of this application is true, correct and complete to the best of our knowledge;
2. We have the authority to make this application on behalf of the applicant;
3. The applicant will only use the proceeds of any grant for the purpose applied and will return any surplus funds and/or any funds not used for the intended purpose to the Trust.

4. The applicant agrees to provide a report to the Trust detailing the application of the funds provided by the Trust as soon as practicable after receipt of the grant and in any event within three months of approval unless the Trust agrees to a later reporting date.
5. The applicant consents to audit by the Trust to be conducted at the Trust Board's discretion to ensure that any funds provided by the Trust are used appropriately.
6. If our application is approved, we understand that we must provide valid supplier invoices in order to access funding.
7. The applicant agrees that if our practice leaves the Pinnacle Midlands Health Network for any reason within four years of the award of a grant from the Trust that we will repay the grant in full.
8. The applicant consents to the Trust publicising details of any grant made to us in reporting to its stakeholders and/or funders.

Signature 1: _____	Date: _____
Full name: _____	Position: _____

Signature 2: _____	Date: _____
Full name: _____	Position: _____

6. Checklist

Please ensure that you have provided the following information. Incomplete applications may be returned or may not be considered.

Yes (tick box)

- | | |
|--|--------------------------|
| 1. Completed application form | <input type="checkbox"/> |
| 2. At least two competitive quotes for all goods and services that require funding. Quoted prices should include GST and quotes must include full supplier details (name, address, contact details, GST status, on letterhead). Quotes must be less than three months old. | <input type="checkbox"/> |
| 3. Bank account details for the applicant. Please attach a bank generated deposit slip | <input type="checkbox"/> |
| 4. Has the application been signed and dated by two authorised persons | <input type="checkbox"/> |
| 5. Have you read and understood the Guideline for Applicants? | <input type="checkbox"/> |