# Cervical Screening Community Engagement Grant Application Form

**Instructions:**

* Send completed application form to the Grants Team: CINSW-Grants@health.nsw.gov.au by **12:00pm on Tuesday, 22 April 2025**

##### Lead Applicant Details

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Contact number |  |
| Email address |  |
| Organisation |  |
| Position |  |
| Are you of Aboriginal and/or Torres Strait Islander origin? | Choose an item. |
| How do you describe your gender? | Choose an item. |

##### Organisation Primary Contact

Provide the organisation contact who will be signing the Competitive Grants Agreement in the event that the application is successful.

|  |  |
| --- | --- |
| Primary Contact Name |  |
| Primary Contact Position |  |
| Primary Contact Email  |  |

## Project Details

##### Project Summary

Provide a brief summary of your project (maximum 200 words).

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|  |

##### Does the project target any of the following priority populations? (select all that apply)

[ ]  Aboriginal Communities

 [ ]  Western NSW Local Health District

 [ ]  Hunter New England Local Health District

 [ ]  Murrumbidgee Local Health District

 [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Culturally and linguistically diverse communities

 [ ]  South Western Sydney Local Health District

 [ ]  Nepean Blue Mountains Local Health District

 [ ]  Western Sydney Local Health District

 [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  People with disability

[ ]  LGBTQ+ people

##### Which geographical area is the project targeting?

[ ]  Rural/remote

[ ]  Regional

[ ]  Urban

## Project Methodology

##### Describe the need to target the selected priority population, including strategies on how you will engage them to participate in cervical screening (e.g. through delivering cervical screening health promotion activities and/or cervical screening services) (maximum 300 words).

Note: include any available demographic data to support the need. Consider communities which have not been engaged before by your own or other organisations. Identify the communities/organisations you plan to collaborate with.

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##### Activities and Milestones

Break your project down into milestones, including the key activities occurring at each milestone, and the expected start and end dates.

|  |  |  |
| --- | --- | --- |
| Milestone | Start Date | End Date |
|   |   |   |
| Key Activities (maximum 150 words) |  |
| Milestone | Start Date | End Date |
|   |   |   |
| Key Activities (maximum 150 words) |  |
| Milestone | Start Date | End Date |
|   |   |   |
| Key Activities (maximum 150 words) |  |

#### (add additional rows as required)

## Project Budget/Resourcing

##### Provide a breakdown of how the grant funds will be spent (excluding GST)

|  |  |  |
| --- | --- | --- |
| **Category** | **Costs (excl. GST)** | **Please provide a breakdown of the cost** |
| Salary/wages  | $ |  |
| Project costs  | $ |  |
| Travel/accommodation  | $ |  |
| Training/education  | $ |  |
| Evaluation/monitoring  | $ |  |
| Marketing  | $ |  |
| Other (please specify) | $ |  |
| TOTAL | $ |  |

##### In-kind support

Provide the details of any in-kind support your organisation will be contributing to this project.

[ ]  Not applicable

|  |  |
| --- | --- |
| **In-kind support item**  | **Amount**  |
|  | $ |

## Risk Management Plan

List any known risks to the project, including the risk rating and action/mitigation strategy that will be implemented to reduce the likelihood of the risk becoming an issue.

|  |  |  |
| --- | --- | --- |
| **Description of risk that may impact grant activities** | **Risk rating – low/medium/high**(Likelihood risk will occur and impact risk will have) | **Action/mitigation strategy**  |
| *Add a new row for each risk* |  |  |

## Experience/Background

##### Describe your organisation’s experience and/or knowledge of delivering cervical screening health promotion activities and/or cervical screening services (maximum 300 words).

You may include the specific roles of team members, why they are the most appropriate to undertake the identified roles, and any previous grants awarded by the Cancer Institute NSW.

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##### Describe your organisation’s connection with the priority population that the project is targeting (maximum 300 words).

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## Sustainability

##### Describe how the activities will be sustained after the funding period has ceased (maximum 300 words).

How will information about cervical screening continue to be shared and access to cervical screening be maintained?

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##### Attachments

A Letter of Endorsement from the lead applicant’s organisation must be submitted alongside this application form.

The following documents may be submitted if necessary:

* Other supporting documents (e.g. diagrams, tables, references, evidence of cash and/or in-kind support).

|  |  |
| --- | --- |
| Document  | Description  |
|  |  |
|  |  |

## Certification

##### Privacy Notice

Applicants, as part of their application, consent to the information supplied being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the grant. This includes, but is not limited to, independent readers/assessors requested to provide advice, and relevant representatives and employees of the Cancer Institute NSW grant programs process. The Cancer Institute NSW may publicise and report on the awarding, including use of funds, for media releases, general announcements and annual reports. Documents containing personal information are handled and protected in accordance with the provisions of the privacy and Personal Information Protection Act 1998 which sets the standard for the collection, storage, use and disclosure of, and access to personal information.

##### Certification by Lead Applicant:

##### I certify that:

1. Details provided in the application form and attachments are true and correct.
2. Eligibility criteria set out in the accompanying guidelines have been met.
3. The lead applicant’s organisation has endorsed the application and authorised its submission to the Cancer Institute NSW.

|  |  |
| --- | --- |
| Name and Position Title | Date |
|   |  |