

Innovations in Cancer Control Grants - 2019 Round Expression of Interest Guidelines

CLOSING DATE FOR SUBMISSIONS

5:00pm on Friday, 22 March 2019

Final | 16 January 2019

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Introduction

The Cancer Institute NSW (the Institute) is Australia's first statewide government-supported cancer control agency. Our vision is to lessen the impact of cancer in NSW and we are focused on taking a collaborative approach to improving outcomes in cancer prevention, diagnosis, treatment, care and ultimately, survival.

The Institute is working on delivering the NSW Cancer Plan, the NSW Government strategy that sets the platform for programs and campaigns aimed at lessening the burden of cancer in NSW. The NSW Cancer Plan has a focused attention on priority populations and priority cancers to both improve cancer outcomes and lessen inequity within the community. The NSW Cancer Plan can be downloaded from the Institute's [website](#).

Objectives of the Program

The Innovations in Cancer Control Grant Program provides funding to organisations working in cancer, health and other related services. These organisations will undertake evidence-based projects that have the potential to be embedded in the health system and are sustainable past the funding period. The focus of these grants is community and service-centred initiatives and not research proposals.

Consideration will be given to applications which:

- Assist health care professionals in transferring research outcomes into clinical practice;
- Build upon evidence which is currently available (e.g. publications, previous initiatives /projects);
- Enhance community engagement or cancer service provision by working towards the goals of the NSW Cancer Plan;
- Target the priority populations, cancers or actions of the NSW Cancer Plan.

Eligibility Criteria

To be eligible for funding in the 2019 Grant Round:

1. The organisation must be a registered organisation with a demonstrated track record in cancer control or vested interest in improving cancer outcomes for specific groups in the community and be based in and providing services to the population of NSW.
2. Applicants must apply online via the [Grants Management System \(GMS\)](#). There are six priority areas in the Innovations in Cancer Control Grants 2019 Round. To apply for more than one grant in the same or different priority area, a separate application will need to be submitted through the GMS.

3. The project must commence in the 2019/20 financial year and be completed at the latest by 30 June 2021.
4. All obligations regarding previously funded projects involving the applicants must have been fulfilled to the satisfaction of the Institute. Such obligations include the provision of satisfactory progress, final and financial reports.
5. The project must have an evaluation approach that includes process and outcome measures. It is recommended that up to 10% of the total project cost is allocated to evaluation (a template will be provided to successful applicants).

Out of Scope¹

The following items are out of scope for this grant round:

1. Capital purchases.
2. Funding for research proposals.
3. The continuation and/or evaluation of existing programs/initiatives.
4. Funding for clinical service positions or the delivery of clinical services. Please note, the funding may be used to appoint a fixed term project officer, or similar position to undertake the project (this excludes Priority Areas 2 and 3).

Grants Management System (GMS)

The Innovations in Cancer Control Grants will be managed through the Grants Management System (GMS). The GMS is the online portal that the Institute uses for grant applications. The GMS allows the grant applicant to edit and submit their application before the closing date.

This system has been used successfully for research grants within the Institute for the past two years.

Further information on the GMS can be accessed on page 20.

¹ Note: Individual priority areas might have additional out of scope items, please check the relevant section in this document.

Priority Areas Summary

#	Priority Area	Available Funding (excluding GST)	Eligible Organisations	Length of Project	Page
1	Lessening the Impact of Cancer on Aboriginal People and Communities	Up to a maximum value of \$120,000 per grant	Aboriginal Health Services (Aboriginal Community Controlled Health Services or Aboriginal Medical Services), Local Health Districts, Specialty Health Networks, Primary Health Networks, non-government organisations	Up to 24 months	5
2	Bowel Cancer Screening – Aboriginal Community Education	Up to a maximum value of \$20,000 per grant	Aboriginal Health Services (Aboriginal Community Controlled Health Services or Aboriginal Medical Services); OR Local Health Districts, Specialty Health Networks and Primary Health Networks in collaboration with Aboriginal Health Services	12 to 18 months	7
3	Bowel Cancer Screening – Multicultural Community Education	Up to a maximum value of \$20,000 per grant	Multicultural community/health organisations OR Local Health Districts or Specialty Health Networks, Primary Health Networks	12 to 18 months	9
4	Building on Innovations in Cancer Care	Up to a maximum value of \$120,000 per grant	Local Health Districts, Specialty Health Networks, Primary Health Networks, non-government organisations	Up to 24 months	11
5	Investigating Clinical Variation and Addressing Unwarranted Clinical Variation	Up to a maximum of \$100,000 per grant	Local Health Districts or Specialty Health Networks	Up to 24 months	13
6	Improving the Experiences of People with Cancer in Multicultural Communities	Up to a maximum value of \$120,000 per grant	Local Health Districts, Specialty Health Networks, Primary Health Networks, non-government organisations	Up to 24 months	16

Priority Areas 2019 Round:

Priority 1: Lessening the Impact of Cancer on Aboriginal People and Communities

Up to a maximum value of \$120,000 per grant excluding GST, up to 24 months.

