

Health Worker Action Fund

Grant Application Form

This document should be read in conjunction with **the Call for Applications and the Call for Applications Annex.**

Please be as clear and succinct as possible and ensure that any acronyms and technical terms are fully explained.

**This Grant Application Form should be completed and submitted, along with an MoU between the lead partners, to** hwaf@thet.org**. If you do not receive an acknowledgment of your application from us within two working days, please assume we have not received your application and re-submit with evidence of your earlier submission such as a dated email. THET will review applications on an on-going basis, with funds awarded in the week following submission.**

# **1. Summary Details**

 1.1 Partnership details

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| **Partner** | **Institution name** | **Contact name** | **Contact details (email/phone/skype)** |
| **Lead UK partner** |  |  |  |
| **Lead Low/Middle Income Country partner** |  |  |  |
| **Implementation site (if different from lead LMIC partner)** |  |  |  |

1.2 Project details

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| **Project objective** |  |
| **Project budget total (max £5,000)** |  |
| **Project duration****(up to 6 months)** |  |

1.3 Please list the ID codes of past partnership projects funded by THET since 2011. If you do not know the ID codes then please list the project titles.

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1.4 Complete the table below outlining the roles and responsibilities each partner and stakeholder will play in the delivery of this project. All partners named above, and any other stakeholders who must be engaged for the project to be successful, should be included here. Add more rows as necessary.

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| **Project partner (organisations)/** **Stakeholder**  | **Roles and responsibilities in the delivery of this project**   |
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1.5 If the implementation site is not one of the lead partners, please describe the relationship between all of the partners, including any past work they have done together *(max. 150 words)*

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# **2.** **Need**

2.1 Please describe how the partnership assessed the need for this project and what the need identified is *(max. 150 words)*

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# **3.** **Response**

3.1 Please fill in the activity plan below showing activities the partnership is planning on completing, key individuals involved, and target implementation sites and health workers

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| Dates | Activity | Key individuals involved in delivery | Implementation site | Health workers targeted (cadre and number) |
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|  | *Please add further rows as required.* |  |  |  |

3.2 Please describe how your intervention aligns with both national priorities and plans, and international guidelines for managing Covid-19. This should include information around how any equipment (including PPE) meets WHO guidelines and how you will ensure that health workers use any new equipment appropriately and correctly *(max. 200 words)*

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3.3 If you are purchasing materials or equipment as part of your project, please describe how you will procure these items. Please include information on where you will procure them from, whether you have already approached suppliers, and how you will transport them to the implementation site *(max. 200 words)*

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3.4 How will you demonstrate that you have achieved the project objective you outlined in section 1.2? *(max. 200 words)*

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3.5 How will you ensure that your intervention benefits all health workers at risk of exposure to Covid-19, regardless of cadre, gender or disability? *(max. 150 words)*

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#  **4.** **Budget**

4.1 Please complete the table below showing expected costs. Please be as specific as possible and add more rows if necessary. Refer to the Call for Applications document for details of eligible costs.

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| **Category** | **Sub-category** | **Details (please provide a breakdown of all costs you are including)** | **Cost (£)** |
| Project management | Non-UK staff time |  |  |
| Monitoring and evaluation |  |  |
| Other (please specify) |  |  |
| Equipment & refurbishment | Medical equipment and consumables |  |  |
| Refurbishment |  |  |
| Office equipment and supplies |  |  |
| Activities | Workshop/training delivery and on-going mentoring/supervision |  |  |
| Health worker support and working facilitation |  |  |
| Development of training materials and locally appropriate guidance |  |  |
| Other (please specify) |  |  |
| Communication |  |  |  |
| Contingency (inc. bank fees) |  |  |  |
| **Total costs** | **£** |

4.2 If successful, which partner institution will enter into a contract with THET and receive funding?

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# **5. Contracting**

Both lead partners must sign below to confirm that the following eligibility criteria are correct:

* The partnership has been awarded funding by THET since 2011
* An MoU is currently in place between the lead partners
* The contract holder (who will be transferred funds) will be able to sign a contract with THET within 5 working days
* The contract holder has a finance policy and fraud/anti-corruption policy in place

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|  | **Lead UK partner** | **Lead LMIC partner** |
| **Name** |  |  |
| **Institution** |  |  |
| **Signature** |  |  |
| **Date** |  |  |