

Cancer Screening and Prevention and Cancer Control Grants 2022 round

Question & Answer (Q&A) document

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General questions:

- 1. Is there a limit on the number of partners that you can partner with?**
No, you may partner with multiple organisations as long as you identify them in the application. Obtaining a letter or email of support from the partner is strongly encouraged to support your application, but not mandatory. Applications with partner organisations will require a signature from the appropriate authority from the partner organisation.
- 2. Can an organisation apply for more than one grant?**
For Priority 1, you can choose multiple screening programs in the one application. For Priority 2, yes, we have received more than one application from the same organisation in the past.
- 3. Can funding be used to fund a non-clinical position for the delivery of clinical services for example, developing resources or implementing something?**
Yes, project budget can include costs relating to employment of personnel to conduct the project.
- 4. Are cancer treatment centres classified as a partner organisation?**
Yes, as long as details are provided in the application. Providing supporting evidence, that is, a letter or email from the partner organisation can help support your application as well.
- 5. Who is the project sponsor?**
The Project Sponsor is the person in your organisation who will be accountable for the approval of the project and who will have financial responsibility.
- 6. When will funding be made available?**
Funds will be made available this financial year (2022/23) and next financial year (2023/24). The successful applicants will have the opportunity to negotiate when they require the funds.
- 7. Is there a reporting template and what is the frequency of reporting?**
Yes, the Project Lead at the Cancer Institute will provide successful applicants the reporting templates. Throughout the grant, a Detailed Project Plan, a Progress Report and a Final Report (including Evaluation Report) is required. Details will be provided in the Grant Agreement.
- 8. Are there opportunities for Aboriginal communities to be included in this grant round?**
This grant round will only be focusing on one of our priority populations, that is multicultural communities. We have previously funded grants for Aboriginal communities and will consider this for the 2023 round.
- 9. When are funds received in the LHD, as funds cannot be rolled over if we receive it at the end of financial year?**
Successful applicants can negotiate with the Cancer Institute if they wish to receive the funds in the next financial year. We can take individual circumstances into account.
- 10. When do we have to commence the project once we hear the outcome in April?**
As soon as possible, ideally within a month of signing the grant agreement.
- 11. Is there a limit to the number of members on the grant application?**
The application only requires details of a Project Lead, Project Sponsor, Chief Executive (or appropriate delegate) and Director of Cancer Services (or appropriate delegate) to be listed in the Application. There is no limit to the number of members involved in the grant/project. You may include high level details of the project team throughout the application in the appropriate sections or add as an attachment in the supporting evidence section.
- 12. Can we apply for the two priority areas in the one application?**

No, if you wish to apply for Priority 1 and Priority 2, you will need two separate applications for each priority. Similarly, if you wish to apply for two projects for Priority 2, you will need two separate applications. However, if you wish to apply for multiple program areas in Priority 1, for example, breast, bowel and cervical screening, you will only need the one application.

13. Is it possible to upload extra attachments in GMS such as letters of support?

Yes, you can upload up to 10 documents at 50MB per document in the 'Supporting evidence and attachments' section in GMS. Please also note the supporting evidence in the Application Form in question 18.

14. Are electronic signatures accepted for the signed PDF Application Form?

Yes, electronic signatures will be accepted.

Priority 1 specific questions:

15. Are the education sessions limited to using the flip charts, or could we invite a GP or clinical person to provide additional information?

We welcome each organisation's advice on how they would like to tailor the education sessions for their target communities. The content of the sessions needs to be based on the flip charts, but we would consider complementary information being delivered by GPs or other subject matter experts.

16. Has there been research conducted on which language/s would be best to target?

For Breast Screening, Mandarin, Cantonese, Arabic, Italian and Greek in certain LHDs have been identified as language groups of particular need. This is based on information from the Cancer Institute Breast Screen Information System.