Aboriginal communities have a higher incidence of cancer than non-Aboriginal communities (461 per 100,000 compared with 434 per 100,000) and Aboriginal people are more likely to die from cancer than non-Aboriginal people (253 per 100,000 compared with 172 per 100,000). Aboriginal communities also have a higher prevalence of cancer-related risk factors.

Compared with non-Aboriginal people, Aboriginal people may be less likely to access services, including support and treatment services and, as a result may also experience poorer outcomes during and after cancer treatment.

It is acknowledged that community engagement is the touchstone across the NSW Aboriginal population to raise the profile of cancer, improve engagement with services and implement the relevant interventions at the local level.

The focus of these grants is to develop, implement, and evaluate strategies which aim to support Aboriginal people with cancer, by building health literacy, fostering partnerships, and developing or improving resources available to support Aboriginal people with cancer.

Essential Criteria:

1. The organisation currently provides healthcare or health promotion services to the NSW population and have a demonstrated track record in cancer control and Aboriginal health.
2. The project has a clear plan to lessen the impact of cancer within the NSW Aboriginal community, in accordance with the NSW Cancer Plan objectives, and the principles and priorities within the National Aboriginal and Torres Strait Islander Cancer Framework.
3. The project aims to address one of the categories below:
 - a) Building capacity within the health system to further support Aboriginal people with cancer, aligned with the National Safety and Quality Health Service Standards and the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer.
 - b) Building sustainable partnerships between Aboriginal Health Services (Aboriginal Community Controlled Health Services and/or Aboriginal Medical Services) and

cancer services provided by Local Health Districts and/or Specialty Health Networks to support Aboriginal people with cancer and their communities.

- c) Responding to locally identified needs and priorities to support Aboriginal people with cancer, in line with the NSW Cancer Plan.
4. The project will foster partnerships and create mechanisms to sustain ongoing cooperation and collaboration.
5. The project is scoped to be completed within a reasonable timeframe, up to 24 months or by 30 June 2021.
6. An evaluation methodology is identified in the proposal to monitor and measure the outcomes of the project.

Desirable Criteria:

1. The project aligns with the organisation's strategic plan or local Cancer Plan, the key principles outlined within the National Aboriginal and Torres Strait Islander Cancer Framework 2015, and the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer.
2. The project encourages collaboration with eligible agencies to maximise efficient use of funding to achieve a common goal.
3. The applicant has identified potential human resources and in-kind support.
4. The project develops or utilises systems to share knowledge, expertise or experience (e.g. communities of practice, information technology).

Out of Scope:

1. Capital purchases.
2. Funding for research proposals.
3. The continuation and/or evaluation of existing programs/initiatives.
4. Funding for clinical service positions or the delivery of clinical services. Please note, the funding may be used to appoint a fixed term project officer, or similar position to undertake the project.
5. Activities that do not raise the cancer profile or identify partnerships; both informal and formal partnerships.

Priority 2: Bowel Cancer Screening – Aboriginal Community Education

Up to a maximum value of \$20,000 per grant excluding GST (based on the size and complexity of the project), up to 18 months.

The purpose of these grants are to support the delivery of bowel cancer screening community education initiatives by Aboriginal health organisations/programs in NSW. The aim of these activities will be to address barriers to screening and improve low participation rates in the National Bowel Cancer Screening Program (NBCSP) amongst Aboriginal men and women aged 50-74.

Research has shown that for Indigenous Australians, education, endorsement and support from a primary health organisation or worker, may help address several identified barriers to bowel cancer screening.

With support from the Institute and utilising NBCSP tailored educational support resources, grantee organisations will be required to undertake activities to:

- Train staff, building their capability to talk to clients about bowel cancer and bowel cancer screening.
- Facilitate culturally-tailored health screening education sessions or workshops to promote bowel cancer screening amongst men and women from Aboriginal communities (aged 50-74).

