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| **ViiV Healthcare**  **HIV Prevention Fund Grant Application & Budget Form** | | | | | | | | | | |
| **Privacy Notice:**  **We may as part of the application process capture personal information relating to your sexual behaviour, sexual orientation, gender identity or expression or HIV status or be able to infer it from the information you supply.  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**](https://assets.gskstatic.com/viiv/VHC/GB/pdf_files/Privacy-notice-Grants-and-Donations-April-2019.pdf)**.** | | | | | | | *I agree to ViiV Healthcare processing my personal information as part of the application process* | | | |
| **Applications should be completed in English and returned to** [**ViiV.hivpreventionfund@viivhealthcare.com**](mailto:ViiV.hivpreventionfund@viivhealthcare.com) **by COB Thursday 9th September 2021. Any applications received after this date will not be considered.** | | | | | | |  | |  | |
| **Section 1: Organisation Contact Details** | | | | | | |  | |  | |
| **Organisation Name:** |  | | | | | | | | | |
| **Postal Address:** |  | | | | | | | | | |
| **Legal Address:** |  | | | | | | | | | |
| **Registration Number** |  | | | | | | | | | |
| **Contact Person, Title:** |  | | | | | | | | | |
| **Telephone:** |  | | | **Telephone (alternative):** |  | | | | | |
| **Fax:** |  | | | **Skype:** |  | | | | | |
| **E-mail:** |  | | | **Website:** |  | | | | | |
|  | | | | | | | | | | |
| **Section 2: Programme Summary** | | | | | | | | | | |
| **Project Title** |  | | | | | | | | | |
| **Priority Funding Theme**  **(please check all that apply)** | Civil society driven national advocacy | | | | | | |  | | |
| Capacity strengthening | | | | | | |  | | |
| National coordination of joint advocacy | | | | | | |  | | |
| Regional advocacy | | | | | | |  | | |
| **Project Summary**  **(1 paragraph).**  **More details can be provided in section 6** |  | | | | | | | | | |
| **Project duration (1 or 2 years)** |  | | | | | | | | | |
| **Amount Requested per year** |  | | | | | | | | | |
| **Will the services of a Fiscal Host be used? (A further questionnaire will be sent if you answer yes)** | | | | | | | | Yes | | No | | |
|  | | | | | | |  | |  | |
| **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 the ViiV Healthcare HIV Prevention Fund, and to ensure our priorities and objectives for meeting the objectives of the fund are aligned. | | | | | | | | | | |
| **The below assessment provides an indication of the aims of the ViiV Healthcare.**  **If you respond “No” to several of the questions below, it is likely that your application is not in line with grant regulations** | | | | | | | **DATE** | |  | |
| 1. Is your organisation a registered non-profit or charity, non-governmental organisation (NGO) or community-based organisation (CBO)?[[1]](#endnote-1) | | | | | | | Yes | | No | |
| 1. Does your organisation focus on HIV/AIDS and directly related issues such as sexual health (at least 75% of activities and spending)? | | | | | | | Yes | | No | |
| 1. Does your organisation focus on supporting people living with and affected by HIV or help to raise awareness of HIV among the general public? | | | | | | | Yes | | No | |
| 1. Is your organsations work focused in one of the following regions?   EU 27 and the UK, Argentina, China, Brazil, Russia, Peru, Thailand, Indonesia, India, Mexico, Vietnam, Pakistan, Ukraine. | | | | | | | Yes | | No | |
| 1. Do people living with and affected by HIV and other inadequately served populations serve on your Board? | | | | | | | Yes | | No | |
| 1. Does your organisation involve people living with HIV and other inadequately served populations in the development and implementation of programmes and activities? | | | | | | | Yes | | No | |
| 1. **(Please ensure your application adheres to one of the below rules, otherwise it cannot be considered for funding):**   **If your organisation is based in a low-income or middle-income country:** the request is for less than 50% of the total funding received by your organisation during a 12-month calendar year period?  **If your organisation is based in a high-income country:**  the request is for less than 25% of the total funding received by your organisation during a 12-month calendar year period?  ***\*If your response to question 7 is ‘No’ your application will be ineligible.*** | | | | | | | Yes | | No\* | |
| 1. Are there any links to Government Officials within your organisation? | | | | | | | Yes | | No | |
| If you have selected YES, please explain the nature of this link: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Please ensure you have completed a Conflict of Interest (COI) form as part of your application if requested.** | | | | | | | | | | |
| **Section 4: Organisation Background** | | | | | | |  | | | |
| **Mission statement:** |  | | | | | | | | | |
| **Legal status:** |  | | | | | | | | | |
| **Country of registration:** |  | | | | | | | | | |
| **Registered since:** |  | | | | | | | | | |
| **History:** |  | | | | | | | | | |
| **Goals & Objectives:** |  | | | | | | | | | |
| **Achievements:** |  | | | | | | | | | |
| **Population(s) served:** |  | | | | | | | | | |
| **Involvement of PLWH:** |  | | | | | | | | | |
