

ViiV HEALTHCARE AUSTRALIA POSITIVE ACTION

Community Grants 2021

Organisation name:	
ABN:	
ACNC registration	<p style="text-align: center;">Yes No</p> <p style="text-align: center;"><i>Please provide Registration Number:</i></p>
Postal address:	
Physical address (if different):	
Website address:	
Primary contact:	Name:
	Position:
Contact telephone(s):	
Fax number:	
Email:	

Total income and expenditure for the last financial year <i>(please include the dollar amount and attach a copy of your most recent audited financial report)</i>	Income: AU\$
	Expenditure: AU\$
Number of staff: <i>(equivalent full time)</i>	Employed:
	Volunteers:
Requested grant amount: <i>(total of all grants received from ViiV not to exceed 25% total organisation annual budget)</i>	AU\$
If other funding is anticipated for this work, please indicate other funding sources and amounts:	AU\$

<p>In which States in Australia do you currently operate:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> ACT <input type="checkbox"/> Victoria <input type="checkbox"/> Tasmania <input type="checkbox"/> Northern Territory <input type="checkbox"/> Western Australia <input type="checkbox"/> New South Wales <input type="checkbox"/> Queensland <input type="checkbox"/> South Australia
<p>Positive Action Community Grants are available to support community organisations in their work to improve the lives of people living with HIV (PWHIV). This includes initiatives that aim to achieve 90:90:90¹ the fourth 90² and beyond. We will support projects that are innovative, sustainable and produce tangible results. To this end, the following priority areas have been identified.</p>	
<p>Which of the following Positive Action Community Grants priorities does your project intend to address?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Quality of life for PWHIV (from surviving to thriving) <input type="checkbox"/> Improved HIV-related knowledge in priority populations <input type="checkbox"/> Enhanced PWHIV/HCP relationships <input type="checkbox"/> Enhanced health system responses to achieve best long-term health outcomes for PWHIV
<p>Number of beneficiaries expected:</p>	<p>Indirect:</p>
	<p>Direct:</p>
<p>Project duration: (include start and finish dates)</p>	
<p>Total project cost: (please declare funding from other sources)</p>	<p>AU\$</p>

Project Title:

Project summary:

Please provide a brief description of your proposed project, further details are requested below. Please note if there is insufficient room for answers to any question please include a separate PDF file with clear titles indicating the Project Name, Organisation, Question Number and Response.

**Brief description of the target population your project seeks to serve:
(Please include any age, identity, or demographic information that can help us understand your proposed beneficiaries)**

BUDGET

Please use the following table to provide estimated budget in AU\$ for your proposed program.

Budget Line	Specification	Budget amount (total project)	Secured amount (from other sources)	Requested amount
A. Salaries and Fees				
Subtotals				
B. Administrative costs (should not exceed 15% total budget request)				
Subtotals				
C. Materials/Supplies				
Subtotals				
D. Workshops/Trainings				
Subtotals				
E. Travel				
Subtotals				
F. Other (please specify)				
Subtotals				
Total amounts				

QUESTIONS

Q1. Why this project is needed – what issue is it expected to address?

Q2. How does the project respond to the need you outlined in Q1 and align with the priorities of the Positive Action Community Grants?

QUESTIONS

Q3. What are your project's main objectives and core activities?

Q4. What is the anticipated impact of this project? What does success look like and how will you measure it?

QUESTIONS

Q5. Does your organisation focus (at least 75% of activity and spend) on HIV and PWHIV ?

Q6. Please provide evidence that this Grant request is less than 25% of your organisation's total income

Q7. Additional information

**POSITIVE ACTION
COMMUNITY GRANTS**



CONFLICTS OF INTEREST DECLARATION

As part of our commitment to running our business in a transparent and responsible way we ask organisations, if there are any circumstances which could give rise to a potential conflict of interest (COI) either for your organisation or ViiV Healthcare.

COI are situations where competing loyalties or interests could compromise the integrity of an engagement. By declaring a COI now, you help us to mitigate any such concerns, and protect yourself and ViiV Healthcare.

Upon signing the declaration, you agree to inform ViiV Healthcare at the time of any changes that might alter your responses. A new declaration will need to be signed if such a change is noted and/or the validity period of your declaration has expired (12 months) prior to a future engagement.

FORM A – to be completed as part of grant application process.

Section One – Confirmation of your organisation details

Please complete or edit your details below

Organisation Name (in full):			
Address: City / State: Country / Postal Code:			
Contact name:		Mobile:	
Title:		Email:	

Section Two – Conflicts of interest

Please answer the following questions

Does your organisation or any employees of your organisation have any actual or perceived position of influence or other actual or potential conflict of interest that could affect ViiV Healthcare's business?	Yes	No
If you answer Yes to this question, please complete Form B.		
An actual or perceived influence can arise from:		
<ul style="list-style-type: none"> • Being a government official, or having close ties to government officials or government institutions; • Membership of advisory boards, formulary committees, or other external boards that may have influence or make recommendations related to the use of ViiV Healthcare's products and/or other business operations; • Being an individual who makes purchasing decisions or has responsibility for allocating or influencing funds; • Any other position that has influence over ViiV Healthcare's business, including financial interests; • Any relationships, commitments or financial interests that may compromise or appear to compromise your relationship with ViiV Healthcare; • Being a close family member of someone having the influences listed above; • Being a patient or healthy volunteer currently participating in a ViiV Healthcare sponsored interventional clinical trial. 		