Essential Criteria:

1. The focus of the grant project must be on Aboriginal and Torres Strait Islander men and women aged 50 -74 years.
2. The lead applicant must be a NSW-based Aboriginal Health Service, Local Health District or Primary Health Network (ideally currently involved in the direct provision of education, information, care and support services to local community members).
3. All applicants must demonstrate clear links to, and ability to engage, the targeted community in the project activities **OR** they must partner with organisations who can facilitate such engagement (and provide evidence of this).
4. The project must involve activities that aim to improve staff capability to talk to community members about bowel cancer screening (i.e. staff training).
5. The project must involve facilitating culturally-tailored health screening education sessions or workshops to promote bowel cancer screening amongst the targeted community.
6. Applicants must commit to utilising existing NBCSP educational support resources for staff and community education as outlined below:
 - [National Indigenous Bowel Screening Resources](#) (including health worker online training modules and other resources).

7. Applicants must commit to working with the Institute to develop the project methodology and messaging, and participate in workshops hosted by the Institute.
8. The proposal should demonstrate allocation of appropriate staffing/resourcing to project management, training and facilitation (for community focused education sessions and/or workshops).
9. Following completion of the project activities and as an addendum to the final report, applicants must provide a key learnings summary, including any recommendations for the development of future strategies to improve bowel cancer screening participation amongst the targeted group.

Desirable Criteria:

1. Collaboration across multiple health services/organisations within the region.
2. Demonstrated previous experience in delivering health messages.

Out of Scope:

1. Capital purchases.
2. Funding for research proposals.
3. The continuation and/or evaluation of existing programs/initiatives.
4. Funding for clinical service positions or the delivery of clinical services.
5. The project cannot involve the distribution of bowel cancer screening kits for completion by participants.
6. Applicants must not be participating in the National Indigenous Bowel Screening Pilot.

Priority 3: Bowel Cancer Screening – Multicultural Community Education

Up to a maximum value of \$20,000 per grant excluding GST (based on the size and complexity of the project), up to 18 months.

The purpose of these grants are to support the delivery of bowel cancer screening community education initiatives by multicultural health and community organisations/programs in NSW. The aim of these activities will be to address barriers to screening and improve low participation rates in the National Bowel Cancer Screening Program (NBCSP) amongst culturally and linguistically diverse (CALD) men and women aged 50-74.

Research and findings of previous community engagement work, has shown that for people from CALD backgrounds, education, endorsement and support from a health or other trusted organisation, or professional, may help address several identified barriers to bowel cancer screening.

With support from the Institute and utilising the Institute's tailored educational support resources, grantee organisations will be required to undertake activities to:

- Train staff, building their capability to talk to clients about bowel cancer and bowel cancer screening.
- Facilitate culturally-tailored health screening education sessions or workshops to promote bowel cancer screening amongst men and women from CALD communities (aged 50-74).

Essential Criteria:

1. The focus of the grant project must be on CALD men and women in NSW, 50-74 years of age, with clear justification for why the CALD community, or communities, have been chosen.
2. The lead applicant must be a NSW-based health or community services organisation, Local Health District or Primary Health Network (ideally currently involved in the direct provision of education, information, care and support services to local community members).
3. All applicants must demonstrate clear links to, and ability to engage, the targeted community in the project activities **OR** they must partner with organisations who can facilitate such engagement (and provide evidence of this).
4. The project must involve activities that aim to improve staff capability to talk to community members about bowel cancer screening (i.e. staff training).
5. The project must involve facilitating culturally-tailored health screening education sessions or workshops to promote bowel cancer screening amongst the targeted community.

6. Applicants must commit to utilising existing Institute educational support resources for staff and community education as outlined below:
 - [Bowel Health and Screening Flipchart and Facilitator Manual](#): the flipchart is currently available in English, Traditional Chinese, Simplified Chinese, Arabic, Vietnamese, Greek and Italian (with the potential for additional languages).
7. Applicants must commit to working with the Institute to develop the project methodology and messaging, and participate in workshops hosted by the Institute.
8. The proposal should demonstrate allocation of appropriate staffing/resourcing to project management, training and facilitation (for community focused education sessions and/or workshops).
9. Following completion of the project activities and as an addendum to the final report, applicants must provide a key learnings summary, including any recommendations for the development of future strategies to improve bowel cancer screening participation amongst the targeted group.

