

VIIV HEALTHCARE AUSTRALIA

POSITIVE ACTION



Community Grants 2025

Privacy Notice:

ViiV Healthcare is committed to supporting organisations that serve affected communities and prioritise projects based on whether they are led by people from the community that they serve.

We will therefore only use this information to enable us to prioritise eligibility for funding. We will not process your personal information in the future or for any other purpose. For further information please refer to our [privacy notice](#).

Section 1: Organisation Contact Details

Organisation Name:			
ABN:			
Postal Address:			
Contact Person, Title:			
Telephone:		Telephone (alternative):	
E-mail:		Website:	

Section 2: Program Summary

Project Title	
Project Summary (1 paragraph). More details can be provided in section 6	
Amount Requested	

Section 3: Eligibility Assessment

This section is designed to serve as a brief exercise to help you determine if your organisation is a match to receive grant funding from ViiV, and to ensure our priorities and objectives for meeting unmet needs of people living with HIV are aligned.

The below assessment provides an indication of the aims of ViiV Healthcare.		APPLICATION DATE:
If you respond "No" to several of the questions below, it is likely that your application is not in line with ViiV Healthcare internal Grant Guidelines.		
1. Is your organisation a registered non-profit or charity, non-governmental organisation (NGO) or community-based organisation (CBO)? <i>Note: Please include proof of NGO/Charity Status</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does your organisation focus on HIV/AIDS and directly related issues (at least 75% of activities and spending)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does your organisation focus on supporting people living with HIV or help to raise awareness of HIV amongst the general public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do people living with HIV and other inadequately served populations serve on your Board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does your organisation involve people living with HIV and other inadequately served populations in the development and implementation of programs and activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. (Please ensure your application adheres to the below rule, otherwise it cannot be considered for funding): The request is for less than 25% of the total funding received by your organisation during a 12-month calendar year period. (Please attach proof in the form of a financial statement or confirmation from your finance team acknowledging the above). <i>'If your response to question 6 is 'No' your application will be ineligible.'</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are there any links to Government Officials within your organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have selected YES to Q7, please explain the nature of this link:		

Please ensure you complete the Conflict of Interest (COI) form attached below as part of your application.

Section 4: Organisational Financial Summary

This will remain confidential to ViiV Healthcare.

Please ensure a full set of your organisation's latest accounts is submitted with your application form.

Current Year Annual Budget (calendar year)	<small>(Budget of the organisation for the calendar year in which you are seeking payment, please include most recent audited Annual Report)</small>		
Number of staff: <small>(Equivalent full time)</small>			
In which States of Australia do you currently operate:	<input type="checkbox"/> Australian Capital Territory	<input type="checkbox"/> Queensland	<input type="checkbox"/> Victoria
	<input type="checkbox"/> New South Wales	<input type="checkbox"/> South Australia	<input type="checkbox"/> Western Australia
	<input type="checkbox"/> Northern Territory	<input type="checkbox"/> Tasmania	

Existing ViiV Healthcare Funding <i>Please list any existing secured funding that your organisation has received from ViiV Healthcare for any project/work in this calendar year</i>	Fund/Source	Project	Amount
Requested amount:	[Requested amount for current grant in AUD]		
If this program will be co-funded with another funding stream, please state the size and source of the other funding source(s)	[Secured amount in AUD]		

Section 5: Positive Action Grant Priority Areas & Beneficiaries

Positive Action Community Grants are available to support community organisations in their work to improve the lives of people living with HIV (PLHIV). This includes initiatives that aim to achieve 95:95:95¹ Australia's target of 95% of people living with HIV report good quality of life by 2030² and beyond. We will support projects that are innovative, sustainable and produce tangible results. To this end, the following priority areas have been identified (Please refer to the 2025 PACG Guidelines).

Which of the following Positive Action Community Grants priorities does your project intend to address?	<input type="checkbox"/> Quality of life for PLHIV <input type="checkbox"/> Improved HIV-related knowledge in priority populations <input type="checkbox"/> Enhanced PLHIV/HCP relationships <input type="checkbox"/> Enhanced health system responses to achieve best long-term health outcomes for PLHIV
Number of beneficiaries expected?	Direct:
	Indirect:
Project duration: (Include start and finish dates)	

Section 6: Program Description

Please provide the description of the proposed program or initiative you seek to implement. 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.

[Max. 2 A4 page in total, font Arial 10 pts.]

Project title:

Project summary:

Brief description of the target population your project seeks to serve, which communities will benefit from successful implementation

(Please include any age or demographic information that can help us understand your proposed beneficiaries)

Section 7: Budget

Please use the following table to provide estimated budget in AUD for your proposed program

Budget line	Specification	Budget Amount	Secured Amount	Request Amount
A. Salaries and Fees				
Subtotals:				
B. Office Space and Related Costs				
Subtotals:				
C. Administrative and Other Direct Costs (should not exceed 15% total budget request)				
Subtotals:				
D. Materials/Supplies				
Subtotals:				

E. Workshops/Trainings				
Subtotals:				
F. Travel				
Subtotals:				
G. Fees, insurances, Taxes				
Subtotals:				
H. Other (please specify)				
Subtotals:				
Total amounts:				

Section 8: 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 priorities of the Positive Action Community Grants?

Q3. What are your project's main objectives and core activities? Will any partners be involved in the implementation?