|  | | | | | | |  | |  | |
| **Section 5: Organisational Financial Summary**  This will remain confidential to ViiV Healthcare.  **Please ensure a full set of your organisation’s latest audited accounts is submitted with your application form.** | | | | | | | | | | | |
| **Current Year Annual Budget (calendar year)** | | [Budget of the organisation for the **calendar** year in which you are seeking payment] | | | | | | | | | |
| **Current Year Secured Budget (calendar year)** | | [Amount of current **calendar** year budget for which funding has been secured] | | | | | | | | | |
| **Historic Budgets (calendar year)** | | [Annual budget for 2017] | | | | | | | | | |
| [Annual budget for 2018] | | | | | | | | | |
| [Annual budget for 2019] | | | | | | | | | |
| Annual budget for 2020 | | | | | | | | | |
| **Existing ViiV Healthcare Funding**  ***Please list any existing secured funding your organisation will receive or has received from ViiV Healthcare for any project/work in this calendar year*** | | **Fund/Source** | **Project** | | | **Amount** | | | | | |
|  |  | | |  | | | | | |
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|  |  | | |  | | | | | |
| **Requested Amount:** | | [Requested amount in GBP] | | | | | | | | | |
| **If this programme will be co-funded with another funding stream, please state the size and source of the other funding source(s)** | | [Secured amount in GBP] | | | | | | | | | |
|  | | | | | | | | | | |
| **Section 6: Programme Description** | | | | | | |  | |  | |
| Please provide the description of a proposed programme or initiative you seek to implement with ViiV grant funding below. Include objectives, activities and timelines and your metrics and evaluation framework.  [Max. 2 A4 page in total, font Arial 10 pts.] | | | | | | | | | | |
| **Description of the programme or initiative for which you seek funding:** | | | | | | | | | | |
| **Monitoring & Evaluation Framework:** | | | | | | | | | | |
| **Additional questions:**   1. Which communities will benefit from successful implementation? 2. Which partners will be involved in the implementation? 3. How you will measure results/success? | | | | | | | | | | |

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| **Section 7: Budget**  Please use the following table to provide estimated budget in GBP for your proposed programme | | | | |
| **Budget Line** | **Specification** | **Budget Amount** | **Secured**  **Amount** | Requested  Amount |
| A. Salaries and Fees | |  |  |  |
|  |  |  |  |  |
| Subtotals |  |  |  |  |
| B. Office Space and Related Costs | |  |  |  |
|  |  |  |  |  |
| Subtotals |  |  |  |  |
| C. Administrative and Other Direct Costs | |  |  |  |
|  |  |  |  |  |
| Subtotals |  |  |  |  |
| D. Materials/Supplies | |  |  |  |
| Consumables - office supplies |  |  |  |  |
| Subtotals |  |  |  |  |
| E. Workshops/Trainings | |  |  |  |
|  |  |  |  |  |
| Subtotals |  |  |  |  |
| F. Travel | |  |  |  |
|  |  |  |  |  |
| Subtotals |  |  |  |  |
| G. Fees, insurances, Taxes | |  |  |  |
|  |  |  |  |  |
| Subtotals |  |  |  |  |
| H. Other (please specify) | |  |  |  |
|  |  |  |  |  |
| Subtotals |  |  |  |  |
| Total amounts |  |  |  |  |

1. |  |
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   | **Section 8: Conflicts of Interest** |
   | **Conflict of Interest Declaration Form**  The purpose of this form is to provide GSK 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 GSK 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 GSK.  ***All sections of this form must be answered to the best extent of your knowledge at time of completion.***  **GSK contracting entity / data controller**   |  |  | | --- | --- | | **Company Legal Name** |  | | **Country** |  |  1. **Third Party registered and contact details at the registered place of business**  |  |  | | --- | --- | | **Third Party Legal Name**  *(the name of the legal entity registered with the state registration authority/regulatory body)* |  | | **Registered Trade or ID Number**  *(the number assigned to the entity by the state registration authority at registration)* |  | | **Registered address and Post/Zip Code**  *(the current address held for the entity by the state registration authority)* |  | | **Country of registration** |  | | **Telephone Number** |  | | **Website** |  | | **Contact Person (Position / Title)** |  | | **Email address** |  |  1. **Third Party Registered and contact 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**  *(the name of the legal entity registered with the state registration authority/regulatory body)* |  | | **Registered Trade or ID Number**  *(the number assigned to the entity by the state registration authority at registration)* |  | | **Registered address and Post/Zip Code**  *(the current address held for the entity by the state registration authority)* |  | | **Country of registration** |  | | **Telephone Number** |  | | **Website** |  | | **Contact Person (Position / Title)** |  | | **Email address** |  |  1. **Individual Representative of the Organisation**  |  |  | | --- | --- | | Full name of the representative |  | | Job Title |  |  1. **Conflicts of Interest Disclosure**  |  |  | | --- | --- | | * 1. Do you, any significant beneficial shareholders, founders (if such present) or senior management:      1. Have a role that falls under the definition of Government Official who might be in a position to influence the purchase of GSK products or to offer an advantage to your business or GSK?      2. 