Desirable Criteria:

1. A focus on one (or a maximum of two) language groups is desirable.
2. Demonstrated previous experience in delivering health messages.

Out of Scope:

1. Capital purchases.
2. Funding for research proposals.
3. The continuation and/or evaluation of existing programs/initiatives.
4. Funding for clinical service positions or the delivery of clinical services.
5. The project cannot involve the distribution of bowel cancer screening kits for completion by participants.

Priority 4: Building on Innovations in Cancer Care

Up to a maximum value of \$120,000 per grant excluding GST, up to 24 months.

The NSW Cancer Plan aims to implement initiatives to improve cancer outcomes across the community, whilst also recognising that within NSW there are people or communities who have a higher risk of cancers and experience poorer cancer-related health outcomes.

The focus of these grants is to develop, implement, and evaluate innovative strategies or localise pathways which aim to support and facilitate equitable access to cancer services for the people and communities affected by cancer. It also aims to develop or improve the resources available to support, promote and thereby improve the survival of patients with cancer.

For this round of funding, projects should target one or more of the following categories:

- a) Innovative projects that improve service provision to people with cancer.
- b) Localisation of Optimal Care Pathways, prioritising lung, bowel and liver as a prerequisite prior to other tumour types and pathways.
- c) Building on systems and processes to improve access to:
 - o Psycho-oncology services
 - o Physical rehabilitation services
 - o Survivorship services.

Essential Criteria:

1. The lead applicant is a NSW Local Health District, Specialty Health Network, Primary Health Network or non-government organisation, and the project aligns with the organisation's strategic plan or local Cancer Plan.
3. Provision of a clear rationale for the proposed initiative, including outlining how the specific problem or issue to be addressed has been identified and how it will be addressed by the project.
4. Local people affected by cancer are included as members of the project team as either Consumer Advisors and/or project partners.
5. A comprehensive evaluation plan and strategy, with appropriate budget allocated for evaluation and monitoring.
6. The project application must demonstrate sustainability of the initiatives, e.g. how the project will continue to contribute to achieve its goals beyond the funding period.

Desirable Criteria:

1. The project encourages collaboration (Local Health Districts, Specialty Health Networks, Primary Health Networks, non-government organisations) to maximise efficient use of grants funding to achieve a common goal.
2. The project has academic partners, such as members of a Translational Cancer Research Centre (TCRC) or academics with subject matter expertise.
3. The project develops or utilises systems to share knowledge, expertise or experience (e.g. communities of practice, information technology).
4. The project focuses on the priority cancers or communities of the NSW Cancer Plan.
5. The project attracts in-kind resources to maximise efficient use of funding.
6. The project has the potential for implementation across NSW.

Out of Scope:

1. Capital purchases.
2. Funding for research proposals.
3. The continuation and/or evaluation of existing programs/initiatives.
4. Funding for clinical service positions or the delivery of clinical services. Please note, the funding may be used to appoint a fixed term project officer, or similar position to undertake the project.
5. Applicants who have previously received funding for the development of a localised pathway are not eligible for further funding to define and localise the pathway.

Priority 5: Investigating Clinical Variation and Addressing Unwarranted Clinical Variation

Up to a maximum value of \$100,000 per grant excluding GST, up to 24 months.

The purpose of this grant is to support the investigation of clinical variation in care for one of the specified cancer types (see essential criteria), and development of a continuous quality improvement strategy to address unwarranted variation or improve quality of systems and care; ultimately improving cancer service delivery aligned to the goals of the NSW Cancer Plan.

The NSW Cancer Plan aims to increase the survival of people with cancer through improving cancer outcomes. This goal and objective will be met through strengthening the capacity of the cancer system to deliver high quality, patient centred, integrated, multidisciplinary care, with a focus on reducing unwarranted clinical variation.

Clinical variation currently exists in cancer care between Local Health Districts, individual hospitals and other settings. Some variation in health care is warranted, for example when variation can be explained by differences in health status or patient preferences. However, variation that cannot be explained by patient needs and preferences is classified as unwarranted variation. If unaddressed, it has the potential to reduce safety, quality, patient experience, performance effectiveness and efficiency outcomes.

As part of the Institute's Reporting for Better Cancer Outcomes (RBCO) program, data on key measures of cancer treatment quality are benchmarked by Local Health Districts, hospitals, or facilities. The RBCO program and local data have the potential to highlight clinical variation, and can:

1. Provide a signal for when further work is required to determine if the clinical variation is unwarranted; or
2. Identify when there is potential to improve quality of systems and care provision.