Q4. What is the anticipated impact of this project? What does success look like and how will outcomes for people living with HIV be measured? Suggested KPI's:

- At midpoint: Number of completed deliverables compared to planned deliverables and percentage of budget spent vs. planned expenditure, stakeholder satisfaction with progress, communication, and interim results.
- At conclusion: Percentage of deliverables completed vs. planned deliverables (e.g., 100% of project milestones achieved) with assessment of any unfinished tasks or scope changes. Final budget utilization vs. initial budget forecast. Final stakeholder feedback on project outcomes and deliverables. Satisfaction ratings from internal and external stakeholders.

Q4. Continued.

Q5. Additional information

Section 9: Conflicts of Interest

Please complete the Conflict of Interest form below in full.

All sections of this form must be answered to the best extent of your knowledge at time of completion. Any incomplete forms will be returned, which could result in delays to payment if grant is approved

CONFLICT OF INTERESTS DECLARATION FORM

The purpose of this form is to provide ViiV Healthcare with information about interests that your Organisation ("Third Party"), and its representatives, holds which could potentially compromise the ability to make a decision in the best interest of both parties (Conflict of Interest). By collecting the information below ViiV Healthcare wishes to ensure that any potential conflict should be identified openly so that these can be appropriately managed rather than prevent Third Parties, or their representatives, from engaging with ViiV Healthcare.

This form must be completed if your grant request is approved for verification / due diligence. All sections of this form must be answered to the best extent of your knowledge at time of completion.

ViiV HEALTHCARE CONTRACTING ENTITY / DATA CONTROLLER

Company Legal Name	ViiV Healthcare
Country	Australia

1. Third Party details at the registered place of business

Third Party Legal Name <i>(The name of the legal entity registered with the state registration authority/ regulatory body)</i>	
Australian Business Number (ABN) <i>(The number assigned to the entity by the government registration authority at registration)</i>	
Registered Business Address and Post Code <i>(The current address held for the entity by the state registration authority)</i>	
Telephone Number	
Website	
Contact Person (Position / Title)	
Email address	

2. Third Party details where the engagement will be undertaken

☐ Please check the box if these details are the same as above, otherwise provide the information below

Third Party Legal Name <i>(The name of the legal entity registered with the state registration authority/ regulatory body)</i>	
Australian Business Number (ABN) <i>(The number assigned to the entity by the state registration authority at registration)</i>	
Registered Business Address and Post Code <i>(The current address held for the entity by the state registration authority)</i>	
Telephone Number	
Website	
Contact Person (Position / Title)	
Email address	

3. Individual Representative¹ of the Organisation

Full name of the representative:	
Job Title:	

¹ Individual Representative can be a senior member of the management, company's secretary, legal representative or a person authorised to act on behalf of your organisation

4. Conflicts of Interest Disclosure

4.1 Do you, any significant beneficial shareholders², founders (if such present) or senior management: 411 Have a role that falls under the definition of Government Official ³ who might be in a position to influence the purchase of ViiV Healthcare products or to offer an advantage to your business or ViiV Healthcare? 412 Had a role as a Government Official in the past two years where they had influence on the decisions or actions regarding the proposed contract or the business activities of ViiV Healthcare or its affiliates? 413 Have a role which involves advising, influencing or making decisions on: o regulation of medicines; or o procurement of medicines; or o the funding provision for healthcare? 414 Have a majority ownership or controlling interest in any other entity that could have influence over ViiV Healthcare's business? 415 Do you, any significant beneficial shareholders, founders (if such present) or senior management have a close family member (e.g. spouse, children, parents, siblings) who falls under any of the previous categories?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details)
4.2 Are there any other third parties – including subcontractors, subsidiaries, branches, partnerships or associations or other parties in addition to your own people – that your organisation will involve in the direct delivery of services under this engagement?	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable ⁴ <input type="checkbox"/> Yes (provide details)
4.3 If yes, please indicate whether conflicts of interest exist with these third parties or individuals.	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable ⁴ <input type="checkbox"/> Yes (provide details)
4.4 Is there any other information relating to potential conflicts of interest that have not been asked in the form above?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details)

² A 'beneficial owner' is defined as a natural person who – directly or indirectly (through other entity or entities) – ultimately owns or controls the Third Party. Only those individuals holding a consolidated control or interest stake of 25% or more in the Third Party are required to be disclosed.

³ '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.

⁴ Choose this option if you are in receipt of a grant or donation from ViiV Healthcare and are not providing a service to ViiV Healthcare.

By signing this form you declare that - to the extent of your knowledge - all information provided is true and fair at the time of completion. The organisation's credentials provided in Section 1 (legal name, address and ABN) correspond to the legal entity with which ViiV HEALTHCARE is anticipated to sign an agreement in relation to this engagement.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Print Name:	<input type="text"/>		
Title/Role:	<input type="text"/>		

UPDATES

Should there be any updates or changes to this declaration once engaged with ViiV Healthcare, this must be reported to the ViiV Healthcare contact.

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

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1. 95-95-95 UNAIDS Fast Track: Accelerating action to end the AIDS epidemic by 2030.
https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf. Accessed June 2024
 2. Australian Government Ninth National HIV Strategy 2024-2030. Available at:
<https://www.health.gov.au/resources/publications/ninthnational-hiv-strategy-2024-2030?language=en>

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 4, 436 Johnston St, Abbotsford VIC 3067, ACN 138 687 448.

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Positive Action Community Grants Application Form July 2025

**POSITIVE ACTION
COMMUNITY GRANTS**