For more details on how your personal information is processed, please read our privacy notice: <https://viiVhealthcare.com/en-au/>

By signing and returning this declaration, you also confirm that the details provided in this form are accurate to the best of your knowledge and there are no known reasons why you cannot engage with ViiV Healthcare.

Signature:

Date:

Print full name:

**POSITIVE ACTION
COMMUNITY GRANTS**



CONFLICTS OF INTEREST DECLARATION

Form B - to be used if Q in FORM A was answered 'Yes'.

You have indicated that you may have a conflict of interest (COI) with the interests of ViiV. In order to help us mitigate the risks associated with this COI please answer the following questions.

<p>1. Are you a government employee?</p> <p>Government refers to public international organisations (e.g., the World Health Organisation or United Nations) and all levels and subdivisions of governments, i.e. local, regional, national, administrative, legislative, executive, or judicial, royal or ruling families, state-owned enterprises or any other entities controlled by the state.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details</p>
<p>2. Are you an officer or employee of a political party, or a candidate for public office?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details</p>
<p>3. Do you make purchasing decisions that could affect ViiV business?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details</p>
<p>4. Are you a member of a formulary committee or similar body in relation to government hospitals, other state-owned bodies or similar External Business(es)?</p> <p>External Business refers to private pharmacy or healthcare companies that may have the opportunity to distribute, dispense or sell ViiV medicines or products.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details</p>
<p>5. Are you responsible for allocating or influencing expenditures of funds that could affect ViiV business?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details</p>
<p>6. Are you a member of any boards that could create a conflict of interest with ViiV?</p> <p>Note any external boards that may have influence or make recommendations related to the use of ViiV's products and/or business operations.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details</p>
<p>7. Do you have a close family member (e.g. spouse, children, parents, siblings) who falls under any of the previous categories in questions 1 to 6?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details</p>
<p>8. Are you or any employees of your organisation a patient or healthy volunteer currently participating in a ViiV sponsored interventional clinical trial?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details</p>

Request for Data Privacy Consent:

If you have responded Yes to any of the questions above, by signing and returning this declaration

- i. you consent to ViiV using information you provide about your response to carry out the conflict of interest check; and
- ii. you confirm that if your response is connected to a close family member, you have their consent to provide their information to ViiV for the same purpose

This form may capture sensitive information, such as health or HIV status, or any other sensitive personal information you may choose to disclose. We will only process this information to assess your actual or perceived conflicts of interest. Further information relating to how ViiV Healthcare will process your personal information can be found in the privacy notice above.

I agree to ViiV processing my personal information as set out in this conflict of interest form.

Please tick

Your trust is important to us and we are committed to treating your personal information with care and integrity. We want to make sure you understand what personal information we may collect about you when you interact with us, how we use your personal information, and how we keep it safe. Consent can be withdrawn at any time. Please read our [privacy notice](https://viivhealthcare.com/en-au/) for further information: <https://viivhealthcare.com/en-au/>

By signing and returning this declaration, you also confirm that the details provided in this form are accurate to the best of your knowledge.

Signature: Date:

Print full name:

CHECKLIST: HAVE YOU INCLUDED THE FOLLOWING INFORMATION?

- Proof of registration
- Proof of NGO/Charity status
- A copy of your most recent annual report
- List of company directors/board members attached

Please include all separate PDF file/s with clear titles indicating the Project Name, Organisation, Question Number and Response.

SUBMITTING APPLICATION

Complete and submit the application form and all supporting documents to:
grants.australia@viivhealthcare.com

¹ UNAIDS. go–go–go: an ambitious treatment target to help end the AIDS epidemic. 2014.
http://www.unaids.org/sites/default/files/media_asset/go-go-go_en_o.pdf. Accessed 13 July 2020.

² Lazarus et al. BMC Medicine. 2016 14:94

For information on ViiV Healthcare products or to report an adverse event involving a ViiV Healthcare product, please contact GSK Medical Information on 1800 499 226.

ViiV Healthcare Pty Ltd. Level 3, 436 Johnston St. Abbotsford VIC 3067, ACN 138 687 448.

Trademarks are owned or licensed to the ViiV Healthcare group of companies.

© 2021 ViiV Healthcare group of companies or its licensor.
Date of preparation: October 2021. NP-AU-HVX-LTR-210002

**POSITIVE ACTION
COMMUNITY GRANTS**

