



# National Indigenous Kidney Transplantation Taskforce Equity & Access Sponsorships

## Application Form

### 2020 Funding Round

**Closing date: Applications close at 11:30pm ACDT (Adelaide Time) on Friday 10 January 2020**

*Note: All Applicants are advised to read the National Indigenous Kidney Transplantation Taskforce's Equity & Access Sponsorship Guidelines in detail before completing the Application Form, which includes information on how to submit your application.*

### A. Project details

|  |                                   |
|--|-----------------------------------|
| <b>Organisation name</b>   |                                   |
| <b>Project title<br/>(no more than 10 words)</b>   |                                   |
| <b>Funding amount sought<br/>(whole dollars, GST Exclusive)</b>                                | \$ (whole dollars, GST Exclusive) |
| <b>Project summary<br/>(no more than 6 lines,<br/>focus on the purpose of<br/>the project)</b> |                                   |
| <b>Project start date</b>  |                                   |
| <b>Project end date</b>  |                                   |

**This project proposal is for (please cross relevant boxes):**

- Increasing FTE or creating new positions within health services for various roles where there is a demonstrated shortage, such as:
- Transplant coordinators
  - Clinical champions
  - Indigenous Health Workers
  - Interpreters
  - Dietitians

**And / Or**

- Targeted projects that improve equity and access to kidney transplantation for Indigenous patients, such as:



- Programs that deliver tailored social/emotional support to patients navigating the transplant system, such as patient mentors/buddies.
- Establishment of community/patient/carer support groups.
- Purchase of assets, resources and tools, such as tailored educational materials or IT infrastructure.
- Other initiatives that improve access to kidney transplantation for Indigenous patients.

## B. Applicant details and project team

### Principal contact

|                |  |
|----------------|--|
| Title          |  |
| First Name     |  |
| Last Name      |  |
| Organisation   |  |
| Position       |  |
| Postal Address |  |
| Postcode       |  |
| Phone          |  |
| Email          |  |

### Project Personnel

| Name and position | Project role and responsibilities of each project officer, including summary of their relevant work experience. |
|-------------------|---|
|                   |   |

### Project Partners

**Will your organisation partner with any other organisations? If so, provide details including their role in delivery of the project. You must include a letter of confirmation for any identified project partners with this application.**



### C. Eligibility requirements

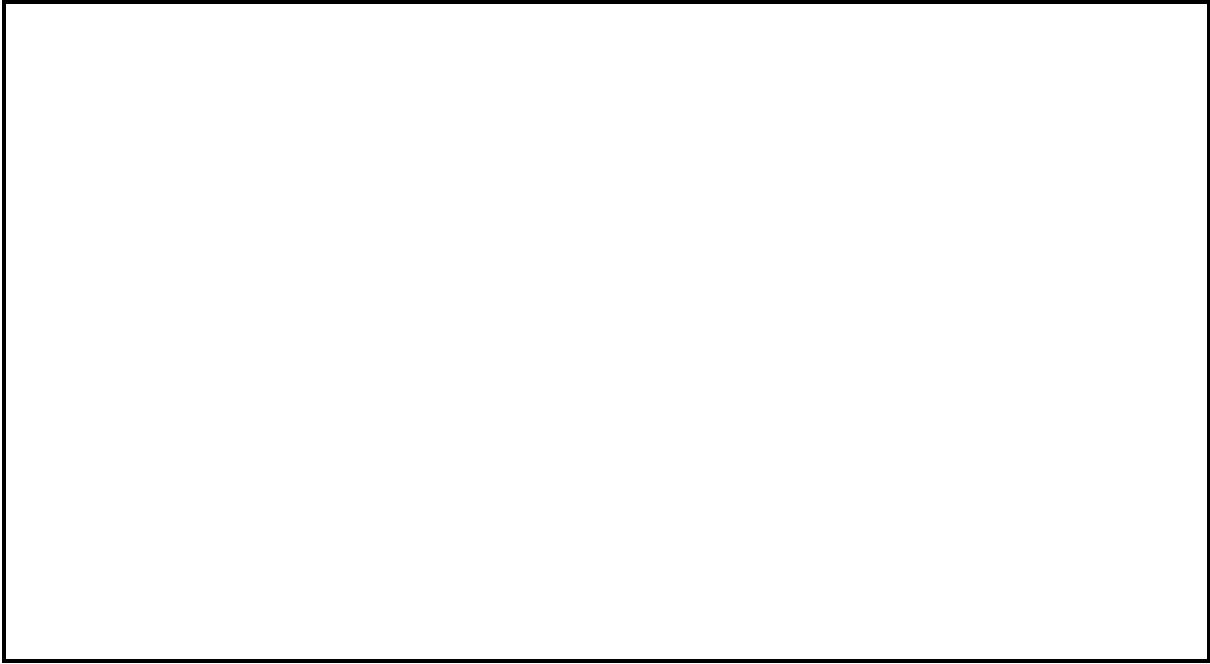
#### 1. Capacity to Deliver

Please include a statement that demonstrates your capacity to deliver the proposed project, addressing the following points (*maximum one page in size 11 Calibri font*):

- previous experience in managing activities similar to the ones that are being proposed,
- the skills and expertise needed to facilitate the project or activities,
- the ability to identify key resources including personnel,
- the ability to establish and meet proposed timeframes/implementation schedule, and
- the endorsement of the relevant health service/unit, if applicable.