For bowel cancer screening and healthy living, the languages listed in the Application Guidelines are based on the flip charts currently available in the language. However, we are open to other languages if identified.

For cervical screening, there is currently no available data on cervical screening participation for multicultural communities in the National Cancer Screening Register. There are general areas of low screening rates in certain LHDs, that is, but not limited to, Western Sydney, South Western Sydney and Nepean Blue Mountains. If justification for the language/s in your application can be provided, the proposal will be considered. The 10 languages available in the flipcharts is based on ABS data.

17. If we visit several regional and remote areas, are these locations classified as multiple community groups?

Yes, you would be targeting multiple community groups.

18. If an LHD/language is not listed as a priority, is it worth applying for?

The priority LHDs/languages listed in the Application Guidelines are based on evidence of strongest need, however we are open to all proposals. The final number of successful grant applications will depend on the supporting evidence provided, the number of applications we receive and the funding available.

19. Can our target audience be clinicians who provide care to CALD communities?

Unfortunately, no. The objectives of the grant are to upskill staff within the organisation on the cancer screening and/or prevention topic and to deliver it directly to CALD communities. The Cancer Institute NSW Primary Care team work directly with the Primary Health Networks (PHNs) and have developed a [Primary Care Cancer Control Quality Improvement Toolkit](#) to support their practice or health service. You may contact our team at CINSW-primarycare@health.nsw.gov.au to find out what work is currently happening in your PHN.

20. How do we deliver education sessions in languages that the Cancer Institute does not have flipcharts for, as the 'Out of Scope' criteria states we cannot develop resources?

The aim of the grant funding is to fund organisations to deliver community education rather than develop resources. This avoids duplication of work and resources. If a flipchart is not available in a particular language, we suggest you look at options such as delivering the session in English and having an interpreter available, or we can discuss other options if you are successful.

21. Can we deliver the one education session to people from all different backgrounds in English and have resources in different languages?

Yes, we can work with you on the mode of delivery to best support your community and project needs.

22. Are the flipcharts and Power Point slides quite visual or text heavy?

The Cancer Institute NSW flipcharts have minimal text and are mainly based on visuals. On the back of the flipcharts, there are facilitator notes to support the facilitator in conveying the messages to communities. All flipcharts and facilitator guides can be found on the Cancer Institute NSW website, and we encourage applicants to view these:

- [Bowel health & screening flipcharts](#)
- [Breast screening flipcharts](#)
- [Cervical screening flipcharts](#)
- [Staying well and preventing cancer flipcharts.](#)

23. Do we need to include in the application that training is required?

Cancer Institute training will be provided for all successful grantees on how to use the flipcharts to deliver community education.

24. Are there a minimum number of attendees needed in order to run the education sessions and would larger groups be prioritised, for example there are larger groups in metro Sydney vs rural?

There are no minimum numbers of people required to run the education sessions as long as there is justification on the need in your community. Regional, rural and remote communities are a focus population for the Cancer Institute in the [2022 - 2027 NSW Cancer Plan](#), therefore all applications will be considered.

Priority 2 specific questions:

25. How many grants are offered for Priority 2?

Currently up to five grants.

26. Does Priority 2 need to focus on the program areas (that is bowel, breast and cervical screening and healthy living)?

No, only Priority 1 needs to target the screening (bowel, breast and/or cervical) and/or healthy living program areas. Priority 2 can target anyone who has been affected by cancer, from a diagnosis.

27. Would a project around enhancing health literacy on cervical screening fall under Priority 2?

Unfortunately, no, Priority 2 is specifically for projects that target people who have been diagnosed with cancer.

28. Does improving participation of CALD communities in cancer clinical research fit under Priority 2?

Yes, as long as it has a service delivery focus.

29. In the Application Template - Question 6 for Priority 2, is there a word limit of 50 words per criteria?

The word limits are suggestions to guide the amount of information for each question. You may use the combined word limit, that is 250 words, to address all the essential criteria.