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 GSK or its affiliates?      3. Have a role which involves advising, influencing or making decisions on: * regulation of medicines; or * procurement of medicines; or * the funding provision for healthcare?   + 1. Have a majority ownership or controlling interest in any other entity that could have influence over GSK’s business?     2. 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? | No  Yes - Provide details below: |  |  |  | | --- | --- | | * 1. 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? | No  Not applicable  Yes - Provide details | | * 1. If yes, please indicate whether conflicts of interest exist with these third parties or individuals. | No  Not applicable  Yes - Provide details |  |  |  | | --- | --- | | * 1. Is there any other information relating to potential conflicts of interest that have not been asked in the form above? | No  Yes - Provide details |  1. **Ultimate Beneficial Ownership**    1. *If your organisation is a legal entity limited by shares, are there any individuals who currently directly or indirectly ultimately beneficially own or control 25% or more in the entity.* Yes. *Please complete the form below*  No  *Not applicable. Go to question 5.3*    * 1. *Is your organisation a publicly listed company with more than 75% of its shares publicly traded?*  |  | | --- | |  |   Yes. *Please name the stock exchange of listing:*  No. *Please ensure question 5.1 is answered accurately.*  * 1. *Is your organisation a partnership, association or otherwise does not have shareholders?* Yes. *Please list individuals with significant influence or control over your organisation* *in the form below*  No. *Please ensure questions 5.1 and 5.2 are answered accurately.*   |  |  |  | | --- | --- | --- | | Full Name of individual  *(cannot be another entity)* | % of shares (document all with a total over 25%) or role held | Directly or indirectly held | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Please confirm that Section 5 above is completed fully and accurately.**  **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 ID number) correspond to the legal entity with which GSK is signing an agreement for this engagement.**   |  |  |  |  | | --- | --- | --- | --- | | Signature: |  | Date: | DD/MM/YYYY | |  |  |  |  | | Print Name: |  | | | |  |  |  |  | | Title/Role: |  | | |  |  | | --- | | Updates |   **Should there be any updates or changes to this declaration once engaged with GSK, this must be reported to the GSK contact.**  What will GSK do with the information collected in this form, and in related reputational checking activities?  GlaxoSmithKline (**GSK** or **we**) value your privacy and care about the way in which your personal information is treated. We want you to understand:  * [what personal information we collect about you](#Personal_Information); * [how we obtain your personal information;](#Obtain_PI) * [why we need your personal information](#Use_of_PI); * [on what basis we use your personal information](#Basis_to_use_PI); * what happens to your personal information; * [how long we keep your personal information](#How_long_to_keep_PI); * [with whom we share your personal information](#Whom_do_we_share_PI); * [the countries to which we transfer your personal information;](#Transfers_of_PI) * [how we protect your personal information](#Protecting_PI); and * your rights regarding your personal information. If you have any questions, feel free to get in touch via one of the methods set out in the [Contact us](#Contact_us) section below.  **What personal information do we collect about you, your organisation and related individuals?**  In order to meet its policy objectives regarding anti-bribery and corruption, GSK collects personal information in relation to certain individuals within or connected to organisations with which it is seeking to engage, including key employees or controlling stakeholders and their close family members.  This personal information includes the information we collect via this form, but may also include personal information collected in the course of reputational checking activities, which are carried out by GSK or third party service providers, such as specialist risk or compliance consultancies, which GSK has engaged. These reputational checks will typically consist of searches of publicly available information to ensure that GSK’s third party partners meet its expectations in relation to integrity in business conduct.  Categories of personal information collected in this form include:  * Individuals’ basic and contact information (such as name, email address, business address) * Individuals’ familial relationships (such as close relations holding government positions) * Individuals’ professional details (such as job title/role) * Individuals’ asset holdings (such as stakes or shareholdings in certain types of entities) Categories of personal information collected in the course of reputational checking activities will include:  * Individuals’ current role(s) within your organisation * Individuals’ other business interests (current and previous) * Individuals’ previous history of engagement with other relevant organisations * Adverse media reports relating to individuals * Checks for individuals’ presence on sanctions and similar watch lists **Why do we need this information?