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| **ViiV Healthcare**  **GIPA Accelerator Fund Grant Application & Budget Form** | | | | | | | | |
| **Privacy Notice:**  **Please refer to the privacy notice below to understand how ViiV Healthcare and its group of companies process your data.**  **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. Please rest assured that we will only process this information to manage the application process and we will not process your personal information in the future or for any other purpose** | | | | | | *I agree to ViiV Healthcare processing my personal information as part of the application process*  *Please tick here* | | |
| **Completed applications should be returned to**  [**ViiV.GIPAFund@viivhealthcare.com**](mailto:ViiV.GIPAFund@viivhealthcare.com)  **by COB Wednesday 23rd November 2022.**  **Any applications received after this date will not be considered.**  **All applications must be written in English.** | | | | | | | | |
| **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)** | Projects that actively demonstrate and support participation of people/communities living with HIV in care and service delivery | | |  | | | | |
| Projects that demonstrate and/or support meaningful inclusion of people living with HIV in policy dialogue and development (HIV prevention, treatment, and care) | | |  | | | | |
| Projects that effectively utilise people living with HIV in developing capacity and capability in treatment advocacy | | |  | | | | |
| **Project Summary (1 paragraph).**  **More details can be provided in section 6** |  | | |  | | | | |
| **Amount Requested in GBP** |  | | |  | | | | |
| **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 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 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)?i | | | | | | Yes | No | |

|  |  |  |
| --- | --- | --- |
| 1. Does your organisation focus on HIV/AIDS and directly related issues (at least 75% of activities and spending)? | Yes | No |
| 1. Does your organisation focus on supporting people living with HIV or help to raise awareness of HIV among the general public? | Yes | No |
| 1. Is your orgainsations work focused in one of the following regions?   EU27 and UK, Australia, Brazil, Mexico, Taiwan, Thailand, Turkey, Korea, and South Africa | Yes | No |
| 1. Do people living with 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 Country, Lower Middle Income Country, or sub-Saharan Africa:** 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 an upper middle income or 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. **Please confirm that neither your organization nor any Board Members or employees have been the subject of investigation, prosecution or received a conviction for fraud and/or corruption.** | 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 people living with HIV:** |  |

|  |  |
| --- | --- |
| **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 2019] |
| [Annual budget for 2020] |
| [Annual budget for 2021] |
|  | [Annual budget for 2022] |

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| --- | --- | --- | --- | --- |
| **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** | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **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. How will outcomes for people living with HIV be measured? 3. Which partners will be involved in the implementation? 4. 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 | |  |  |  |

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| **Section 8: Conflicts of Interest** |
| **Please complete the Conflict of Interest form below in full.**  **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.**  **Any incomplete forms will be returned, which could result in delays to payment if grant is approved.** |



**Conflict of Interests Declaration**

**Conflict of Interest 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** |  |
| **Country** |  |

## 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 Representative1 of the Organisation**

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.

*TPO11 – COI Declaration Form – HR, ViiV Version 5.0, 10th Dec 2021* 1

|  |  |
| --- | --- |
| Full name of the representative |  |
| Job Title |  |

## Conflicts of Interest Disclosure

|  |
| --- |
| * 1. Do you, any significant beneficial shareholders2,   founders (if such present) or senior management: No Yes - Provide details below:   * + 1. Have a role that falls under the definition of Government Official3 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?     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 ViiV Healthcare or its affiliates?   * + 1. 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?   * + 1. Have a majority ownership or controlling interest in any other entity that could have influence over ViiV Healthcare’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? |

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| **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? | No Not applicable4 Yes - Provide details |
| **4.3** If yes, please indicate whether conflicts of interest exist with these third parties or individuals. | No Not applicable 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **4.4** | Is there any other conflicts of interest form above? | information relating that have not been | to potential asked in the | No | Yes - Provide details |

## Ultimate Beneficial Ownership

* 1. *If your organisation is a legal entity limited by shares, are there any individuals5 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** |
|  |  |  |
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**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 VIIV HEALTHCARE 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 ViiV Healthcare, this must be reported to the ViiV Healthcare contact.**

5 If your organisation is owned by another legal entity or entities you must disclose the ultimate physical person(s) – beneficial owners – who own(s) that parent company.