#### 2. Culturally Safe Services

Please include a statement that demonstrates your history and understanding of delivering culturally safe services to Indigenous Australians (*maximum one page in size 11 Calibri font*).





## D. Organisation that will manage funds

|   |   |
|---|---|
| <b>Organisation Name</b>  |   |
| <b>Legal Status</b>   | <input type="checkbox"/> Australian Public Company<br><input type="checkbox"/> State Government Entity<br><input type="checkbox"/> State Government Statutory Authority<br><input type="checkbox"/> Other Incorporated Entity<br><input type="checkbox"/> Other Unincorporated Entity<br><input type="checkbox"/> Australian Private Company<br><input type="checkbox"/> Other, please specify _____<br><input type="checkbox"/> None |
| <b>Other Registrations</b>  | <input type="checkbox"/> Charitable Institution<br><input type="checkbox"/> Deductible Gift Recipient<br><input type="checkbox"/> Health Promotion Charity<br><input type="checkbox"/> Public Benevolent Institution<br><input type="checkbox"/> Other, please specify _____<br><input type="checkbox"/> None   |
| <b>ABN</b>  |   |
| <b>GST Registered?</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <b>Principal/CEO or equivalent official head of organisation</b>  | Title:<br>First Name:<br>Last Name:<br>Position:  |
| <b>Phone</b>  |   |
| <b>Email</b>  |   |
| <b>Postal Address</b>   |   |
| <b>Postcode</b>   |   |
| <b>Registered Street Address (if different to postal address)</b> |   |
| <b>Postcode</b>   |   |



## E. Project proposal

*Note: Please refer to the focus and criteria identified within the Equity & Access Sponsorship Guidelines when completing your application.*

### 1. Improve Equity and Access

Please include a statement to support your application that addresses each of the below three points (*maximum one page in size 11 Calibri font*):

- Aims and objectives of your project
- Key activities and timelines
- The key outcomes your project will deliver



|  |
|--|
|  |
|--|

**2. Value for money**

Please indicate how your project will represent value for money and how the project budget outlined in Section F will achieve the objective of the sponsorship program (*maximum one page in size 11 Calibri font*).

|  |
|--|
|  |
|--|

**3. Engagement and Community Support**

Please clearly define how you will work with and engage the community, in particular Indigenous Australians, local health professionals and relevant community groups to ensure culturally safe, high quality, responsive and accessible service provision of the project (*maximum one page in size 11 Calibri font*).

|  |
|--|
|  |
|--|



**4. Measurement of Effectiveness**

Please detail how improved health outcomes or key deliverables will be measured and evaluated (*maximum one page in size 11 Calibri font*).

**Risk Management**

Please identify any potential risks or sensitivities (including actual or potential conflicts of interest) associated with the project and how these will be managed

| Potential risk or conflict | Management of the risk |
|----------------------------|------------------------|
|                            |                        |

**Sponsorship acknowledgement**





**I have read the National Indigenous Kidney Transplantation Taskforce's Equity & Access Sponsorship Guidelines.**

Yes  No

**I understand that a minimum of two working days should be provided to the National Indigenous Kidney Transplantation Taskforce for approval of all project material produced under this project and that this is our organisation's responsibility.**

Yes  No



## F. Project budget

The project budget must be realistic and detailed. It must clearly outline the main components of the project.

When completing the budget:

1. Clearly state all proposed costs for your proposal in this table.
2. Include the itemised breakdown for major items of staffing resources, administration costs, equipment and/or materials for which you are seeking funding.
3. Financial or in-kind contributions to be provided by the applicant or via other contributions must be clearly identified and supported where possible through letters of support from other contributors.

| 6. Table 1                                    |  |
|---|--|
| NIKTT Equity & Access Sponsorship Income      |  |
| \$  |  |
| NIKTT Equity & Access Sponsorship Expenditure |  |
| Use whole dollars only (GST Exc.)             | Activity (Itemise all expenditure in as much detail as possible) |
| \$  |  |
| \$  |  |
| \$  |  |
| \$  |  |
| \$  |  |
| \$  | <b>Total A</b>   |

| 7. Table 2   |                                   |
|--|-----------------------------------|
| Other Funding Sources Income (including in-kind support) |                                   |
| \$   |                                   |
| GST excl   | Other Funding Sources Expenditure |
| \$   |                                   |
| \$   |                                   |
| \$   |                                   |
| \$   |                                   |
|  |                                   |
| \$   | <b>Total B</b>                    |





**11. Application checklist**

|  | YES | NO | N/A |
|--|-----|----|-----|
| We have read the EQUITY AND ACCESS SPONSORSHIP GUIDELINES                                    |     |    |     |
| All sections of the APPLICATION FORM have been answered.                                     |     |    |     |
| The BUDGET has been completed according to the template provided.                            |     |    |     |
| The DECLARATION has been signed by the relevant delegate.                                    |     |    |     |
| We have attached a list of other funding sources approached or intended for further funding. |     |    |     |
| All supporting material is labelled with our details.  |     |    |     |
| We have kept a copy of the application for our records.                                      |     |    |     |