**  The personal information collected by GSK will be used to identify any conflicts of interest between you, your organisation, your key employees or controlling stakeholders and their close family members and GSK. This information will also be used to identify whether any of your key employees or controlling stakeholders and their immediate family hold government roles.  This activity is an essential part of GSK’s anti-bribery and corruption controls.  **On what basis do we use your personal information?**  GSK processes your personal information on the following bases:  * for its legitimate business interests, in particular to ensure that it protects its reputation and meets its policy standards and objectives in relation to anti-bribery and corruption, and * to comply with legal and regulatory obligations to which GSK is subject. **What happens to the information collected?**  The data collected will be stored and processed in accordance with relevant data protection laws and such other relevant legislation as may be enacted from time-to-time. It will be disclosed to people who have a genuine, business, legal or compliance need and right to see it. This may include GSK service partners.  **How long will we keep your personal information?**  We will always keep your personal information for the period required by law. We will also keep your personal information where we need to do so in connection with legal action or an investigation involving GSK.  Otherwise, GSK will retain your information for 10 years.  **Transfers of your personal information outside your home country, and sharing with third parties**  Due to the global nature of our operations, this information may be held or processed by GSK, its affiliated companies and GSK’s selected third party suppliers anywhere across our organization.  This information may be held or processed by GSK, its affiliated companies, local and foreign regulators and law enforcement authorities, and GSK’s selected third party service providers, for example compliance consultants, legal advisors, or other third parties providing services on our behalf, anywhere in the world, including countries whose data protection and privacy laws may not be equivalent to, or as protective as, those that exist in your country of residence.  See the “Protecting your personal information” section for information on how we keep your personal information secure when sharing it with others.  **Protecting your personal information**  GSK will use a variety of security measures and technologies to help protect your personal information from unauthorised access, use, disclosure, alteration or destruction, consistent with applicable privacy and data security laws. When GSK uses a third-party service provider, that provider will be carefully selected and required to use appropriate measures to protect the confidentiality and security of personal information.  **Your rights**  At any time, you may request a copy of the information that GSK holds about you and certain details of how GSK processes that information.  You may also have a right to have your information erased, corrected where it is inaccurate or transmitted to another organisation, or to restrict or to object to the processing of your personal information by GSK in certain circumstances.  You have the right to complain to your local supervisory authority if your privacy rights are violated, or if you have suffered as a result of unlawful processing of your personal information.  Where you are given the option to share your personal information with us, you can always choose not to do so.  If you object to the processing of your personal information, we will respect that choice in accordance with our legal obligations. This could mean that we are unable to perform the actions necessary to achieve the purposes of processing described (see “Why do we need this information?”), which in turn will prevent you or your organisation from becoming a business partner of GSK .  If you would like to exercise your rights, please let us know by getting in touch via [coi.tpo@gsk.com](mailto:coi.tpo@gsk.com).  **Contact us**  If you have any questions or concerns about the processing of your personal information by GSK, including how to exercise your information rights, you can contact us by contacting GSK’s point of contact [coi.tpo@gsk.com](mailto:coi.tpo@gsk.com).  **Data Controllers**  GSK Services Unlimited, through its central TPO service based at 980 Great West Road, Brentford in the United Kingdom, and the relevant GSK local operating company that is seeking to engage you or your organisation, as referenced on the first page of this form, are the controllers of your personal information.  You can request a copy of such measures by contacting GSK’s point of contact detailed above or using the GSK entity address details above. |

   [↑](#endnote-ref-1)