The grants available can be used towards:

- Conducting clinical audits
- Data collection (qualitative and/or quantitative)
- Data analyses (e.g. statistical)
- Education and training
- Service redesign and evaluation
- Sourcing fixed term officers with analytics, statistics or project management or clinical continuous quality improvement expertise.

Essential Criteria:

1. The organisation must be a NSW Local Health District or Specialty Health Network.
2. The submission must address one of the following cancer focus areas:
 - a) Lung cancer
 - b) Rectal cancer
 - c) Bladder cancer
 - d) Oesophageal and gastric cancer
 - e) Pancreatic and primary liver cancer, cholangiocarcinoma.
3. The project identifies clinical leadership with subject-matter expertise and a governance structure that includes input by and feedback to clinicians.
4. Provision of a clear rationale for the proposed project initiative, including outlining what clinical variation has been identified (provide data) and how clinical variation will be investigated.
5. Provide a draft and/or governance structure to outline how any identified unwarranted variation will be addressed.
6. Provide an outline for how identified opportunities to improve quality of systems and care will be approached; particularly when variation is not found to be unwarranted however, opportunities for system change are identified.
7. Commitment to working closely with the Institute to develop a statewide framework to understanding clinical variation and addressing unwarranted clinical variation.

Desirable Criteria:

1. The project aligns with the organisation's strategic plan or local Cancer Plan.
2. The project encourages collaboration with eligible agencies (Local Health Districts, Specialty Health Networks, Primary Health Networks, non-government organisations) to maximise efficient use of grants funding to achieve a common goal.
3. The project attracts in-kind resources to maximise efficient use of grant funding.
4. The project develops or utilises systems to share knowledge, expertise or experience (e.g. communities of practice, information technology).
5. The project has the potential for implementation across NSW.
6. The project has academic partners, such as members of a Translational Cancer Research Centre (TCRC) or academics with subject matter expertise.

Out of Scope:

1. Capital purchases.
2. Funding for research proposals.

3. The continuation and/or evaluation of existing programs/initiatives.
4. Funding for clinical service positions or the delivery of clinical services. Please note, the funding may be used to appoint a fixed term project officer, or similar position to undertake the project.

Priority 6: Improving the Experiences of People with Cancer in Multicultural Communities

Up to a maximum value of \$120,000 per grant excluding GST, up to 24 months.

The NSW Cancer Plan aims to implement initiatives to improve cancer outcomes across the community, including multicultural communities of New South Wales. Research indicates that multicultural communities have higher incidences of cancer and may experience poorer cancer outcomes. Also, certain groups within multicultural communities are at risk of specific cancers.

To address equity issues experienced by the multicultural communities, the Institute has adopted a [multicultural equity framework](#) focusing on four strategic areas:

1. Collect evidence of multicultural equity issues relevant to goals of the NSW Cancer Plan.
2. Engage with multicultural communities in developing and delivering the NSW Cancer Plan initiatives.
3. Ensure multicultural equity by filling gaps and further embedding culturally appropriate strategies and activities within the NSW Cancer Plan initiatives.
4. Take leadership in multicultural equity through innovation and by setting best practice benchmarks.

The grants available are to aid the planning, development, implementation, and evaluation of programs (within the scope of the NSW Cancer Plan). They should aim to address any existing equity issues of multicultural communities, and thereby improve quality of life, and survival rates of people from culturally and linguistically diverse communities affected by cancer and their carers.

The grant aims to encourage effective partnerships between non-government and government organisations, Primary Health Networks and academics, in order to improve coordination, accessibility and development of quality cancer support networks to better support multicultural people affected by cancer.

Essential Criteria:

1. The lead applicant must be a NSW Local Health District, Specialty Health Network, non-government organisation or Primary Health Network. If the lead applicant is a non-government organisation, the organisation must demonstrate significant experience in delivering health programs and/or must partner with appropriately skilled and experienced organisations and provide evidence of such.
2. The project must address a prioritised action of the NSW Cancer Plan and address one or more of the four strategic areas of the Multicultural Equity Framework of the Institute.

3. The project application must demonstrate sustainability of the initiatives; e.g. how the project will continue to contribute to achieving the NSW Cancer Plan goals beyond the funding period of the grant.
4. The project must have a comprehensive plan and an evaluation strategy, and approximately 10% of the budget be allocated for evaluation and monitoring.
5. The project must identify key stakeholders and foster effective partnerships in order to improve coordination, accessibility and development of culturally safe support networks to better support multicultural people affected by cancer.