|  |  |
| --- | --- |
| **Privacy Notice – Grants and Donations** | |
| Your trust is important to us. We are committed to treating your personal information with care and integrity. We want to make sure you understand what personal information we may collect about you when you interact with us, how we use your personal information, and how we keep it safe. When we refer to “ViiV Healthcare,”, “ViiV”, “we,” “us” and “our”, we are referring to the ViiV Healthcare group of companies  Personal information means any information or piece of information which could identify you either directly (e.g. your name) or indirectly (e.g. a unique ID number).  This privacy notice explains our general practices.  However, where local laws or regulations require that we process information differently, or refrain from such processing, we will always comply with the applicable local law.  **In this privacy notice, we explain**  **Who is the controller of your personal information?**  ViiV Healthcare UK Ltd together with the local company which has a relationship with you is the controller of your personal information. In some instances, the local company which has a relationship with you will be a ViiV Healthcare company. In other instances, as ViiV Healthcare is part of the GlaxoSmithKline (GSK) group of companies, the local company which has a relationship with you will be a GSK company; the GSK group of companies privacy notice can be found [here](https://privacy.gsk.com/en-gb/privacy-notice/).  For more information on the relevant local company, click [here](https://www.gsk.com/en-gb/contact-us/privacy-contact-information/) where you can also find the contact details of the Data Protection Officer (if applicable) for your country.  **Contact information and your privacy point of contact**  If you want to exercise your rights, have any questions about this privacy notice, need more information or would like to raise a concern, each local privacy point of contact’s details can be found [here](https://www.gsk.com/en-gb/contact-us/privacy-contact-information/).  **What personal information do we collect about you?**  The personal information that we process may include:   * your basic information – such as name (including prefix or title), gender, age or date of birth, * your contact information – such as personal or business email, mailing address, telephone number and social media username; * your professional details - occupation/position/role, employer, medical registration/license, specialism; * circumstances which may create a conflict of interest – including whether you or a close family member are an officer or employee of a political party, candidate for public office, or hold a position in government; * financial information - including bank account name, number and sort code; * sexual behaviour, sexual orientation, gender identity or expression or HIV status.   **How do we obtain your personal information?**  We collect your personal information through:   * your application when applying for a grant/donation * our direct interaction with you, and where you provide information to us * a conflict of interest declaration which we ask you to complete before we engage you * through ongoing monitoring of grants and donations provided   We may combine information that we have about you from various sources, including information that you provide to us and which is collected during your engagement with you.  **How do we use your personal information?**  We use your personal information for the following purposes:   * as part of the application process for a grant/donation including conducting due diligence * to comply with legal, regulatory and other requirements, such as record-keeping and reporting obligations; conducting audits and complying with internal policies on anti-bribery and conflict of interest; * to enter into and administer contract(s) with you as part of the grant/donation process; * responding to and dealing with your queries or requests;   **On what basis do we use your personal information?**  We use your personal information on the following basis:   * for legitimate business purposes using personal information helps us to operate, plan and improve our business activities. It allows us to check for circumstances that could give rise to a potential conflict of interest for either you or VH. It also helps us to determine whether we may offer a grant/donation based on applicable law, industry codes and practice, and our policies; to comply with legal, regulatory and other compliance obligations – compliance with laws, regulations, rules, codes and guidance is important to us, and we would want to be able to comply with these; potential conflict of interest for either you or VH. It also helps us to determine whether we may offer a grant/donation based on applicable law, industry codes and practice, and our policies; to comply with legal, regulatory and other compliance obligations – compliance with laws, regulations, rules, codes and guidance is important to us, and we would want to be able to comply with these; * because you have given your consent - at times we may ask for your consent to allow us to use your personal information for one or more purposes. See “Your rights”, below, for information about the rights that you may have if we process your information on the basis of your consent. To form a contract as part of the grant/donation process  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 VH. Otherwise where you have entered into a contract with us for grants/donations, we keep personal information for normally no longer than seven years unless we are required to keep for longer due to any legal or regulatory retention requirements. With whom do we share your personal information? We share certain elements of your personal information with members of the VH group of companies and the following trusted third parties:   * + - Our third-party supplier who provides the software and or manage the grants/donation application process and or conducts due diligence and where your details are stored in order for us to retain records     - Our External Grants/Donation Board as part of the approval process for grants/donations;     - Charities Aid Foundation (CAF) who conduct the due diligence and payment process on our behalf   See “Protecting your personal information”, below, for information on how we keep your personal information secure when sharing it with others.  **In what instances do we transfer your personal information outside of your home country?**  We work all over the world. Therefore, we may need to transfer and use your personal information outside of the country where we collect it from you. These countries may include: United States, United Kingdom and India, as well as countries within the European Union. We implement appropriate measures to protect your personal information when we transfer your personal information outside of your home country such as data transfer agreements that incorporate standard data protection clauses. The data privacy laws in the countries we transfer it to may not be the same as the laws in your home country. Law enforcement agencies, regulatory agencies, security authorities or courts in the countries we transfer your personal information to may have the right to see your personal information. Additional information if you are in the European Economic Area (EEA)The European Commission recognises that some countries outside the EEA have similar data protection standards. The full list of these countries is available [here](https://ec.europa.eu/info/law/law-topic/data-protection/data-transfers-outside-eu/adequacy-protection-personal-data-non-eu-countries_en). If we transfer your personal information to a country not on this list, we do so based on [standard contract clauses](https://ec.europa.eu/info/strategy/justice-and-fundamental-rights/data-protection/data-transfers-outside-eu/model-contracts-transfer-personal-data-third-countries_en) adopted by the European Commission. These enable us to make international transfers of personal information within our group of companies and meet the data protection laws of the European Union and the General Data Protection Regulation (GDPR).Protecting your personal information We 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 data protection and privacy laws. For example, when we share your personal information with external suppliers, we put in place a written agreement which commits the suppliers to keep your information confidential, and to put in place appropriate security measures to keep your information secure. Your rights You may be entitled to:   * + Withdraw your consent to us processing your personal information   + Ask ViiV Healthcare about the processing of your personal information including to be provided with copies of your personal information;   + Ask us to correct information you think is inaccurate or incomplete;   + Ask us to delete your personal information;   + Ask us to restrict the processing of your information;   + Object to our processing of your personal information   + Complain to your local data protection authority.   If you object to the processing of your personal information, or if you have provided your consent to processing and later choose to withdraw it, 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 ‘How do we use your personal information?’) and may affect our decision to offer a grant/donation.  After you have chosen to withdraw your consent VH may be able to continue to process your personal information to the extent required or otherwise permitted by law. Contact us If you have questions or requests regarding this Privacy Notice, or if you would like to exercise your rights, please contact your local ViiV company using the contact information below: United Kingdom: To contact ViiV Healthcare in the United Kingdom, call +44 (0)20 8380 6200. United States: To contact ViiV Healthcare in the United States, call +1 877 844 8872. Rest of the world: Contact information for specific countries can be found in our worldwide [contact directory.](https://www.gsk.com/en-gb/contact-us/privacy-contact-information/) | |
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