Desirable Criteria:

1. The project aligns with the organisation's strategic plan or local Cancer Plan.
2. The project has academic partners such as university based research centres or academics with subject matter expertise.
3. The project attracts in-kind resources to maximise efficient use of grants funding.
4. The project presents systems to share knowledge, expertise or experiences, e.g. community of practice.

Out of Scope:

1. Capital purchases.
2. Funding for research proposals.
3. The continuation and/or evaluation of existing programs/initiatives.
4. Funding for clinical service positions or the delivery of clinical services. Please note, the funding may be used to appoint a fixed term project officer, or similar position to undertake the project.

Timeline

Key dates for the Innovations in Cancer Control Grants	
Monday, 21 January 2019	Call for Expressions of Interest
Tuesday, 12 February 2019	Grant information forum
5:00pm on Friday, 22 March 2019	Close of applications
March – April 2019	Finalise review of applications
Late May 2019	Notification to applicants
Monday, 1 July 2019	Projects and funding period commence
July – August 2019	Commencement meeting between the Cancer Institute NSW and grant recipients
Regularly throughout the grant	Project progress reporting
Sunday, 30 June 2021 (or earlier as applicable)	Final report/project closure

Funding

- The funds must be spent for the primary purpose of achieving the objectives of the Innovations in Cancer Control Grants.
- All projects funded under the program will be required to report against evaluation measures developed by the applicants as part of the submission process.
- Funding is available for registered organisations/companies in NSW. If a joint application is received and successful, funding will be provided to the lead applicant and distribution of funds is their ultimate responsibility. This should be identified in the project budget to be submitted as part of the Expression of Interest.
- The Institute reserves the right to award funds at a different level and for varying periods to that requested in the Expression of Interest.
- As part of the final reporting requirements, a full financial acquittal verified by a certified officer is required.
- Funding is not to be used for clinical service positions or provision of clinical services. Funding should be used to support the establishment of sustainable models of care/initiatives that can continue beyond the funding period. Please note that funding

may be used to appoint a temporary project officer, or similar position to undertake the project.

- There is an expectation that successful applicants will participate in a relevant Communities of Practice group and submit an abstract to the Cancer Institute NSW Innovations in Cancer Treatment and Care Conference (or other agreed conference).

Expression of Interest Evaluation

Once the application has been submitted through the Grants Management System (GMS), it will be reviewed for completeness and adherence to submission requirements. Successful applicants will be selected through a competitive process. Each Expression of Interest will be reviewed and scored according to the project concept, including:

- Sustainability
- Project methodology
- Project budget
- Evaluation
- Experience/background
- Focus and current activities of the organisation.

The essential criteria listed above should be addressed throughout the Expression of Interest and will also be considered and scored as part of the evaluation.

Applicants may be asked to provide additional information in order to reach a final decision.

Each Chief Executive (or equivalent), Project Sponsor, Head of Department (or equivalent) and Project Lead detailed in the Expression of Interest will be notified in writing of the evaluation outcome. The Institute is unable to provide any additional information about the reasons for being successful/unsuccessful beyond what is stated in the letter of notification.

Submitting an Expression of Interest

How to complete an Expression of Interest application:

- The Expression of Interest application must be completed through the [Grants Management System \(GMS\)](#).
- For instructions on how to use the GMS, refer to the [GMS user guide](#).
- Expressions of Interest should provide all requested information. Only information provided in the Expression of Interest will form the basis of the review process.

Sign-off:

- All applications require signatures of the Project Lead, Project Sponsor and Chief Executive (or equivalent).
- Applications for Priority Areas 1, 4, 5 and 6 require the signature of the Director of Cancer Services (or equivalent).
- Applications with a partner organisation require the signature of the appropriate authority from the partner organisation.
- Applications for Priority Areas 1 and 2 from a Local Health District require the signature of the Director, Aboriginal Health (or equivalent).

Due date:

- Applications must be submitted through the GMS by **5:00pm on Friday, 22 March 2019**.
- Incomplete or late submissions will not be accepted.

Grant information forum:

- The Institute will hold an information forum for all priority areas. Further information about the forum is available on the Institute's [website](#).

Contact us:

- Email: CINSW-Innovation@health.nsw.gov.au
- Please enter "Innovations in Cancer Control Grants" and the priority area in the email subject line to enable quicker processing of your query.